



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: _____



1077619

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032

Ware 21-I

Start 2-23-2012

Finish 2-27-2012

3	soil	3	
3	clay/rock	6	
47	lime	53	
167	shale	220	
31	lime	251	
28	shale	279	
10	lime	289	
6	shale	295	set 20' 7"
36	lime	331	ran 877' 2 7/8
5	shale	336	cemented to surface 84 sxs
41	lime	377	
8	shale	385	
24	lime	409	
6	shale	415	
15	lime	430	
170	shale	600	
17	lime	617	
59	shale	676	
29	lime	705	
25	shale	730	
14	lime	744	
7	shale	751	
15	lime	766	
13	shale	779	
6	lime	785	
10	shale	795	
5	sandy shale	800	odor
4	sandy shale	804	show
10	Bkn sand	814	good show
8	sandy shale	822	good show
21	Bkn sand	843	good show
3	Dk sand	846	show
37	shale	883	T.D.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7106 FAX (785) 448-7135

Merchant Copy
INVOICE
 THE GARNETT VALUE CENTER

Page 1
 Invoices: 10180531

Order # 900387 Order By

Ship To: **ROGER KENT**
 21022 NE NEGHO RD
 GARNETT, KS 66032
 (785) 448-8988
 (785) 448-8986

Acct rep code: Ship To: **ROGER KENT**
NOT FOR HOUSE USE

Ship Date: 01/10/12
 Invoice Date: 01/10/12
 Due Date: 02/08/12

Time: 18:17:24

ORDER	SHIP	LI	UM	ITEM	DESCRIPTION	AM	PRODUCTION	PRICE	EXTENSION
18.00	P	PL	CPMP	MONARCH PALLET		18,0000 PL	18,0000	8.4900	870.00
540.00	P	BAG	CPPC	PORTLAND CEMENT-94#		8,4900 bag	8,4900	4854.60	4854.60

FILED BY: CHECKED BY: DATE SHIPPED: DRIVER

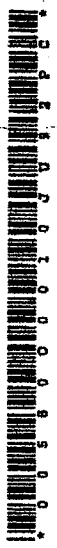
SHIP VIA: ANDERSON COUNTY
 RECEIVED OURS IN ARE IN GOOD CONDITION

Taxable: 4854.60
 Non-taxable: 0.00
 Sales tax: 378.88

Sales total: \$4854.60

TOTAL: \$4854.60

1 - Merchant Copy



GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7106 FAX (785) 448-7135

Merchant Copy
INVOICE
 THE GARNETT VALUE CENTER

Page 1
 Invoices: 10181129

Order # 000287 Order By

Ship To: **ROGER KENT**
 21022 NE NEGHO RD
 GARNETT, KS 66032
 (785) 448-8988
 (785) 448-8986

Acct rep code: Ship To: **ROGER KENT**
NOT FOR HOUSE USE

Ship Date: 01/25/12
 Invoice Date: 01/25/12
 Due Date: 02/09/12

Time: 16:19:57

ORDER	SHIP	LI	UM	ITEM	DESCRIPTION	AM	PRODUCTION	PRICE	EXTENSION
880.00	P	BAG	CPFA	PLY ASH MIX 60 LBS PER BAG		6,0900 bag	6,0900	3168.00	3168.00
-8.00	P	PL	CPMP	MONARCH PALLET		18,0000 PL	18,0000	-30.00	-30.00
840.00	P	BAG	CPPC	PORTLAND CEMENT-94#		8,4900 bag	8,4900	4854.60	4854.60

FILED BY: CHECKED BY: DATE SHIPPED: DRIVER

SHIP VIA: ANDERSON COUNTY
 RECEIVED OURS IN ARE IN GOOD CONDITION

Taxable: 7721.40
 Non-taxable: 0.00
 Sales tax: 602.27

Sales total: \$7721.40

TOTAL: \$8323.67

1 - Merchant Copy

