



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: _____



1074550

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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ 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

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INVOICE
THE GREAT EASTERN
MEMBERSHIP PROGRAM

Page: 1

Invoice: 10178903

Special Inclusions:
Bill to: MIKE
Bill to: ROBERT KENT
3828 N NOSHIO RD
GARNETT, KS 66032
Customer #: 0000857
Order by: Order No: 10178903
Time: 18/03/82
Ship Date: 12/12/11
Invoice Date: 12/12/11
Due Date: 01/08/18
Asst mgr code: (785) 448-8988
Ship To: ROBERT KENT
3828 N NOSHIO RD
GARNETT, KS 66032

ORDER#	SHIP	LT	U/LM	TRM#	DESCRIPTION	Alt Pkwt/Usr	PRICE	EXTENSION
880.00	990.00	P	PL	OPPA	PLY AGH MIX 20 LBS PER BAG	6.8800 bag	6.8800	3914.40
5.00	5.00	P	PL	OPPA	MONARCH PALLET	18.0000 Pa	18.0000	78.00
FILLED BY: CHECKED BY: DATE SHIPPED: ORDER SHIP VIA: ANDERSON COUNTY REQUESTED DELIVERY AND IN STOCK CONFIRMATION						Taxable: 3988.40 Non-taxable: 0.00 Tax #	Sales total: 3988.40 Sales tax: 311.18 TOTAL: \$4300.00	



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

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Page: 1

Invoice: 10180082

Special Inclusions:
Bill to: MIKE
Bill to: ROBERT KENT
3828 N NOSHIO RD
GARNETT, KS 66032
Customer #: 0000857
Order by: Order No: 10180082
Time: 14/14/86
Ship Date: 12/27/11
Invoice Date: 12/27/11
Due Date: 01/08/18
Asst mgr code: (785) 448-8988
Ship To: ROBERT KENT
3828 N NOSHIO RD
GARNETT, KS 66032

ORDER#	SHIP	LT	U/LM	TRM#	DESCRIPTION	Alt Pkwt/Usr	PRICE	EXTENSION
18.00	480.00	P	PL	OPPA	MONARCH PALLET	18.0000 Pa	18.0000	840.00
480.00	480.00	P	BAG	OPPA	PORTLAND CEMENT-44#	8.4900 bag	8.4900	4078.20
FILLED BY: CHECKED BY: DATE SHIPPED: ORDER SHIP VIA: ANDERSON COUNTY REQUESTED DELIVERY AND IN STOCK CONFIRMATION						Taxable: 4316.20 Non-taxable: 0.00 Tax #	Sales total: \$4316.20 Sales tax: 338.59 TOTAL: \$4654.79	



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

S.P. Johnson 7-I

Start 1-11-2012

Finish 1-16-2012

3	soil	3	
38	lime	41	
39	shale	80	
13	lime	93	
111	shale	204	
34	lime	238	
11	shale	249	
4	lime	253	set 20' 7"
20	shale	273	ran 844.7' 2 7/8
9	lime	282	cemented to surface 84 sxs
18	shale	300	
10	lime	310	
6	shale	316	
39	lime	355	
10	shale	365	
22	lime	387	
4	shale	391	
15	lime	406	
181	shale	587	
15	lime	602	
60	shale	662	
28	lime	690	
20	shale	710	
11	lime	721	
13	shale	734	
9	lime	743	
7	shale	750	
10	lime	760	
10	shale	770	
8	sandy shale	778	odor
5	sandy shale	783	good show
9	bkn sand	792	good show
4	sandy shale	796	good show
22	bkn sand	818	good show
5	sand	823	good show
27	Shale	850	T.D.