



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: _____



1102065

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

Herman 20-A

Start 10-22-2012

Finish 10-23-2012

2	soil	2	
7	clay/rock	9	
35	lime	44	
155	shale	199	
32	lime	231	
35	shale	266	
2	lime	268	
30	shale	298	set 20' 7"
111	lime	409	Dry hole
165	shale	574	Plugged 10-23-2012
23	lime	597	Ran 1" to 800' pumped 12 sxs
59	shale	656	pulled up to 500' pumped 12 sxs
28	lime	684	pulled up to 250' pumped 24 sxs
23	shale	707	brought cement to surface 48 sxs total
12	lime	719	
17	shale	736	
6	lime	742	
7	shale	749	
6	lime	755	
7	shale	762	
7	sandy shale	769	odor
16	sandy shale	785	show
15	shale	800	T.D.

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

Statement Copy
INVOICE
 PLEASE REFER TO INVOICE NUMBER
 ON ALL CORRESPONDENCE

Page: 1 Invoice: 10191124

Special Instructions : Time: 10/08/12
 Ship Date: 10/08/12
 Invoice Date: 10/08/12
 Due Date: 11/08/12

Sale rep #: JIM Act rep code:
 Sold To: ROGER KENT Ship To: ROGER KENT
 22082 NE NEGSHORD (785) 448-6995 NOT FOR HOUSE USE
 GARNETT, KS 66032 (785) 448-6995

Customer #: 0000357 Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uctm	PRICE	EXTENSION	ETH T 130
-7.00	P	PL	CPMP		MONARCH PALLET	15.0000 PL	15.0000	-105.00	
640.00	P	BAG	CPCC		PORTLAND CEMENT-94#	8.9900 bag	8.9900	4854.60	

FILLED BY: CHECKED BY: DATE SHIPPED: DRIVER

SHIP VIA: ANDERSON COUNTY
 RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable
 Non-taxable
 Tax #

Sales total \$4749.60
 Sales tax 370.47
TOTAL \$5120.07

3 - Statement Copy

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

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

Page: 1 Invoice: 10191161

Special Instructions : Time: 12/31/28
 Ship Date: 10/09/12
 Invoice Date: 10/09/12
 Due Date: 11/09/12

Sale rep #: MIKE Act rep code:
 Sold To: ROGER KENT Ship To: ROGER KENT
 22082 NE NEGSHORD RD (785) 448-6995 NOT FOR HOUSE USE
 GARNETT, KS 66032 (785) 448-6995

Customer #: 0000357 Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uctm	PRICE	EXTENSION	ETH T 130
480.00	P	BAG	CPFA		FLY ASH MIX 80 LBS PER BAG	6.2800 bag	6.2800	3018.20	
14.00	P	PL	CPMP		MONARCH PALLET	15.0000 PL	15.0000	210.00	

FILLED BY: CHECKED BY: DATE SHIPPED: DRIVER

SHIP VIA: ANDERSON COUNTY
 RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable
 Non-taxable
 Tax #

Sales total \$3229.20
 Sales tax 251.88
TOTAL \$3481.08

1 - Merchant Copy

0 0 5 0 0 0 0 1 3 K J A 1 S C *



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1100692
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 3728
 Name: Kent, Roger dba R J Enterprises
 Address 1: 22082 NE Neosho Rd
 Address 2: _____
 City: GARNETT State: KS Zip: 66032 + 1918
 Contact Person: Roger Kent
 Phone: (785) 448-6995
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 15-003-25644-00-00
 Spot Description: _____
SE SW, NE SW Sec. 15 Twp. 21 S. R. 20 East West
1465 Feet from North / South Line of Section
3605 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Anderson
 Lease Name: HERMAN Well #: 20A
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: 10/23/2012
 Plugging Completed: 10/23/2012

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		surface	7	20	

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Ran 1" to 800' pumped 12 sxs.
 Pulled up to 500' pumped 12 sxs.
 Pulled up to 250' pumped in 24 sxs.
 Brought cement to surface 48 sxs. total.

Plugging Contractor License #: 3728 Name: Kent, Roger dba R J Enterprises
 Address 1: 22082 NE Neosho Rd Address 2: _____
 City: GARNETT State: KS Zip: 66032 + 1918
 Phone: (785) 448-6995
 Name of Party Responsible for Plugging Fees: Roger Kent
 State of KS County, AN, ss.
Roger Kent Employee of Operator or Operator on above-described well,
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202