



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: _____



1096737

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032

Babbs 6-1

Start 8-30-2012

Finish 9-4-2012

3	soil	3	
9	clay	12	
9	shale	21	
30	lime	51	
75	shale	126	
7	lime	133	
6	shale	139	
41	lime	180	set 20' 7"
9	shale	189	ran 658.9' 2 7/8
22	lime	211	cemented to surface 66 sxs
6	shale	217	
10	lime	227	
178	shale	405	
14	lime	419	
60	shale	479	
30	lime	509	
26	shale	535	
9	lime	544	
17	shale	561	
7	lime	568	
11	shale	579	
7	lime	586	
20	shale	606	
6	sandy shale	612	odor
24	Bkn sand	636	good show
7	Dk sand	643	good show
21	shale	664	T.D.

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

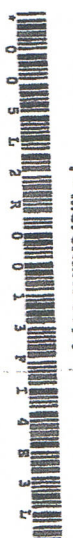
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Page: 1
 Special :
 Inclusions :
 Sales rep: MIKE
 Order # 10188224
 Time: 14:41:57
 Ship Date: 07/24/12
 Invoice Date: 08/07/12
 Due Date: 09/08/12

Ship To: ROGER KENT
 3208 NE NIOSHO RD
 GARNETT, KS 66038
 (785) 448-8995

Customer # 0000387
 Order By: _____

ORDER#	SHIP L	U/M	ITEM#	DESCRIPTION	ALL Pkg/Unit	PRICE	EXTENSION
16.00	P	PO	78516	PRESSURE TREATED-48 X 8 X 16 CCA CUT IN HALF/ON ORANGE RACK	988,7010 unit	31.8900	479.85
FILLED BY: _____ CHECKED BY: DATE SHIPPED: DRIVEN: _____ SHIP VIA: Customer Pick up RECEIVED COMPLETE AND IN GOOD CONDITION					Taxable 479.85 Non-taxable 0.00 Tax # _____	Sales total \$479.85 Sales tax 38.83 TOTAL \$518.68	



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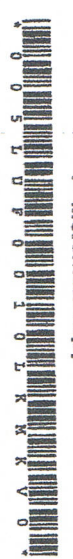
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Page: 1
 Special :
 Inclusions :
 Sales rep: MIKE
 Order # 10189380
 Time: 15:55:57
 Ship Date: 08/22/12
 Invoice Date: 08/22/12
 Due Date: 09/08/12

Ship To: ROGER KENT
 3208 NE NIOSHO RD
 GARNETT, KS 66038
 (785) 448-8995

Customer # 0000387
 Order By: _____

ORDER#	SHIP L	U/M	ITEM#	DESCRIPTION	ALL Pkg/Unit	PRICE	EXTENSION
-28.00	P	PL	OPMP	MONARCH PALLET Credited from Invoice 10188335	15,0000 Pk	15.0000	-390.00
540.00	P	BAQ	CPPC	PORTLAND CEMENT-94#	8,9900 bag	8.8900	4954.60
FILLED BY: _____ CHECKED BY: DATE SHIPPED: DRIVEN: _____ SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION					Taxable 4464.60 Non-taxable 0.00 Tax # _____	Sales total \$4464.60 Sales tax 349.24 TOTAL \$4812.84	



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