



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



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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

R.J. Enterprise  
22082 NE Neosho RD  
Garnett, KS 66032

Hunley 8-1

Start 3-11-2013

Finish 3-13-2013

3	soil	3	
8	clay/rock	11	
37	lime	48	
158	shale	206	
40	lime	246	
36	shale	282	
8	lime	290	
26	shale	316	set 20' 7"
109	lime	425	ran 850.1 of 2 7/8
171	shale	596	cemented to surface 84 sxs
19	lime	615	
60	shale	675	
28	lime	703	
22	shale	725	
9	lime	734	
20	shale	754	
5	lime	759	
12	shale	771	
7	lime	778	
12	shale	790	
4	sandy shale	794	odor
12	Bkn sand	806	good show
13	sandy shale	819	good show
16	bkn sand	835	good show
4	oil sand	839	good show
4	Dk sand	843	show
18	shale	861	T.D.

**GARNETT TRUE VALUE HOMECENTER**

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

Statement Copy  
**INVOICE**

PLEASE REFER TO INVOICE NUMBER  
ON ALL CORRESPONDENCE

Page: 1 Invoice: 10195370

Special :  
Instructions :  
Sole rep #: JIM  
Ship To: ROGER KENT  
22082 NE NEOSHO RD  
GARNETT, KS 66032

Time: 12:00:12  
Ship Date: 02/05/13  
Invoice Date: 02/05/13  
Due Date: 03/09/13  
Ship To: ROGER KENT  
(785) 448-8995 NOT FOR HOUSE USE  
GARNETT, KS 66032

Customer #: 0000387 Order By: Customer PO: (785) 448-8995

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTENSION
580.00	PI	BAG	CPFA		FLY ASH MIX 80 LBS PER BAG	6.2800 BAG	6.2900	3522.40
14.00	PI	PL	CPMP		MONARCH PALLET	15.0000 PL	15.0000	210.00

FTY: T.100  
Sales total \$3732.40  
Sales tax 291.13  
TOTAL \$4023.53

FILLED BY: ANDERSON COUNTY  
CHECKED BY: DRIVER  
DATE SHIPPED: RECEIVED COMPLETE AND IN GOOD CONDITION  
SHIP VIA: ANDERSON COUNTY  
Taxable 3732.40  
Non-taxable 0.00  
Tax # X

3 - Statement Copy



**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: 10195325

Special :  
Instructions :  
Sole rep #: MIKE  
Ship To: ROGER KENT  
22082 NE NEOSHO RD  
GARNETT, KS 66032

Time: 12:00:04  
Ship Date: 02/04/13  
Invoice Date: 02/04/13  
Due Date: 02/09/13  
Ship To: ROGER KENT  
(785) 448-8995 NOT FOR HOUSE USE  
GARNETT, KS 66032

Customer #: 0000387 Order By: Customer PO: (785) 448-8995

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTENSION
-1.00	PI	PL	CPMP		MONARCH PALLET	15.0000 PL	15.0000	-15.00
540.00	PI	BAG	CPPC		Credited from Invoice 10184700 PORTLAND CEMENT-94#	9.4800 BAG	9.4800	5124.80

FTY: T.100  
Sales total \$5109.80  
Sales tax 396.55  
TOTAL \$5506.35

FILLED BY: ANDERSON COUNTY  
CHECKED BY: DRIVER  
DATE SHIPPED: RECEIVED COMPLETE AND IN GOOD CONDITION  
SHIP VIA: ANDERSON COUNTY  
Taxable 5109.80  
Non-taxable 0.00  
Tax # X

1 - Merchant Copy

