



**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
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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: \_\_\_\_\_



1136946

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

Sobba 7-I

Start 2-19-2013

Finish 2-20-2013

3	soil	3	
6	clay/rock	9	
40	lime	49	
41	shale	90	
10	lime	100	
111	shale	211	
31	lime	242	
36	shale	278	set 20' 7"
10	lime	288	ran 837.6' 2 7/8
18	shale	306	cemented to surface 78 sxs
111	lime	417	
175	shale	592	
18	lime	610	
61	shale	671	
29	lime	700	
20	shale	720	
6	lime	726	
18	shale	744	
9	lime	753	
8	shale	761	
8	lime	769	
15	shale	784	
7	sandy shale	791	odor
9	Bkn sand	800	good show
5	Sandy shale	805	show
17	Bkn sand	822	good show
2	Dk sand	824	show
21	Shale	845	T.D.

**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: 10194653

Special : 12:29:38  
 Instructions : Ship Date: 01/14/13  
 Invoice Date: 01/14/13  
 Due Date: 02/08/13

Sale rep #: MIKE Acct rep code:  
 Sold To: ROGER KENT Ship To: ROGER KENT  
 22032 NE NEOSH0 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/Um	PRICE	EXTENSION
9.00	8.00	P	PC	T8516	PRESSURE TREATED-48 X 8 X 16' CCA CUT IN HALF	958.7010 mp	31.9900	287.81
						Sales total		\$287.81
						TAXABLE		287.81
						Non-taxable		0.00
						Sales tax		23.90
						TOTAL		\$311.81

FILLED BY: \_\_\_\_\_ CHECKED BY: \_\_\_\_\_ DATE SHIPPED: \_\_\_\_\_ DRIVER: \_\_\_\_\_

SHIP VIA: CUSTOMER PICK UP  
 RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 287.81  
 Non-taxable: 0.00  
 Sales tax: 23.90

TBF: 300



1 - Merchant Copy

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 (785) 448-7106 FAX (785) 448-7135

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**INVOICE**  
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 MERCHANT AT ALL TIMES!

Page: 1 Invoice: 10194700

Special : 15:10:49  
 Instructions : Ship Date: 01/15/13  
 Invoice Date: 01/15/13  
 Due Date: 02/08/13

Sale rep #: MIKE Acct rep code:  
 Sold To: ROGER KENT Ship To: ROGER KENT  
 22032 NE NEOSH0 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/Um	PRICE	EXTENSION
380.00	4.00	P	PL	CPMP CPPC	MONARCH PALLET PORTLAND CEMENT-94#	15.0000 PL 9.4800 bag	15.0000 9.4800	60.00 3416.40
						Sales total		\$3476.40
						TAXABLE		3476.40
						Non-taxable		0.00
						Sales tax		271.16
						TOTAL		\$3747.56

FILLED BY: \_\_\_\_\_ CHECKED BY: \_\_\_\_\_ DATE SHIPPED: \_\_\_\_\_ DRIVER: \_\_\_\_\_

SHIP VIA: ANDERSON COUNTY  
 RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 3476.40  
 Non-taxable: 0.00  
 Sales tax: 271.16



1 - Merchant Copy