



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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032

Bailey WSW #1

Start 8-14-2013

Finish 8-19-2013

3	soil	3	
11	clay/rock	14	
19	shale	33	
7	lime	40	
5	shale	45	
42	lime	87	
10	shale	97	
23	lime	120	
7	shale	127	
15	lime	142	
181	shale	323	
8	lime	331	
85	shale	416	
14	lime	430	
46	shale	476	
9	lime	485	
17	shale	502	
7	lime	509	
12	shale	521	
3	lime	524	
354	shale	878	
25	lime	903	
7	lime break	910	
114	lime	1024	
64	lime break	1088	
7	lime	1095	T.D.

set 20' 8 5/8
drilled 7 7/8 hole to 992'
ran 985' of 5 1/2
cemented to surface with 156 sxs.
drilled 4 3/4 hole to 1095'

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!

Invoice: **10200008**
 Special :
 Instructions :
 Ship Date: 07/02/13
 Invoice Date: 07/02/13
 Due Date: 08/08/13
 Sale rep to: MIKE
 Acct rep code:
 Sold To: **ROGER KENT**
 22082 NE NEEDHO RD
 GARNETT, KS 66032
 Ship To: **ROGER KENT**
 (785) 448-8895 NOT FOR HOUSE USE
 (785) 448-8895
 Customer #: 0000357 Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Unit	PRICE	EXTENSION
-13.00	P	PL	CPMP	MONARCH PALLET	Credited from Invoice 10169463	15.0000 PL	15.0000	-195.00
510.00	P	BAG	CPFO	PORTLAND CEMENT-94#		9.4800 BAG	9.4800	4839.90

FILLED BY: _____ CHECKED BY: DATE SHIPPED: DRIVER: _____
 SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION
 Taxable: 4644.90
 Non-taxable: 0.00
 Sales tax: 382.31
TOTAL \$5007.21

1 - Merchant Copy



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 (785) 448-8895
 Customer #: 0000357 Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Unit	PRICE	EXTENSION
860.00	P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG		6.4500 BAG	6.4500	5512.00
14.00	P	PL	CPMP	MONARCH PALLET		15.0000 PL	15.0000	210.00

FILLED BY: _____ CHECKED BY: DATE SHIPPED: DRIVER: _____
 SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION
 Taxable: 3822.00
 Non-taxable: 0.00
 Sales tax: 298.12
TOTAL \$4120.12

1 - Merchant Copy

