



### 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: \_\_\_\_\_



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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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>	<b>PRODUCTION INTERVAL:</b> _____ _____
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R.J. Enterprise  
22082 NE Neosho RD  
Garnett, KS 66032

S.P. Johnson 11-A

Start 1-9-2013

Finish 1-11-2013

1	soil	1	
5	clay/rock	6	
38	lime	44	
41	shale	85	
12	lime	97	
110	shale	207	
31	lime	238	
37	shale	275	set 20' 7"
15	lime	290	ran 842.3' 2 7/8
13	shale	303	cemented to surface 84 sxs
109	lime	412	
170	shale	582	
20	lime	602	
61	shale	663	
27	lime	690	
22	shale	712	
7	lime	719	
22	shale	741	
6	lime	747	
5	shale	752	
12	lime	764	
16	shale	780	
4	sandy shale	784	odor
8	sandy shale	792	show
24	Bkn sand	816	good show
4	Dk sand	820	show
28	shale	848	T.D.

**Statement Copy**  
**INVOICE**  
 PLEASE REFER TO INVOICE NUMBER  
 ON ALL CORRESPONDENCE

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

Invoice: **10194447**  
 Time: 11:52:43  
 Ship Date: 01/08/13  
 Invoice Date: 01/08/13  
 Due Date: 02/08/13

Special Instructions:  
 Acc't rep code:  
 Sales rep #: **JIM**  
 Ship To: **ROGER KENT**  
 (785) 448-6885  
**NOT FOR HOUSE USE**  
 Sold To: **ROGER KENT**  
 22082 NE NEOSH0 RD  
 GARNETT, KS 66032

Customer #: 0000357  
 Order By:  
 Customer PO:  
 Clear By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Prices/Unit	PRICE	EXTENSION
560.00	560.00	P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	6.2500	6.2500	3522.40
6.00	6.00	PL	PL	CPMP	MONARCH PALLET	15.0000	15.0000	90.00

FILLED BY: _____		DATE SHIPPED: _____	DRIVER: _____
SHIP VIA: <b>ANDERSON COUNTY</b>		RECEIVED COMPLETE AND IN GOOD CONDITION	
Taxable	3612.40	Sales tax	281.77
Non-taxable	0.00		
<b>TOTAL</b>	<b>\$3894.17</b>		

3 - Statement Copy



**Merchant Copy**  
**INVOICE**  
 THIS COPY IS NOT VALID  
 UNLESS ALL INFORMATION  
 IS PRESENT

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

Invoice: **10194540**  
 Time: 15:47:38  
 Ship Date: 01/10/13  
 Invoice Date: 01/10/13  
 Due Date: 02/08/13

Special Instructions:  
 Acc't rep code:  
 Sales rep #: **MIKE**  
 Ship To: **ROGER KENT**  
 (785) 448-6885  
**NOT FOR HOUSE USE**  
 Sold To: **ROGER KENT**  
 22082 NE NEOSH0 RD  
 GARNETT, KS 66032

Customer #: 0000357  
 Order By:  
 Customer PO:  
 Clear By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Prices/Unit	PRICE	EXTENSION
20.00	20.00	P	PC	T21212	PRESSURE TREATED-42 2 X 12 X 12'	1168.2500	27.9900	569.80
6.00	6.00	P	PC	T5516	PRESSURE TREATED-42 5 X 5 X 10' COA CUT IN HALF	955.7010	31.9900	191.94

FILLED BY: _____		DATE SHIPPED: _____	DRIVER: _____
SHIP VIA: <b>CUSTOMER PICK UP</b>		RECEIVED COMPLETE AND IN GOOD CONDITION	
Taxable	751.74	Sales tax	62.40
Non-taxable	0.00		
<b>TOTAL</b>	<b>\$814.14</b>		

1 - Merchant Copy

