



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: _____



1136980

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
--	---	---

R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032

Sobba 9-I

Start 1-22-2013

Finish 1-23-2013

3	soil	3	
9	clay/rock	12	
131	shale	143	
32	lime	175	
35	shale	210	
15	lime	225	
14	shale	239	
111	lime	350	set 20' 7"
174	shale	524	ran 772.4' 2 7/8
23	lime	547	cemented to surface 78 sxs
59	shale	606	
29	lime	635	Ran 1" to 770' and pumped 18 sxs.
21	shale	656	Brought cement to surface
7	lime	663	
19	shale	682	
8	lime	690	
6	shale	696	
10	lime	706	
15	shale	721	
11	sandy shale	732	odor
26	Bkn sand	758	good show
5	oil sand	763	good show
4	Dk sand	767	good show
12	shale	779	T.D. Plugged

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7106 FAX (785) 448-7135

Statement Copy
INVOICE
PLEASE REFER TO INVOICE NUMBER
FOR ALL CORRESPONDENCE

Invoice: **10194447**

Page: 1
Special :
Instructions :
Date rep to: JIM
Ship To: ROGER KENT
22082 NE NEOSHO RD
GARNETT, KS 66032
Ship Date: 01/08/13
Invoice Date: 01/08/13
Due Date: 02/08/13
Act rep code:

Customer #: 0000357
Customer PO:
Order By: **10194447**

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	All Price/Unit	PRICE	EXTENSION
560.00	P	BAG	CPFA		FLY ASH MIX 80 LBS PER BAG	6.2900 ea	6.2900	3522.40
8.00	P	PL	CPMP		MONARCH PALLET	15.0000 ea	15.0000	90.00

FILED BY: _____ CHECKED BY: DATE SHIPPED: _____ DRIVER: _____

SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 3612.40
Non-taxable: 0.00
Sales tax: 281.77

TOTAL \$3894.17

3 - Statement Copy



GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7106 FAX (785) 448-7135

Merchant Copy
INVOICE
THIS COPY IS NOT VALID AT
MERCHANDISE

Invoice: **10194540**

Page: 1
Special :
Instructions :
Date rep to: MIKE
Ship To: ROGER KENT
22082 NE NEOSHO RD
GARNETT, KS 66032
Ship Date: 01/10/13
Invoice Date: 01/10/13
Due Date: 02/08/13
Act rep code:

Customer #: 0000357
Customer PO:
Order By: **10194540**

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	All Price/Unit	PRICE	EXTENSION
20.00	P	PC	PC	T31212	PRESSURE TREATED #2 X 12 X 12'	1166.2800 ea	27.9900	559.80
8.00	P	PC	PC	T5616	PRESSURE TREATED #2 S X 16 CCA CUT IN HALF	955.7010 ea	31.9900	191.94

FILED BY: _____ CHECKED BY: DATE SHIPPED: _____ DRIVER: _____

SHIP VIA: Customer Pick up RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 751.74
Non-taxable: 0.00
Sales tax: 82.40

TBF: 690
TOTAL \$814.14

1 - Merchant Copy

