



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

Kent #32

Start 6-27-2013

Finish 6-28-2013

3	soil	3	
9	clay	12	
25	shale	37	
28	lime	65	
70	shale	135	
15	lime	150	
6	shale	156	
40	lime	196	set 20' 7"
7	shale	203	ran 644' 2 7/8
25	lime	228	cemented to surface 60 sxs
4	shale	232	
13	lime	245	
175	shale	420	
17	lime	437	
56	shale	493	
29	lime	522	
25	shale	547	
8	lime	555	
17	shale	572	
7	lime	579	
10	shale	589	
5	lime	594	
4	shale	598	
2	sandy shale	600	odor
7	Bkn sand	607	good show
43	shale	650	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: 10199364

Special Instructions :
 Ship To: ROGER KENT
 22082 NE MEDSHO RD
 GARNETT, KS 66032
 Customer #: 0000357
 Customer PO: (785) 448-8995
 Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Pkts/Um	PRICE	EXTENSION
1.00	P	BY		0047840	STAR 1000H DECK 8X2 1/2 1LB	7.4900 ea	7.4900	7.49
2.00	P	EA		520973	14PK 3/8x1.5x3 W/D Shims	2.4900 ea	2.4900	4.98

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
 Tax #: _____

Sales total: \$12.47
 Sales tax: 1.04
TOTAL \$13.51

1 - Merchant Copy



Weight: 2 lbs.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7106 FAX (785) 448-7135

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 GARNETT, KS 66032
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 Customer PO: (785) 448-8995
 Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Pkts/Um	PRICE	EXTENSION
960.00	P	PL	BAG	CPFA	FLYASH MIX 60 LBS PER BAG	6.4500 ea	6.4500	3812.00
-15.00	P	PL	CPMP		MONARCH PALLET	15.0000 PL	15.0000	-225.00

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

SHIP VIA: ANDERSON COUNTY
 RECEIVED COMPLETE AND IN GOOD CONDITION: _____

Taxable: 3387.00
 Non-taxable: 0.00
 Tax #: _____

Sales total: \$3387.00
 Sales tax: 284.19
TOTAL \$3651.19

1 - Merchant Copy

