



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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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

S.P. Johnson 12-A

Start 1-11-2013

Finish 1-15-2013

2	soil	2	
4	clay/rock	6	
40	lime	46	
40	shale	86	
10	lime	96	
109	shale	205	
32	lime	237	
38	shale	275	set 20' 7"
14	lime	289	ran 854.5' 2 7/8
13	shale	302	cemented to surface 84 sxs
109	lime	411	
170	shale	581	
24	lime	605	
61	shale	666	
27	lime	693	
21	shale	714	
8	lime	722	
19	shale	741	
6	lime	747	
9	shale	756	
11	lime	767	
16	shale	783	
4	sandy shale	787	odor
6	Bkn sand	793	good show
4	oil sand	797	good show
4	bkn sand	801	good show
4	oil sand	805	good show
16	bkn sand	821	good show
4	Dk sand	825	good show
35	shale	860	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: 10194181

Time: 11:15:52
 Ship Date: 12/28/12
 Invoice Date: 12/28/12
 Due Date: 01/08/13

Order By:

Special Instructions :
 Sale rep #: JIM
 Acct rep code:
 Sold To: **ROGER KENT**
 22082 NE NESHOMO RD
 GARNETT, KS 66032
 Ship To: **ROGER KENT**
 (785) 448-6995 NOT FOR HOUSE USE
 (785) 448-6995

Customer PO:

Customer #: 0000357

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Uom	PRICE	EXTENSION
-29.00	P	PL	CPMP	MONARCH PALLET	Credited from Invoice 10192899	15.0000 P.	15.0000	-435.00
540.00	P	BAG	CPPC	PORTLAND CEMENT-94#		8.9900 bag	8.9900	4884.80

INVOICE

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER
SHIP VIA	ANDERSON COUNTY	4419.60	Taxable
	RECEIVED COMPLETE AND IN GOOD CONDITION	0.00	Non-taxable
			Tax #
			TOTAL
			\$4419.60
			344.73
			\$4764.33

3 - Statement Copy



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

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

Invoice: 10193679

Time: 07:47:53
 Ship Date: 12/13/12
 Invoice Date: 12/13/12
 Due Date: 01/08/13

Order By:

Special Instructions :
 Sale rep #: WAYNE WAYNE STANLEY
 Acct rep code:
 Sold To: **ROGER KENT**
 22082 NE NESHOMO RD
 GARNETT, KS 66032
 Ship To: **ROGER KENT**
 (785) 448-6995 NOT FOR HOUSE USE
 (785) 448-6995

Customer PO:

Customer #: 0000357

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Uom	PRICE	EXTENSION
4.00	P	EA	510969	EVER 3V Lith Battery		4.4900 EA	4.4900	17.96

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER
SHIP VIA	Customer Pick up	17.96	Taxable
	RECEIVED COMPLETE AND IN GOOD CONDITION	0.00	Non-taxable
			Tax #
			TOTAL
			\$17.96
			1.50
			\$19.46

Weight: 0 lbs.

1 - Merchant copy

