



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: _____



1109706

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

Charles Melcher 14-A

Start 11-28-2012

Finish 11-29-2012

2	soil	2	
6	clay/rock	8	
20	lime	28	
46	shale	74	
6	lime	80	
98	shale	178	
46	lime	224	
34	shale	258	set 20' 7"
9	lime	267	ran 848.7' 2 7/8
20	shale	287	cemented to surface 84 sxs
117	lime	404	
171	shale	575	
16	lime	591	
66	shale	657	
16	lime	673	
6	shale	679	
5	lime	684	
12	shale	696	
16	lime	712	
16	shale	728	
4	lime	732	
2	shale	734	
3	lime	737	
9	shale	746	
6	lime	752	
16	shale	768	
10	sandy shale	778	odor
10	sandy shale	788	good show
20	Bkn sand	808	good show
9	oil sand	817	good show
3	Dk sand	820	show
34	shale	854	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
Special :
Instructions :
Sales rep #: JIM
Ship To: **ROGER KENT**
22082 NE NEGSHO RD
GARNETT, KS 66032
Customer #: 0000357

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

Alt Price/Unit: 15.0000 PL
8.9900 BAG

Order By: Customer PC: (785) 448-6985

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Unit	PRICE	EXTEN
-28.00	PL			CPMP	MONARCH PALLET	15.0000	15.0000	-4
540.00	BAG			CPPC	PORTLAND CEMENT-94#	8.9900	8.9900	48

FILLED BY: _____ CHECKED BY: DATE SHIPPED: DRIVER: _____
SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION
Taxable: 4419.60
Non-taxable: 0.00
Sales tax: 34
Sales total: \$441

2 - Statement Copy



0 0 5 R K N 0 0 1 0 4 F 6 C 8 7

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
Special :
Instructions :
Sales rep #: MIKE
Ship To: **ROGER KENT**
22082 NE NEGSHO RD
GARNETT, KS 66032
Customer #: 0000357

Time: 18:07:55
Ship Date: 11/06/12
Invoice Date: 11/06/12
Due Date: 12/08/12

Alt Price/Unit: 8.2900 BAG
8.9900 BAG

Order By: Customer PC: (785) 448-6985

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
580.00	BAG			CPFA	FLY ASH MIX 80 LBS PER BAG	8.2900	8.2900	3822.40
540.00	BAG			CPPC	PORTLAND CEMENT-94#	8.9900	8.9900	4854.80

FILLED BY: _____ CHECKED BY: DATE SHIPPED: DRIVER: _____
SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION
Taxable: 8377.00
Non-taxable: 0.00
Sales tax: 653.41
Sales total: \$6377.00
TOTAL: \$9030.41

1 - Merchant Copy



0 0 5 O R J 0 0 1 I N F A 8 8 D