



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: _____



1074559

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

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Invoice: 10179905

Page 1
 Special Inclusions:
 Add to order:
 Bill To: ROGER KEAT
 2026 N WOODHO RD
 GARNETT, KS 66032
 Ship To: ROGER KEAT
 2026 N WOODHO RD
 GARNETT, KS 66032
 Order No: 01/09/12
 Order Date: 12/27/11
 Invoice Date: 12/27/11
 Due Date: 01/09/12
 Order By: [blank]
 Customer ID: 0000387
 Customer PO: [blank]

ORDER	SHIP	QTY	UNIT	ITEM	DESCRIPTION	AM	EXTENSION
88000	88000	1	PL	CPMA	FLY LAB MIX 50 LBS P/B BAG	8,900.00	8,900.00
800	800	1	PL	CPMA	MCHARCH PALLET	18,000.00	18,000.00
						Sales Total	\$26,900.00
						Shipping	391.40
						Extension	78.00
						Taxable	3985.40
						Non-taxable	0.00
						Sales Tax	311.18
						TOTAL	\$43,000.58

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Invoice: 10180083

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ORDER	SHIP	QTY	UNIT	ITEM	DESCRIPTION	AM	EXTENSION
18,000	18,000	1	PL	CPMA	MCHARCH PALLET	18,000.00	18,000.00
480,000	480,000	1	BAG	CPMA	PORTLAND CEMENT 944	8,480.00	8,480.00
						Sales Total	\$4316.80
						Shipping	338.88
						Extension	4078.20
						Taxable	4316.80
						Non-taxable	0.00
						Sales Tax	338.88
						TOTAL	\$4881.78

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

S.P. Johnson 16-A

Start 1-19-2012

Finish 1-20-2012

1	soil	1	
27	lime	28	
45	shale	73	
9	lime	82	
112	shale	194	
28	lime	222	
13	shale	235	
5	lime	240	set 20' 7"
20	shale	260	ran 843.2' 2 7/8
10	lime	270	cemented to surface 84 sxs
16	shale	286	
10	lime	296	
6	shale	302	
39	lime	341	
9	shale	350	
23	lime	373	
5	shale	378	
16	lime	394	
185	shale	579	
13	lime	592	
61	shale	653	
30	lime	683	
21	shale	704	
10	lime	714	
13	shale	727	
10	lime	737	
9	shale	746	
11	lime	757	
19	shale	776	
6	sandy shale	782	odor
23	bkn sand	805	good show
6	dk sand	811	good show
38	shale	849	T.D.