



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 <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 13-I

Start 8-23-2013

Finish 8-26-2013

3	soil	3	
12	clay/rock	15	
19	shale	34	
9	lime	43	
6	shale	49	
43	lime	92	
7	shale	99	
18	lime	117	set 20' 7"
6	shale	123	ran 600.4' 2 7/8
19	lime	142	cemented to surface 60 sxs
179	shale	321	
15	lime	336	
54	shale	390	
31	lime	421	
28	shale	449	
10	lime	459	
15	shale	474	
8	lime	482	
12	shale	494	
6	lime	500	
18	shale	518	
11	sandy shale	529	odor
24	Bkn sand	553	show
8	oil sand	561	good show
4	Dk sand	565	show
41	shale	606	T.D.

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7106 FAX (785) 448-7135

Statement Copy
CREDIT INVOICE
PLEASE REFER TO INVOICE NUMBER
ON ALL CORRESPONDENCE

Page: 1 Invoice: 10201011

Special : Time: 11:34:55
Instructions : Ship Date: 07/29/13
Sole rep #: JIM Act rep code: Invoice Date: 07/29/13
Due Date: 08/08/13

Sold To: ROGER KENT Ship To: ROGER KENT
22082 NE NEOSHO RD (785) 448-6895 NOT FOR HOUSE USE
GARNETT, KS 66032 (785) 448-6895

Customer #: 0000357 Customer PO: Order By: pshah01

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
-540.00	540.00	P	BAG	OPPC	PORTLAND CEMENT-94# Credited from Invoice 10200908	10.9150 bag	10.9150	-5894.10
540.00	540.00	P	BAG	OPPC	PORTLAND CEMENT-94# billed wrong	9.4900 bag	9.4900	5124.60

FILLED BY: _____ CHECKED BY: DRIVER DATE SHIPPED: _____

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

Taxable: -769.50
Non-taxable: 0.00
Sales tax: -52.71

TOTAL \$-832.21

3 - Statement Copy



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GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7106 FAX (785) 448-7135

Merchant Copy
INVOICE
THIS COPY IS VALID AT
MERCHANT ONLY

Page: 1 Invoice: 10200906

Special : Time: 16:25:16
Instructions : Ship Date: 07/25/13
Sole rep #: MIKE Act rep code: Invoice Date: 07/25/13
Due Date: 08/08/13

Sold To: ROGER KENT Ship To: ROGER KENT
22082 NE NEOSHO RD (785) 448-6895 NOT FOR HOUSE USE
GARNETT, KS 66032 (785) 448-6895

Customer #: 0000357 Customer PO: Order By: pshah01

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
-7.00	7.00	P	PL	OPMP	MCNARCH PALLET Credited from Invoice 10200100	15.0000 PL	15.0000	-105.00
540.00	540.00	P	BAG	OPPC	PORTLAND CEMENT-94#	10.9150 bag	10.9150	5894.10

FILLED BY: _____ CHECKED BY: DRIVER DATE SHIPPED: _____

SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 5789.10
Non-taxable: 0.00
Sales tax: 442.86

TOTAL \$6231.96

1 - Merchant Copy



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