



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: _____



1105989

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

Hunley 17-A

Start 11-21-2012

Finish 11-23-2012

1	soil	1	
2	clay/rock	3	
32	lime	35	
158	shale	193	
37	lime	230	
37	shale	267	
7	lime	274	
27	shale	301	set 20' 7"
111	lime	412	ran 853.4' 2 7/8
167	shale	579	cemented to surface 84 sxs
19	lime	598	
60	shale	658	
27	lime	685	
25	shale	710	
9	lime	719	
15	shale	734	
8	lime	742	
12	shale	754	
5	lime	759	
17	shale	776	
9	sandy shale	785	odor
6	sandy shale	791	good show
21	Bkn sand	812	good show
8	oil sand	820	good show
2	Dk sand	822	show
37	shale	859	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 NUM
ON ALL CORRESPONDENCE

Page: 1 Invoice: 10192854

Special :
Instructions :
Sale rep #: JIM
Sold To: ROGER KENT
22082 NE NEOSHO RD
GARNETT, KS 66032

Time: 15:59:07
Ship Date: 11/19/12
Invoice Date: 11/19/12
Due Date: 12/08/12

Acct rep code:
Ship To: ROGER KENT
(785) 448-6985 NOT FOR HOUSE USE
(785) 448-6985

Customer #: 0000357 Order By:

REP

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTEN
-29.00	540.00	P	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	-4
540.00	540.00	P	BAG	CPPC	PORTLAND CEMENT-94#	8.9900 BAG	8.9900	48

Subtotal \$419.00
Taxable 4119.00
Non-taxable 0.00
Sales tax 34.76

FILLED BY: _____ CHECKED BY: DRIVER DATE SHIPPED: _____
SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION
Tax # X

Sales total \$476.76

2 - Statement copy



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: 10192263

Special :
Instructions :
Sale rep #: MIKE
Sold To: ROGER KENT
22082 NE NEOSHO RD
GARNETT, KS 66032

Time: 18:07:45
Ship Date: 11/05/12
Invoice Date: 11/08/12
Due Date: 12/08/12

Acct rep code:
Ship To: ROGER KENT
(785) 448-6985 NOT FOR HOUSE USE
(785) 448-6985

Customer #: 0000357 Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTENSION
560.00	540.00	P	BAG	OPFA	FLY ASH MIX 80 LBS PER BAG	8.2800 BAG	8.2800	3522.40
540.00	540.00	P	BAG	OPPC	PORTLAND CEMENT-94#	8.9900 BAG	8.9900	4854.80

Sales total \$6377.00
Taxable 6377.00
Non-taxable 0.00
Sales tax 653.41

FILLED BY: _____ CHECKED BY: DRIVER DATE SHIPPED: _____
SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION
Tax # X

Sales total \$6930.41

1 - Merchant copy

