



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



1142289

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise  
22082 NE Neosho RD  
Garnett, KS 66032

Hunley 3-I

Start 4-5-2013

Finish 4-8-2013

2	soil	2	
3	clay/rock	5	
35	lime	40	
157	shale	197	
33	lime	230	
37	shale	267	
7	lime	274	
28	shale	302	set 20' 7"
112	lime	414	ran 857.5 of 2 7/8
168	shale	582	cemented to surface 84 sxs
19	lime	601	
60	shale	661	
28	lime	689	
23	shale	712	
12	lime	724	
17	shale	741	
6	lime	747	
9	shale	756	
9	lime	765	
12	shale	777	
4	sandy shale	781	odor
8	sandy shale	789	show
4	bkn sand	793	good show
9	sandy shale	802	good show
22	Bkn sand	824	good show
3	Dk sand	827	show
34	shale	861	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: **10196438**

Special :  
Instructions :  
Sales rep #: **MIKE**  
Time: 16:47:18  
Ship Date: 03/16/13  
Invoice Date: 03/16/13  
Due Date: 04/08/13

Sold To: **ROGER KENT**  
22062 NE NEOSHIO RD  
GARNETT, KS 66032  
Acct rep code:  
Ship To: **ROGER KENT**  
(785) 448-8985 **NOT FOR HOUSE USE**  
(785) 448-8985

Customer #: 0000357 Order By:

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	Alt 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-94#	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	4989.60
					Non-taxable	0.00
					Sales tax	389.19
					<b>TOTAL</b>	<b>\$5378.79</b>

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

Merchant Copy  
**INVOICE**

THIS COPY MUST REMAIN AT  
MERCHANT AT ALL TIMES!

Page: 1 Invoice: **10196472**

Special :  
Instructions :  
Sales rep #: **MIKE**  
Time: 12:28:40  
Ship Date: 03/19/13  
Invoice Date: 03/19/13  
Due Date: 04/09/13

Sold To: **ROGER KENT**  
22062 NE NEOSHIO RD  
GARNETT, KS 66032  
Acct rep code:  
Ship To: **ROGER KENT**  
(785) 448-8985 **NOT FOR HOUSE USE**  
(785) 448-8985

Customer #: 0000357 Order By:

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	Alt Price/Um	PRICE	EXTENSION
14.00	560.00	P	BAG	CPFA	FLY ASH MIX 60 LBS PER BAG	6.2500 UWO	6.2500	3522.40
	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
					<b>TOTAL</b>	<b>\$4023.53</b>

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