



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: _____



1076728

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

Charles Melcher 13-A

Start 1-23-2012

Finish 1-24-2012

1	soil	1	
24	lime	25	
35	shale	60	
3	lime	63	
110	shale	173	
46	lime	219	
9	shale	228	
7	lime	235	set 20' 7"
16	shale	251	ran 844.5' 2 7/8
12	lime	263	cemented to surface 84 sxs
18	shale	281	
9	lime	290	
5	shale	295	
38	lime	333	
8	shale	341	
25	lime	366	
6	shale	372	
16	lime	388	
175	shale	563	
21	lime	584	
64	shale	648	
27	lime	675	
23	shale	698	
6	lime	704	
14	shale	718	
13	lime	731	
7	shale	738	
10	lime	748	
11	shale	759	
8	sandy shale	767	odor
6	bkn sand	773	good show
3	sandy shale	776	show
32	bkn sand	808	good show
6	dk sand	814	show
36	shale	850	T.D

GARNETT TRUE VALUE HOMECENTER
 410 N. Maple
 Garnett, KS 66032
 (785) 448-7108 FAX (785) 448-7135

Merchant Copy
INVOICE
 THIS COPY MUST REMAIN AT
 THE MERCHANT AT ALL TIMES

Invoice: **10179608**
 Date: 12/18/11
 Ship Date: 12/18/11
 Invoice Date: 12/18/11
 Due Date: 01/08/12
 Order No: MIKE
 Order No: MIKE
 Ship To: ROGER KENT
 2822 NE NICHOLS RD
 GARNETT, KS 66038
 (785) 448-8995
 (785) 448-8995
 Customer PO: 000387

ORDER	SHIP	L	UM	ITEM	DESCRIPTION	AM	PRICE	EXTENSION
890.00	50.00	PI	BAG	CPFA	PLY 48H MIN 60 LBS PER BAG	6,000.00	6.900	394.40
9.00	5.00	PI	PL	CPMP	MONARCH PALLET	18,000.00	19.000	78.00

SALES TOTAL	3999.40
TAXABLE	3999.40
NON-TAXABLE	0.00
SALES TAX	311.18
TOTAL	4310.58

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 THE MERCHANT AT ALL TIMES

Invoice: **10180082**
 Date: 12/14/11
 Ship Date: 12/27/11
 Invoice Date: 12/27/11
 Due Date: 01/06/12
 Order No: MIKE
 Order No: MIKE
 Ship To: ROGER KENT
 2822 NE NICHOLS RD
 GARNETT, KS 66038
 (785) 448-8995
 (785) 448-8995
 Customer PO: 000387

ORDER	SHIP	L	UM	ITEM	DESCRIPTION	AM	PRICE	EXTENSION
18.00	18.00	PI	PL	CPMP	MONARCH PALLET	18,000.00	18.000	324.00
480.00	480.00	PI	BAG	CPPO	PORTLAND CEMENT-94#	9,400.00	9.400	4076.30

SALES TOTAL	4318.50
TAXABLE	4318.50
NON-TAXABLE	0.00
SALES TAX	338.59
TOTAL	4657.09

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