



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1074545

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7135

Statement Copy
PLEASE REFER TO INVOICE NUMBER
ON ALL RETURN REQUESTS

INVOICE

Invoice: 10178827

Page: 1
Special: _____
Instructions: _____
Date rep to: JUNE
Ship To: ROGER KENT
2808 NE NICHOLS RD
GARNETT, KS 66032
Ship To: ROGER KENT
(785) 448-8888 NOT FOR HOUSE USE
Date rep to: _____
Last rep order: _____
Customer #1: 0000367
Customer P.O.: _____
Order #1: _____

ORDER	SHIP L U/M	ITEM#	DESCRIPTION	Alt Pkg/Alt U/m	PRICE	EXTENSION
18.00	P PL	CPMP	MONARCH PALLET	18.0000 P.	18.0000	270.00
840.00	P BAG	CPPG	PORTLAND CEMENT-94#	8.4900 MA	8.4900	4884.80
				Sales total		5484.80
				Taxable	4884.80	
				Non-taxable	0.00	
				Sales tax		378.98
				TOTAL		5863.78

3 - Statement Copy



GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7135

Merchant Copy
INVOICE

Invoice: 10178784

Page: 1
Special: _____
Instructions: _____
Date rep to: _____
Last rep order: _____
Ship To: WAYNE WAYNE STANLEY
Ship To: ROGER KENT
2808 NE NICHOLS RD
GARNETT, KS 66032
Ship To: ROGER KENT
(785) 448-8888 NOT FOR HOUSE USE
Date rep to: _____
Last rep order: _____
Customer #1: 0000367
Customer P.O.: _____
Order #1: _____

ORDER	SHIP L U/M	ITEM#	DESCRIPTION	Alt Pkg/Alt U/m	PRICE	EXTENSION
8.00	P BA	CPPG	6X128 Dbl. SUBBLE POL. INSULATION	888.8900 BA	888.8900	311.88
				Sales total		311.88
				Taxable	311.88	
				Non-taxable	0.00	
				Sales tax		42.80
				TOTAL		354.68

1 - Merchant Copy



R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032

J.S. Johnson # 21

Start 11-29-2011

Finish 12-1-2011

6	soil	6	
6	clay	12	
112	shale	124	
32	lime	156	
63	shale	219	
10	lime	229	
5	shale	234	
39	lime	273	set 20' 7"
9	shale	282	ran 753.4' 2 7/8
24	lime	306	cemented to surface 78 sxs
4	shale	310	
16	lime	326	
184	shale	510	
18	lime	528	
61	shale	589	
27	lime	616	
23	shale	639	
8	lime	647	
17	shale	664	
7	lime	671	
8	shale	679	
10	lime	689	
10	shale	699	
9	sandy shale	708	odor
4	sandy shale	712	show
4	shale	716	
12	bkn sand	728	good show
4	shale	732	show
6	Dk sandy shale	738	show
22	shale	760	T.D.