



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
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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: _____



1074551

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> <i>(Submit ACO-4)</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
INVOICE
PLEASE REFER TO INVOICE NUMBER
ON ALL CORRECTIONS

Page: 1
Invoice: 101786927

Special: 1084385
Date: 11/14/11
Invoice Date: 11/14/11
Due Date: 12/08/11

Ship To: ROGER KENT
2808 NE NEGOSHIO RD
GARNETT, KS 66032
(785) 448-8988
NOT FOR HOUSE USE

Customer # 0000367 Customer PO: Order By:

ORDER #	SHIP L	U/M	ITEM#	DESCRIPTION	ALL PRICED/UM	PRICE	EXTENSION
16.00	P	PL	CPMP	NON-ARCH PALLET	18,000 PL	15,000	270.00
640.00	P	BAG	CPPO	PORTLAND CEMENT-94#	8,490 BAG	8,490	4894.80
FILLED BY: CHECKED BY: DATE SHIPPED: DRIVER:					Sales total		54854.80
SHIP VIA: ANDERSON COUNTY					Sales tax		378.98
X HERRING COUNTY AND HERRING COUNTY					TOTAL		55233.78

3 - Statement Copy



GARNETT TRUE VALUE HOMECENTER

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

Merchant Copy
INVOICE
THE SOURCE OF ALL THINGS

Page: 1
Invoice: 10178784

Special: 072838
Date: 11/18/11
Invoice Date: 11/18/11
Due Date: 12/08/11

Ship To: WAYNE WAYNE STANLEY
6437N ROGER KENT
2808 NE NEGOSHIO RD
GARNETT, KS 66032
(785) 448-8988
NOT FOR HOUSE USE

Customer # 0000367 Customer PO: Order By:

ORDER #	SHIP L	U/M	ITEM#	DESCRIPTION	ALL PRICED/UM	PRICE	EXTENSION
8.00	L	BA	DBP8	6X18 DEL SUBSILE FOIL INSULATION	888.9900 BA	888.9900	817.98
FILLED BY: CHECKED BY: DATE SHIPPED: DRIVER:					Sales total		817.98
SHIP VIA: Customer Pick-up					Sales tax		42.50
X HERRING COUNTY AND HERRING COUNTY					TOTAL		860.48

1 - Merchant Copy



**R.J. Enterprise
22808 NE Neosho RD
Garnett, KS 66032**

S.P. Johnson 6-I

Start 12-26-2011

Finish 12-27-2011

1	soil	1	
38	lime	39	
41	shale	80	
10	lime	90	
112	shale	202	
31	lime	233	
14	shale	247	
4	lime	251	set 20' 7"
20	shale	271	ran 835.1' 2 7/8
7	lime	278	cemented to surface 84 sxs
20	shale	298	
10	lime	308	
5	shale	313	
40	lime	353	
13	shale	366	
15	lime	381	
4	shale	385	
17	lime	402	
181	shale	583	
17	lime	600	
58	shale	658	
29	lime	687	
23	shale	710	
9	lime	719	
13	shale	732	
10	lime	742	
9	shale	751	
10	lime	761	
15	shale	776	
5	sandy shale	781	odor
5	sandy shale	786	show
7	bkn sand	793	show
5	sandy shale	798	show
19	Bkn sand	817	good show
6	dk sand	823	Show
23	shale	846	T.D.