



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: _____



1074557

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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
Name Top Datum

CASING RECORD New 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				

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record
(Amount and Kind of Material Used)

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:

Vented Sold Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION:

Open Hole Perf. Dually Comp. Commingled
(Submit ACO-5) Other *(Specify)* _____

PRODUCTION INTERVAL:

GARNETT TRUE VALUE HOMECENTER
 410 N. Maple
 Garnett, KS 66032
 (785) 448-7106 FAX (785) 448-7135

Merchant Copy
INVOICE
 THE GARNETT TRU VALUE CENTER
 THE GARNETT TRU VALUE CENTER

Invoice: 10180092
 Order By: _____
 Customer PO: 000387
 Order # 000387
 Date: 12/27/11
 Ship Date: 12/27/11
 Invoice Date: 12/27/11
 Due Date: 01/08/12
 Add res code: _____
 Ship To: ROGER KENT
 2808 NE WICHHO RD
 GARNETT, KS 66032
 (785) 448-8888
 (785) 448-8888
 Ship To: ROGER KENT
 2808 NE WICHHO RD
 GARNETT, KS 66032
 (785) 448-8888
 (785) 448-8888

ORDER	SHIP	U/L	ITEM	DESCRIPTION	AN Price/UM	PRICE	EXTENSION
18.00	PL	OPMP	18.0000 Pk	MONARCH PALLET	18.0000 Pk	18.0000	640.00
480.00	PL	OPPD	8.4800 Bag	PORTLAND CEMENT-94H	8.4800 Bag	8.4800	4078.30

FILLED BY: _____ CHECKED BY: _____ DATE SHIPPED: _____ DRIVER: _____
 SHIP VIA: ANDERSON COUNTY
 RESERVED COMPLETE AND IN GOOD CONDITION
 Taxable: 4815.30
 Non-taxable: 0.00
 Sales tax: 338.59
TOTAL: \$4851.79

1 - Merchant Copy



GARNETT TRUE VALUE HOMECENTER
 410 N. Maple
 Garnett, KS 66032
 (785) 448-7106 FAX (785) 448-7135

Merchant Copy
INVOICE
 THE GARNETT TRU VALUE CENTER
 THE GARNETT TRU VALUE CENTER

Invoice: 10178608
 Order By: _____
 Customer PO: 000387
 Order # 000387
 Date: 12/19/11
 Ship Date: 12/19/11
 Invoice Date: 12/19/11
 Due Date: 01/08/12
 Add res code: _____
 Ship To: ROGER KENT
 2808 NE WICHHO RD
 GARNETT, KS 66032
 (785) 448-8888
 (785) 448-8888
 Ship To: ROGER KENT
 2808 NE WICHHO RD
 GARNETT, KS 66032
 (785) 448-8888
 (785) 448-8888

ORDER	SHIP	U/L	ITEM	DESCRIPTION	AN Price/UM	PRICE	EXTENSION
8.00	PL	OPPP	8.0000 Pk	FLY ASH MIX 80 LBS PER BAG	8.0000 Pk	8.0000	814.40
8.00	PL	OPPP	18.0000 Pk	MONARCH PALLET	18.0000 Pk	18.0000	70.00

FILLED BY: _____ CHECKED BY: _____ DATE SHIPPED: _____ DRIVER: _____
 SHIP VIA: ANDERSON COUNTY
 RESERVED COMPLETE AND IN GOOD CONDITION
 Taxable: 3088.40
 Non-taxable: 0.00
 Sales tax: 311.18
TOTAL: \$3399.58

1 - Merchant Copy



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

S.P. Johnson 14-A

Start 1-16-2012

Finish 1-19-2012

3	soil	3	
33	lime	36	
43	shale	79	
6	lime	85	
111	shale	196	
32	lime	228	
11	shale	239	
5	lime	244	set 20' 7"
20	shale	264	ran 845.5' 2 7/8
9	lime	273	cemented to surface 84 sxs
18	shale	291	
10	lime	301	
5	shale	306	
40	lime	346	
9	shale	355	
20	lime	375	
6	shale	381	
17	lime	398	
178	shale	576	
17	lime	593	
60	shale	653	
28	lime	681	
22	shale	703	
11	lime	714	
13	shale	727	
9	lime	736	
8	shale	744	
10	lime	754	
18	shale	772	
5	sandy shale	777	odor
27	bkn sand	804	good show
8	bkn sand	812	show
5	dk sand	817	show
34	shale	851	T.D.