



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: \_\_\_\_\_



1076733

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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**R.J. Enterprise**  
**22082 NE Neosho RD**  
**Garnett, KS 66032**

**Wilson Melcher 5-I**

Start 2-9-2012

Finish 2-10-2012

3	soil	3	
47	lime	50	
40	shale	90	
13	lime	103	
106	shale	209	
38	lime	247	
14	shale	261	
8	lime	269	set 20' 7"
15	shale	284	ran 852.3' 2 7/8
9	lime	293	cemented to surface 84 sxs
21	shale	314	
10	lime	324	
5	shale	329	
40	lime	369	
11	shale	380	
20	lime	400	
3	shale	403	
19	lime	422	
174	shale	596	
18	lime	614	
61	shale	675	
29	lime	704	
21	shale	725	
10	lime	735	
13	shale	748	
10	lime	758	
10	shale	768	
10	lime	778	
16	shale	794	
6	sandy shale	800	odor
9	sandy shale	809	show
28	Bkn sand	837	good show
3	Dk sand	840	show
18	shale	858	T.D.

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

Merchant Copy  
**INVOICE**  
 THE GARNETT TRU VALUE  
 HOME CENTER, INC.

Invoice: 10180531

Page 1  
 Special: 181724  
 Invoice Date: 01/10/18  
 Invoice Date: 01/10/18  
 Date: 02/09/18  
 Ship To: **ROGER KENT**  
 2028 NIE NICHOL RD  
 GARNETT, KS 66032  
 Ship To: **ROGER KENT**  
 (785) 448-8986 NOT FOR HOUSE USE  
 (785) 448-8986  
 Order No: 0000357  
 Order By: \_\_\_\_\_

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	AM	PRICE	EXTENSION
18,000	18,000	P	PL	CPHP	MONARCH PALLET	16,0000	18,0000	270,000
840,00	840,00	P	BAG	CPPO	PORTLAND CEMENT-94#	8,4000	8,4000	4584,00
FILED BY: CHECKED BY: DATE SHIPPED: DRIVER:						Sales Total	\$4884.80	
SHIP VIA: ANDERSON COUNTY						Taxable	4884.80	
RESERVED FOR PARTIAL AND VIDEO CONSIGN						Non-taxable	0.00	
Tax #						Sales Tax	376.86	
						<b>TOTAL</b>	<b>\$5352.98</b>	



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 TRU VALUE  
 HOME CENTER, INC.

Invoice: 10181129

Page 1  
 Special: 161827  
 Invoice Date: 01/26/18  
 Invoice Date: 01/26/18  
 Date: 02/09/18  
 Ship To: **ROGER KENT**  
 2028 NIE NICHOL RD  
 GARNETT, KS 66032  
 Ship To: **ROGER KENT**  
 (785) 448-8986 NOT FOR HOUSE USE  
 (785) 448-8986  
 Order No: 0000357  
 Order By: \_\_\_\_\_

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	AM	PRICE	EXTENSION
580,00	580,00	P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	6,0800	6,0800	3166.80
-8,00	-8,00	P	PL	CPHP	MONARCH PALLET	15,0000	15,0000	-90,00
840,00	840,00	P	BAG	CPPO	PORTLAND CEMENT-94#	8,4000	8,4000	4584,00
FILED BY: CHECKED BY: DATE SHIPPED: DRIVER:						Sales Total	\$7721.40	
SHIP VIA: ANDERSON COUNTY						Taxable	7721.40	
RESERVED FOR PARTIAL AND VIDEO CONSIGN						Non-taxable	0.00	
Tax #						Sales Tax	602.27	
						<b>TOTAL</b>	<b>\$8323.67</b>	



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