



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: _____



1157548

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> _____	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032

Kent # 29

Start 6-20-2013

Finish 6-21-2013

3	soil	3	
9	clay	12	
7	shale	19	
30	lime	49	
76	shale	125	
8	lime	133	
5	shale	138	
42	lime	180	set 20' 7"
8	shale	188	ran 654.5 7/8
24	lime	212	cemented to surface 60 sxs
6	shale	218	
11	lime	229	
175	shale	404	
14	lime	418	
58	shale	476	
29	lime	505	
28	shale	533	
9	lime	542	
19	shale	561	
6	lime	567	
10	shale	577	
6	lime	583	
5	shale	588	
7	sandy shale	595	odor
16	Bkn sand	611	good show
7	sandy shale	618	show
10	Bkn sand	628	good show
32	shale	660	T.D.

GARNETT TRUE VALUE HOMECENTER

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

Merchant Copy
INVOICE
THIS COPY MUST REMAIN AT
MERCHANT AT ALL TIMES

Page: 1

Invoice: 101993864

Special Instructions :
Sole rep fr: MARILYN
Sole rep fr: ROGER KENT
22082 NE NEOSH0 RD
GARNETT, KS 66032
Customer #: 0000357

Time: 09:44:44
Ship Date: 08/17/13
Invoice Date: 08/17/13
Due Date: 07/08/13

Acc't rep code:
Ship To: ROGER KENT
(785) 448-6985 NOT FOR HOUSE USE
Customer PO: (785) 448-6985

Order By:

ORDER	SHIP L. U/M	ITEM#	DESCRIPTION	Alt PricedUm	PRICE	EXTENSION	FR
1.00	P BX	9047949	STAR 1000HR DECK 9X2 1/2 TLB	7.4800 ea	7.4900	7.48	1.00
2.00	P EA	820973	14PK 308x1.5x3 WD Strms	2.4900 ea	2.4900	4.98	1.00

FILED BY: _____ CHECKED BY: _____ DATE SHIPPED: _____ DRIVER: _____

SHIP VIA: Customer Pick up
RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 12.47
Non-taxable: 0.00
Sales tax: 1.04

Tax #

Sales total: \$12.47

TOTAL: \$13.51

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ORDER	SHIP L. U/M	ITEM#	DESCRIPTION	Alt PricedUm	PRICE	EXTENSION	FR
880.00	P BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	6.4500 bag	6.4500	3912.00	1.00
-15.00	P PL	CPMP	MONARCH PALLET	15.0000 ft	15.0000	-225.00	1.00
			Credited from Invoice 10194201				

FILED BY: _____ CHECKED BY: _____ DATE SHIPPED: _____ DRIVER: _____

SHIP VIA: ANDERSON COUNTY
RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 3987.00
Non-taxable: 0.00
Sales tax: 264.19

Tax #

Sales total: \$3387.00

TOTAL: \$3651.19

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Invoice: 101993865

Special Instructions :
Sole rep fr: MIKE
Sole rep fr: ROGER KENT
22082 NE NEOSH0 RD
GARNETT, KS 66032
Customer #: 0000357

Time: 14:15:07
Ship Date: 08/17/13
Invoice Date: 08/17/13
Due Date: 07/08/13

Acc't rep code:
Ship To: ROGER KENT
(785) 448-6985 NOT FOR HOUSE USE
Customer PO: (785) 448-6985

Order By: