



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: _____



1074558

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 (Specify) _____	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 PRINT ALL INFORMATION CLEAR

Invoice: 10178827

Time: 10:54:35
Ship Date: 11/14/11
Invoice Date: 11/14/11
Due Date: 12/08/11

Special Instructions: _____

Sale rep #: JIM

Sold To: ROGER KENT
23082 NE NEGOSHIO RD
GARNETT, KS 66032

Ship To: ROGER KENT
(785) 448-8988 NOT FOR HOUSE USE

Customer #: 0000357

Order By: _____

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Unit	PRICE	EXTENSION
18.00	PL			CPMP	MONARCH PALLET	18.0000 PL	18.0000	270.00
840.00	PI	BAG		CPPO	PORTLAND CEMENT-94#	8.4900 BAG	8.4900	4884.60

FILLED BY: _____ CHECKED BY: DATE SHIPPED: DRIVER

SHIP VIA: ANDERSON COUNTY
RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 4884.60
Non-taxable: _____
Tax #: _____

Sales total: \$4884.60
Sales tax: 378.68

TOTAL: \$5263.28

3 - Statement copy



GARNETT TRUE VALUE HOMECENTER

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

Merchant Copy
INVOICE

PLEASE PRINT ALL INFORMATION

Invoice: 10178784

Time: 07:28:59
Ship Date: 11/16/11
Invoice Date: 11/16/11
Due Date: 12/08/11

Special Instructions: _____

Sale rep #: WAYNE WAYNE STANLEY

Sold To: ROGER KENT
23082 NE NEGOSHIO RD
GARNETT, KS 66032

Ship To: ROGER KENT
(785) 448-8988 NOT FOR HOUSE USE

Customer #: 0000357

Order By: _____

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Unit	PRICE	EXTENSION
8.00	EA			CBPP	6X125 DEL BUBBLE POL. INSULATION	886.8900 EA	886.8900 EA	811.88

FILLED BY: _____ CHECKED BY: DATE SHIPPED: DRIVER

SHIP VIA: Customer Pick Up
RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 811.88
Non-taxable: 0.00
Tax #: _____

Sales total: \$811.88
Sales tax: 42.60

TOTAL: \$854.48

1 - Merchant copy



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

S.P. Johnson 15-A

Start 12-16-2011

Finish 12-21-2011

1	soil	1	
35	lime	36	
40	shale	76	
5	lime	81	
110	shale	191	
31	lime	222	
14	shale	236	
4	lime	240	
20	shale	260	
8	lime	268	
20	shale	288	
11	lime	299	
4	shale	303	
40	lime	343	
17	shale	360	
15	lime	375	
4	shale	379	
18	lime	397	
178	shale	575	
15	lime	590	
62	shale	652	
29	lime	681	
21	shale	702	
6	lime	708	
18	shale	726	
8	lime	734	
7	shale	741	
10	lime	751	
15	shale	766	
7	sandy shale	773	odor
31	bkn sand	804	good show
8	Dk sand	812	show
33	shale	845	T.D.

set 20' 7"
ran 839.1' 2 7/8
cemented to surface 84 sxs