



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: 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032

J.S. Johnson #24

Start 2-4-2013

Finish 2-6-2013

1	soil	1	
5	clay/rock	6	
10	lime	16	
46	shale	62	
6	lime	68	
111	shale	179	
32	lime	211	
37	shale	248	set 20' 7"
12	lime	260	ran 816.1' 2 7/8
15	shale	275	cemented to surface 78 sxs
109	lime	384	
181	shale	565	
17	lime	582	
59	shale	641	
29	lime	670	
21	shale	691	
7	lime	698	
16	shale	714	
9	lime	723	
11	shale	734	
7	lime	741	
18	shale	759	
8	sandy shale	767	odor
30	Bkn sand	797	good show
3	Dk sand	800	show
30	shale	830	T. D.

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7135

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Page: 1

Invoice: 10194853

Special :
Instructions :
Said rep # : MIKE
Ship To: **ROGER KENT**
2202 N.E. MEDSHO RD
GARNETT, KS 66032
Customer # : 0000357

Time: 12:28:38
Ship Date: 01/14/13
Invoice Date: 01/14/13
Due Date: 02/09/13
Acct rep code:
Ship To: **ROGER KENT**
(785) 448-8985
NOT FOR HOUSE USE
Customer PO: (785) 448-8985
Order By:

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	All Price/Item	PRICE	EXTENSION
8.00	8.00	P	PC	78316	PRESSURE TREATED 2 1/2 X 8 X 16 CCA CUT IN HALF	889.7010 unit	31.8900	287.91
FILLED BY: _____ CHECKED BY: DATE SHIPPED: DRIVER: _____ SHIP VIA: Customer Pick up RECEIVED COMPLETE AND IN GOOD CONDITION						Taxable 287.91 Non-taxable 0.00 Tax # _____		Sales total \$287.91 Sales tax 23.90 TBR: 300 TOTAL \$311.81



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Invoice: 10194700

Special :
Instructions :
Said rep # : MIKE
Ship To: **ROGER KENT**
2202 N.E. MEDSHO RD
GARNETT, KS 66032
Customer # : 0000357

Time: 15:10:48
Ship Date: 01/15/13
Invoice Date: 01/15/13
Due Date: 02/09/13
Acct rep code:
Ship To: **ROGER KENT**
(785) 448-8985
NOT FOR HOUSE USE
Customer PO: (785) 448-8985
Order By:

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	All Price/Item	PRICE	EXTENSION
4.00	4.00	P	PL	CPMP	MONARCH PALLET	18.0000 PL	18.0000	60.00
360.00	360.00	P	BAG	CPFC	FORTLAND CEMENT-94#	9.4900 bag	8.4900	3416.40
FILLED BY: _____ CHECKED BY: DATE SHIPPED: DRIVER: _____ SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION						Taxable 3476.40 Non-taxable 0.00 Tax # _____		Sales total \$3476.40 Sales tax 271.16 TOTAL \$3747.56



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