



**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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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R.J. Enterprise  
22082 NE Neosho RD  
Garnett, KS 66032

Norman 17-1

Start 6-4-2013

Finish 6-6-2013

2	soil	2	
9	sand/stone	11	
111	lime	122	
173	shale	295	
22	lime	317	
73	shale	390	
28	lime	418	
42	shale	460	set 20' 7"
15	lime	475	ran 696.1' 2 7/8
10	shale	485	cemented to surface 66 sxs
3	lime	488	
101	shale	589	
3	lime	592	
39	shale	631	
4	sandy shale	635	show
15	oil sand	650	good show
3	shale	653	
3	oil sand	656	good show
2	shale	658	
20	oil sand	678	good show
7	Dk sand	685	good show
6	limey sand	691	show
11	shale	702	T.D.

**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  
ON ALL CORRESPONDENCE

Invoice: **10198683**

Special Instructions :  
Time: 16:20:24  
Ship Date: 05/29/13  
Invoice Date: 05/31/13  
Due Date: 06/08/13

Sale rep to: MIKE  
Acct rep code:  
Sold To: ROGER KENT  
Ship To: HINERORDERED  
22082 NE NEOSHO RD (785) 448-8985 NOT FOR HOUSE USE  
GARNETT, KS 66032 (785) 448-8985

Customer #: 0000357 Order By: Customer PC: page(s)

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
1.00	1.00	L	EA	MIKE0000020191	36"FLUSH/DBL BORE/ALH INSWING STEEL EDGE/6 1/2 TO 7 1/2 ADJ FRM	379.9800 EA	379.9800	379.99

FILLED BY		CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$379.99
SHIP VIA	CUSTOMER PICK UP				Taxable	379.99
					Non-taxable	0.00
					Sales tax	31.54
<b>TOTAL</b>					<b>\$411.53</b>	

3 - Statement Copy



\* 0 0 0 6 5 0 1 0 0 1 2 D M R 8 V 2 \*

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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!

Invoice: **10198683**

Special Instructions :  
Time: 12:44:22  
Ship Date: 05/29/13  
Invoice Date: 05/29/13  
Due Date: 06/08/13

Sale rep to: MIKE  
Acct rep code:  
Sold To: ROGER KENT  
Ship To: HINERORDERED  
22082 NE NEOSHO RD (785) 448-8985 NOT FOR HOUSE USE  
GARNETT, KS 66032 (785) 448-8985

Customer #: 0000357 Order By: Customer PC: page(s)

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
525.00	13.00	P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	6.4500	6.4500	3386.25
		P	PL	CPMP	MONARCH PALLET 1 PALLET HAD 46 BAGS	15.0000 PL	15.0000	195.00

FILLED BY		CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$3581.25
SHIP VIA	ANDERSON COUNTY				Taxable	3581.25
					Non-taxable	0.00
					Sales tax	279.34
<b>TOTAL</b>					<b>\$3860.59</b>	

1 - Merchant Copy



\* 0 0 0 6 5 N 3 0 0 0 1 1 U 1 V 0 0 9 \*