



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: _____



1076730

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	---	--

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

Wilson Melcher 4-I

Start 2-10-2012

Finish 2-14-2012

3	soil	3	
48	lime	51	
38	shale	89	
14	lime	103	
111	shale	214	
36	lime	250	
16	shale	266	
8	lime	274	set 20' 7"
16	shale	290	ran 848.1' 2 7/8
9	lime	299	cemented to surface 84 sxs
18	shale	317	
9	lime	326	
4	shale	330	
41	lime	371	
9	shale	380	
20	lime	400	
6	shale	406	
18	lime	424	
174	shale	598	
18	lime	616	
60	shale	676	
28	lime	704	
22	shale	726	
10	lime	736	
13	shale	749	
10	lime	759	
10	shale	769	
10	lime	779	
9	shale	788	
10	sandy shale	798	odor
5	sandy shale	803	good show
15	Bkn sand	818	good show
6	sandy shale	824	good show
13	Bkn sand	837	good show
5	Dk sand	842	show
12	shale	854	T.D

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

Merchant Copy
INVOICE
 THE GARNETT TRUCK CENTER

Page 1 Invoice: 10180531
 Order # 0000937
 Order By: [blank]
 Ship To: ROGER KNIGHT
 22828 NE HEDRHO RD
 GARNETT, KS 66032
 (785) 448-8966
 Ship To: ROGER KNIGHT
 22828 NE HEDRHO RD
 GARNETT, KS 66032
 (785) 448-8966
 Order # 0000937
 Order By: [blank]

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	AM	PRICE	EXTENSION
18.00	P	PL	OP/PC	MONARCH PALLET	18,000 P.	18.0000	270.00	
640.00	P	BAG	OP/PC	PORTLAND CEMENT-544	8,4900 bag	8.4900	4564.80	
						Sales Total	\$4834.80	
						Sales Tax	376.66	
						TOTAL	\$5211.46	

1 - Merchant Copy



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

Merchant Copy
INVOICE
 THE GARNETT TRUCK CENTER

Page 1 Invoice: 10181129
 Order # 0000937
 Order By: [blank]
 Ship To: ROGER KNIGHT
 22828 NE HEDRHO RD
 GARNETT, KS 66032
 (785) 448-8966
 Ship To: ROGER KNIGHT
 22828 NE HEDRHO RD
 GARNETT, KS 66032
 (785) 448-8966
 Order # 0000937
 Order By: [blank]

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	AM	PRICE	EXTENSION
890.00	P	BAG	OP/PC	PLY ASP MIX 80 LBS PER BAG	8,0800 bag	8.0800	3166.80	
-8.00	P	PL	OP/PC	MONARCH PALLET	18,0000 P.	18.0000	-360.00	
840.00	P	BAG	OP/PC	PORTLAND CEMENT-544	8,4900 bag	8.4900	4834.80	
						Sales Total	\$721.40	
						Sales Tax	602.27	
						TOTAL	\$8333.87	

1 - Merchant Copy

