



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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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

Rife 8-A

Start 5-15-2013

Finish 5-16-2013

3	soil	3	
3	clay/rock	6	
103	lime	109	
169	shale	278	
21	lime	299	
67	shale	366	
28	lime	394	
39	shale	433	set 20' 7"
20	lime	453	ran 773' 2 7/8
8	shale	461	cemented to surface 78 sxs
6	lime	467	
94	shale	561	
2	lime	563	
169	shale	732	
3	sand	735	odor
7	oil sand	742	good show
37	shale	779	T.D.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7106 FAX (785) 448-7185

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 MERCHANT AT ALL TIMES

Page: 1 Invoice: 10197338

Special Incentives :
 Ship to: **ROGER KENT** (785) 448-8985 NOT FOR HOUSE USE
 22092 NE NIOSHO RD
 GARNETT, KS 66032
 Customer #: 0000367
 Order #: 10197338
 Time: 10:28:27
 Ship Date: 04/17/18
 Invoice Date: 04/24/18
 Due Date: 05/09/18
 Order By: **ROGER KENT**
 (785) 448-8985

ORDER	SHIP	LT	UM	ITEM#	DESCRIPTION	Alt Price/Usm	PRICE	EXTENSION
2.00	P	FC	BT	387	BUTYL TAPE 48/7RL	3.7800 ea	3.7800	7.48
1.00	L	EA		387	3/8" BUTYL TAPE 48/7RL	188.9900 ea	188.9900	188.99
6.00	P	EA	385873		PRIMED JAMB/SHAPER THRESHOLD 180Z GLB BLK Enamel	3.0000 ea	3.0000	21.00
FILLED BY: DAVE SHIPPED DRIVER CHECKED BY: <i>Nancy Nive</i> SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION						Sales total	\$218.57	
						Tax #	218.57	
						Non-taxable	0.00	
						Sales tax	17.05	
TOTAL								\$235.62

1 - Merchant Copy Weight: 6 lbs.

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Special Incentives :
 Ship to: **ROGER KENT** (785) 448-8985 NOT FOR HOUSE USE
 22092 NE NIOSHO RD
 GARNETT, KS 66032
 Customer #: 0000367
 Order #: 10197641
 Time: 08:41:18
 Ship Date: 04/28/18
 Invoice Date: 04/28/18
 Due Date: 05/09/18
 Order By: **ROGER KENT**
 (785) 448-8985

ORDER	SHIP	LT	UM	ITEM#	DESCRIPTION	Alt Price/Usm	PRICE	EXTENSION
660.00	P	BAG	CPFA	660	PLY ASH MIX 40 LBS PER BAG	8.4800 ea	8.4800	5612.00
-27.00	P	PL	CPMP		MCDONALD PALLET Credited from invoice 10180472	18.0000 ea	18.0000	-405.00
FILLED BY: DAVE SHIPPED DRIVER CHECKED BY: <i>Nancy Nive</i> SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION						Sales total	\$3207.00	
						Tax #	3207.00	
						Non-taxable	0.00	
						Sales tax	250.15	
TOTAL								\$3457.15

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