



**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: \_\_\_\_\_



1089606

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

**Norman 25-N**

Start 6- 26-2012

Finish 6- 27-2012

2	soil	2	
3	clay/rock	5	
97	lime	102	
162	shale	264	
27	lime	291	
63	shale	354	
29	lime	383	
40	shale	423	set 20' 7"
20	lime	443	ran 647.8 ' 2 7/8
7	shale	450	cemented to surface 60 sxs
5	lime	455	
93	shale	548	
3	lime	551	
47	shale	598	
6	sandy shale	604	odor
20	oil sand	624	good show
8	shale	632	
5	Dk sand	637	show
17	shale	654	T. D.

**GARNETT TRUE VALUE HOMECENTER**

410 N Maple  
Garnett, KS 66032  
(785) 448-7108 FAX (785) 448-7135

Merchant Copy  
**INVOICE**  
THIS IS A MERCHANDISE INVOICE  
NOT A RECEIPT

Page: 1 Invoice: 10185759

Brand: 138512  
Invoice #: 05/24/12  
Ship Date: 05/24/12  
Invoice Date: 05/24/12  
Due Date: 06/09/12

Buyer #: HANNAH HANNAH STEELE  
Acct rep code:  
Ship To: ROGER KENT  
22082 NE NEEDSHO RD  
GARNETT, KS 66032  
(785) 448-8988 NOT FOR HOUSE USE

Customer #: 0000967 Order By: \_\_\_\_\_

ORDER	SHIP L I U/M	ITEM#	DESCRIPTION	Alt Priced/Lon	PRICE	EXTENSION
2.00	2.00 P EA	289837	HMT7644-1/8 TRIM BR	0.9900 EA	8.8900	13.88

FILED BY: \_\_\_\_\_ CHECKED BY: DATE SHIPPED: DRIVER: \_\_\_\_\_  
SHIP VIA: Customer Pick-up  
RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable 13.88  
Non-taxable 0.00  
Sales tax 1.17  
**TOTAL \$15.15**



1 - Merchant Copy  
Weight: 0 lbs.

0 0 5 9 0 0 1 1 R M L 3 P B \*

**GARNETT TRUE VALUE HOMECENTER**

410 N Maple  
Garnett, KS 66032  
(785) 448-7108 FAX (785) 448-7135

Statement Copy  
**INVOICE**  
PLEASE REFER TO INVOICE NUMBER  
ON ALL ORDER RESPONSES

Page: 1 Invoice: 10185968

Brand: 138512  
Invoice #: 06/30/12  
Ship Date: 06/30/12  
Invoice Date: 06/30/12  
Due Date: 06/09/12

Buyer #: MIKE  
Acct rep code:  
Ship To: ROGER KENT  
22082 NE NEEDSHO RD  
GARNETT, KS 66032  
(785) 448-8988 NOT FOR HOUSE USE

Customer #: 0000967 Order By: \_\_\_\_\_

ORDER	SHIP L I U/M	ITEM#	DESCRIPTION	Alt Priced/Lon	PRICE	EXTENSION
11.00	11.00 P PL	OPMP	MONARCH PALLET	15,000 PL	15,000	165.00
610.00	610.00 P BAG	OPPO	PORTLAND CEMENT-94#	8.9900 BAG	8,990.00	4894.50

FILED BY: \_\_\_\_\_ CHECKED BY: DATE SHIPPED: DRIVER: \_\_\_\_\_  
SHIP VIA: ANDERSON COUNTY  
RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable 4749.80  
Non-taxable 0.00  
Sales tax 370.50  
**TOTAL \$5120.40**



3 - Statement Copy

0 0 5 9 0 0 1 3 8 0 1 9 \*