



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: _____



1084232

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 10-I

Start 3-26-2012

Finish 3-27-2012

3	soil	3	
15	clay/rock	18	
21	shale	39	
9	lime	48	
7	shale	55	
42	lime	97	
8	shale	105	
16	lime	121	set 20' 7"
6	shale	127	ran 600.2' 2 7/8
19	lime	146	cemented to surface 60 sxs
179	shale	325	
16	lime	341	
60	shale	401	
29	lime	430	
28	shale	458	
10	lime	468	
6	shale	474	
13	lime	487	
12	shale	499	
7	sandy shale	506	
18	shale	524	
7	sandy shale	531	odor
9	bkn sand	540	show
6	oil sand	546	show
2	oil sand	548	good show
14	sandy shale	562	odor
10	oil sand	572	good show
4	dk sand	576	show
30	shale	606	T.D.

Merchant Copy
INVOICE
 THIS COPY MUST REMAIN AT MERCHANT AT ALL TIMES

GARNETT TRUE VALUE HOME CENTER
 410 N Maple
 Garnett, KS (8032)
 (785) 448-7108 FAX (785) 448-7135

Invoice: **10182406**
 Time: 11:32:18
 Ship Date: 01/02/12
 Invoice Date: 01/02/12
 Due Date: 01/09/12

Bill To: **MIKE**
 221 32 NE NEBOHO F D
 GARNETT, KS 66032
 Ship To: **ROGER KENT**
 (785) 448-0903
 NOT FOR HOUSE USE
 (785) 448-0903

Customer #: 300237
 Order By: [Blank]

QTY	UNIT	DESCRIPTION	PRICE	EXTENSION
60.00	PL	CPMP	-4.00	-240.00
15.00	BAG	CPFA	15.00	225.00
15.00	PL	CPMP	9.40	141.00
		FLYASH MIX 80 LBS PER BAG		3410.00
		MONARCH PALLET		-60.00
		Credited from invoice 10180631		
		TOTAL		\$3350.00

ORDER: 66.00
 SHIP: 60.00
 LUM: -4.00
 ITEM: CPFA
 BAG: 15.00
 PL: 15.00
 PL: 15.00
 PL: 15.00

FILLED: Y
 CHECKED BY: ANDERSON COUNTY
 RECEIVED COMPLETE IN GOOD CONDITION

SHIP TO: ANDERSON COUNTY
 RECEIVED COMPLETE IN GOOD CONDITION

Taxable: 3350.00
 Non-taxable: 0.00
 Sales Tax: 261.34
TOTAL: \$3611.34

1 - Merchant Copy



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

Invoice: **10182364**
 Time: 15:20:16
 Ship Date: 03/01/12
 Invoice Date: 03/01/12
 Due Date: 04/09/12

Bill To: **MIKE**
 221 32 NE NEBOHO F D
 GARNETT, KS 66032
 Ship To: **ROGER KENT**
 (785) 448-0903
 NOT FOR HOUSE USE
 (785) 448-0903

Customer #: 300237
 Order By: [Blank]

QTY	UNIT	DESCRIPTION	PRICE	EXTENSION
15.00	PL	CPMP	-4.00	-60.00
15.00	BAG	CPFA	15.00	225.00
15.00	PL	CPMP	9.40	141.00
		MONARCH PALLET		-180.00
		Credited from Invoice 1017927		
		PORTLAND CEMENT-94#		1894.80
		TOTAL		\$4404.80

ORDER: 66.00
 SHIP: 60.00
 LUM: -4.00
 ITEM: CPFA
 BAG: 15.00
 PL: 15.00
 PL: 15.00

FILLED: Y
 CHECKED BY: ANDERSON COUNTY
 RECEIVED COMPLETE IN GOOD CONDITION

SHIP TO: ANDERSON COUNTY
 RECEIVED COMPLETE IN GOOD CONDITION

Taxable: 4404.80
 Non-taxable: 0.00
 Sales Tax: 313.56
TOTAL: \$4718.36

1 - Merchant Copy

