



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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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

Pugsley 12-I

Start 4-9-2013

Finish 4-12-2013

1	soil	1	
5	clay/rock	6	
48	lime	54	
160	shale	214	
32	lime	246	
36	shale	282	
8	lime	290	
27	shale	317	set 20' 7"
111	lime	428	ran 855.5 of 2 7/8
167	shale	595	cemented to surface 84 sxs
20	lime	615	
60	shale	675	
28	lime	703	
23	shale	726	
14	lime	740	
14	shale	754	
7	lime	761	
9	shale	770	
9	lime	779	
16	shale	795	
4	sandy shale	799	odor
16	Bkn sand	815	good show
4	sandy shale	819	good show
16	bkn sand	835	good show
7	oil sand	842	good show
4	Dk sand	846	show
15	shale	861	T.D.

GARNETT TRUE VALUE HOMECENTER

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

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INVOICE

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MERCHANT AT ALL TIMES!

Page: 1
Invoiced: 10196436

Special Instructions: Time: 16:47:18
Ship Date: 03/18/13
Invoice Date: 03/18/13
Due Date: 04/08/13

Bill to: MIKE
Sold to: ROGER KENT
22032 NE NEOSHO RD
GARNETT, KS 66032

Ship to: ROGER KENT
(785) 448-8895 NOT FOR HOUSE USE
Order # 0000357 Customer PO: (785) 448-8895

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	AM Price/Um	PRICE	EXTENSION
-8.00	-8.00	P	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	-135.00
540.00	540.00	P	BAG	OPPC	Credited from Invoice 10195370 PORTLAND CEMENT-6#	9.4900 uwo	9.4900	5124.60

FILLED BY		CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$4989.60
SHIP VIA		ANDERSON COUNTY	RECEIVED COMPLETE AND IN GOOD CONDITION		Taxable	4889.60
					Non-taxable	0.00
					Sales tax	369.19
					TOTAL	\$5378.79

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

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Page: 1
Invoiced: 10196472

Special Instructions: Time: 12:28:40
Ship Date: 03/19/13
Invoice Date: 03/19/13
Due Date: 04/08/13

Bill to: MIKE
Sold to: ROGER KENT
22032 NE NEOSHO RD
GARNETT, KS 66032

Ship to: ROGER KENT
(785) 448-8895 NOT FOR HOUSE USE
Order # 0000357 Customer PO: (785) 448-8895

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	AM Price/Um	PRICE	EXTENSION
580.00	580.00	P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	6.2000 uwo	6.2000	3622.40
14.00	14.00	P	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	210.00

FILLED BY		CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$3732.40
SHIP VIA		ANDERSON COUNTY	RECEIVED COMPLETE AND IN GOOD CONDITION		Taxable	3732.40
					Non-taxable	0.00
					Sales tax	291.13
					TOTAL	\$4023.53

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