



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



1165296

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise  
22082 NE Neosho RD  
Garnett, KS 66032

Bailey-Kreitler 20-A

Start 7-19-2013

Finish 7-22-2013

5	soil	5	
12	clay/rock	17	
10	lime	27	
23	shale	50	
7	lime	57	
7	shale	64	
43	lime	107	
6	shale	113	set 20' 7"
18	lime	131	ran 601.3' 2 7/8
5	shale	136	cemented to surface 54 sxs
19	lime	155	
181	shale	336	
14	lime	350	
57	shale	407	
31	lime	438	
28	shale	466	
9	lime	475	
15	shale	490	
8	lime	498	
13	shale	511	
3	lime	514	
20	shale	534	
9	sandy shale	543	odor
16	Bkn sand	559	show
6	Bkn sand	565	good show
8	oil sand	573	good show
3	sandy shale	576	show
5	oil sand	581	good show
26	shale	607	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: 10200008

Special : Time: 12:05:08  
 Instructions : Ship Date: 07/02/13  
 Invoice Date: 07/02/13  
 Due Date: 08/08/13

Sale rep #: MIKE  
 Acct rep code:

Sold To: ROGER KENT  
 22082 NE NEDSHO RD  
 GARNETT, KS 66032

Ship To: ROGER KENT  
 (785) 448-6995 NOT FOR HOUSE USE  
 (785) 448-6995

Customer #: 0000357 Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTENSION
-13.00	P	PL	CPMP	MONARCH PALLET		18.0000 PL	18.0000	-195.00
510.00	P	BAG	CPPG	Credited from Invoice 10189463 PORTLAND CEMENT-944		9.4900 bag	9.4900	4839.90

FTN 101

PAID BY

FILED BY CHECKED BY DATE SHIPPED DRIVER

SHIP VIA ANDERSON COUNTY  
 RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable 4644.90  
 Non-taxable 0.00  
 Tax # X

Sales total \$4644.90  
 Sales tax 362.31  
**TOTAL \$5007.21**

1 - Merchant Copy



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

Page: 1 Invoice: 10200108

Special : Time: 11:46:30  
 Instructions : Ship Date: 07/08/13  
 Invoice Date: 07/08/13  
 Due Date: 08/08/13

Sale rep #: MIKE  
 Acct rep code:

Sold To: ROGER KENT  
 22082 NE NEDSHO RD  
 GARNETT, KS 66032

Ship To: ROGER KENT  
 (785) 448-6995 NOT FOR HOUSE USE  
 (785) 448-6995

Customer #: 0000357 Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTENSION
590.00	P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG		6.4600 bag	6.4600	3812.00
14.00	P	PL	CPMP	MONARCH PALLET		16.0000 PL	16.0000	210.00

FTN 101

PAID BY

FILED BY CHECKED BY DATE SHIPPED DRIVER

SHIP VIA ANDERSON COUNTY  
 RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable 3822.00  
 Non-taxable 0.00  
 Tax # X

Sales total \$3822.00  
 Sales tax 298.12  
**TOTAL \$4120.12**

1 - Merchant Copy

