



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: \_\_\_\_\_



1077630

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**

**Ware 24-I**

Start 2-14-2012

Finish 2-15-2012

3	soil	3	
9	lime	12	
17	shale	29	
164	lime	193	
30	shale	223	
75	lime	298	
8	shale	306	
6	lime	312	set 20' 7"
40	shale	352	ran 833.9' 2 7/8
8	lime	360	cemented to surface 84 sxs
25	shale	385	
5	lime	390	
15	shale	405	
166	lime	571	
17	shale	588	
58	lime	646	
30	shale	676	
24	lime	700	
11	shale	711	
17	lime	728	
8	shale	736	
11	lime	747	
10	shale	757	
15	lime	772	
4	sandy shale	776	odor
13	Bkn sand	789	good show
4	sandy shale	793	good show
11	Bkn sand	804	good show
4	Dk sand	808	show
32	shale	840	T.D.

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

Merchant Copy  
**INVOICE**  
 THIS COPY NOT VALID AT ALL TIMES

Page 1  
 Order # 000357  
 Customer PO  
 Order By  
 Invoice: 10180531  
 Date: 01/17/94  
 Ship Date: 01/19/94  
 Invoice Date: 01/19/94  
 Due Date: 02/09/94  
 Add rep code:  
 Bill To: ROGER KENT  
 2508 N ECHO RD  
 GARNETT, MO 64032  
 (785) 448-8985  
 (785) 448-8985  
 Bill To: ROGER KENT  
 2508 N ECHO RD  
 GARNETT, MO 64032  
 (785) 448-8985  
 (785) 448-8985  
 Not for house use

ORDER	SHIP	L	UM	ITEM	DESCRIPTION	ALL PRICES/UM	PRICE	EXTENSION
18.00	PL			CPFA	MONARCH PALLET	18.0000 PL	18.0000	870.00
540.00	BAG			CPFO	PORTLAND CEMENT-94#	8.4900 BAG	8.4900	4584.90

ORDER TOTAL \$4854.90  
 SALES TAX \$78.96  
 TOTAL \$5633.86  
 CHECKED BY: DRIVER  
 ANDERSON COUNTY  
 RECEIVED COMPLETE AND IN GOOD CONDITION  
 TAX #

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Page 1  
 Order # 000357  
 Customer PO  
 Order By  
 Invoice: 10181129  
 Date: 01/26/94  
 Ship Date: 01/26/94  
 Invoice Date: 01/26/94  
 Due Date: 02/09/94  
 Add rep code:  
 Bill To: ROGER KENT  
 2508 N ECHO RD  
 GARNETT, MO 64032  
 (785) 448-8985  
 (785) 448-8985  
 Bill To: ROGER KENT  
 2508 N ECHO RD  
 GARNETT, MO 64032  
 (785) 448-8985  
 (785) 448-8985  
 Not for house use

ORDER	SHIP	L	UM	ITEM	DESCRIPTION	ALL PRICES/UM	PRICE	EXTENSION
880.00	PL			CPFA	PLY ASH MIX 60 LBS PER BAG	8.0000 PL	8.0000	3168.00
-8.00	PL			CPMP	MONARCH PALLET	18.0000 PL	18.0000	-50.00
640.00	BAG			CPFO	PORTLAND CEMENT-94#	8.4900 BAG	8.4900	4584.90

ORDER TOTAL \$7751.40  
 SALES TAX 0.00  
 TOTAL \$8322.87  
 CHECKED BY: DRIVER  
 ANDERSON COUNTY  
 RECEIVED COMPLETE AND IN GOOD CONDITION  
 TAX #

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