



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: _____



1080403

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

Bailey Krietler 13-A

Start 4-6-2012

Finish 4-9-2012

4	soil	4	
8	clay/rock	12	
31	shale	43	
8	lime	51	
13	shale	64	
56	lime	120	
7	shale	127	
17	lime	144	set 20' 7"
6	shale	150	ran 629.8' 2 7/8
19	lime	169	cemented to surface 60 sxs
181	shale	350	
13	lime	363	
56	shale	419	
31	lime	450	
28	shale	478	
10	lime	488	
17	shale	505	
8	lime	513	
10	shale	523	
6	lime	529	
18	shale	547	
12	sandy shale	559	odor
8	bkn sand	567	show
8	oil sand	575	good show
8	sandy shale	583	show
11	oil sand	594	good show
2	dk sand	596	show
40	shale	636	T.D.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 68032
 (785) 448-7106 FAX (785) 448-7185

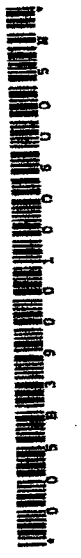
Merchant Copy
INVOICE
 THE GARNETT TRUE VALUE AT
 INVOICE: 10182406

Page: 1
 Special: 15:32:19
 Instructions: Ship Date: 03/07/12
 Invoice Date: 03/07/12
 Due Date: 04/08/12
 Bill to: MIKE
 Add rep code:
 Ship To: ROGER KENT
 2808 N NEOSHIO RD
 GARNETT, KS 68032
 (785) 448-8985 NOT FOR HOUSE USE
 (785) 448-8985
 Order By: Customer No: 0000387

ORDER	SHIP	LT	LN	ITEM	DESCRIPTION	AM	PRODU	QUAN	PRICE	EXTENSION
890.00	-4.00			CPFA CPMP	PLY ASH MIX 80 LBS PER BAG MONARCH PALLET Credited from Invoice 10180631	8.0000	15.0000	15.0000	8.0000	9410.40 -40.00

ORDERED BY: DATA SHIPPED DRIVER
 SHIP VIA: ANDERSON COUNTY
 RECEIVED COMPLETE AND IN GOOD CONDITION
 Taxable: 8350.40
 Non-taxable: 0.00
 Tax #: X
 Sales total: \$8350.40
 Sales tax: 281.84
TOTAL: \$8632.24

1 - Merchant Copy



GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 68032
 (785) 448-7106 FAX (785) 448-7185

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INVOICE
 THE GARNETT TRUE VALUE AT
 INVOICE: 10182384

Page: 1
 Special: 16:30:19
 Instructions: Ship Date: 03/01/12
 Invoice Date: 03/01/12
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 (785) 448-8985
 Order By: Customer No: 0000387

ORDER	SHIP	LT	LN	ITEM	DESCRIPTION	AM	PRODU	QUAN	PRICE	EXTENSION
-12.00				CPMP	MONARCH PALLET Credited from Invoice 10176827	15.0000	15.0000	15.0000	15.0000	-180.00
840.00				BAG CPFC	PORTLAND CEMENT-94#	8.4800	8.4800	8.4800	8.4800	4864.80

ORDERED BY: DATA SHIPPED DRIVER
 SHIP VIA: ANDERSON COUNTY
 RECEIVED COMPLETE AND IN GOOD CONDITION
 Taxable: 4404.80
 Non-taxable: 0.00
 Tax #: X
 Sales total: \$4404.80
 Sales tax: 343.68
TOTAL: \$4748.48

1 - Merchant Copy

