

### Kansas Corporation Commission Oil & Gas Conservation Division

### 1062567

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

### WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:  Deepening Re-perf. Conv. to ENHR Conv. to SWD  Conv. to GSW	Chloride content: ppm Fluid volume: bbls  Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec Twp S. R
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

#### **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 III Approved by: Date:									

Side Two



Operator Name: \_ Lease Name: \_ \_ Well #: \_ 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp. Perf. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

# J&J OIL COMPANY MOUND CITY KANSAS 913-795-2426 OR 2586

LEASE: PERSON OPERATOR: J	NO: 15-107-24464-0000
CONTROCTOR: JEST OIL COMPANY DATE STA	ARTED: 06-03-2011 DATE COMP: 8-8- 0011
TOTAL DEFT: 216 feet WELL NO: N-7	MOLE SIZE: 83
SURFACE PIPE: 7 " 31' SURFACE I	BIT: 121 SACKS OF CEMENT: 20
DEPTH OF SEAT NIPPLE: RAG	FACKER AT: 2021
LENGHT AND SIZE OF CASING: 202'	SACKS OF CEMENT 30
LEGAL DISCRIPTION:	· · · · · · · · · · · · · · · · · · ·
4022S-3465E SEC: 11 TWP: 20	RANGE: 23 E
COUNTY:Linn	
THICKNESS/DEPT TYPE OF FORM.	THICKNESS/DEPT TYPE OF FORM
0 <u>-6 Lime</u>	<u>1. 202-203 11:38-11:43-5</u>
6 <u>-12 Clay</u>	2. 203-204 11:43-11:45-2 Oil sand some
2 <u>1-34</u> Lime	3. 204-205 11:45-11:45.30 oil
3-37 Shale Black	4.205-206 11:45.30-11:47 1:30
2-39 Lime	5.206-207 11:47-11:48 1 0il sand
5-44 Shale	good bleed 6.207-208 11:48-11:49 1
8 <u>- 52 Lime</u>	7.208-209 11:49-11:56 7
132-184 Shale	8.209-210 11:56-12:01 5 Lime
5-189 Red Bed	9.210-211 12:01-12:02 1 0il Sand
195 Shale	10 211 212
3-198 Shale Black	10.211-212 12:02-12:03 1 Good Bleed lot of oil 11.212-213 12:03-12:04 1
1-199 Red Bed	10.010.01
3-202 Shake Light	12 214 215 12 12 13 14 215
14-216 Oil Sand	1 <u>3.214-215 12:08-12:09 1 Good Bleed</u> 1 <u>4. 215-216</u>
	15. 216-217

## Avery Lumber Cheokal

MOUND CITY, KS 66056 {913} 795-2210 FAX {913} 795-2194

**Customer Copy** 

INVOICE PLEASE REFER TO INVOICE NUMBER ON ALL CORRESPONDENCE

Invoice: 20021348 Page: 1 17:51:36 Time: Special 06/06/11 Ship Date: Instructions : Invoice Date: 06/06/11 06/06/11 Due Date: Sale rep #: JAVERY JAROD Acct rep code: Ship To: CASH CUSTOMER - TAXABLE Sold To: CASH CUSTOMER - TAXABLE ( ) -( ) -Order By: Customer #: \*9 Customer PO:

Check # 8759   Total applied:   Total		Ľ	Customer	#.	<u> </u>					onler PO.			Older by.		popimg01	CASH T 17
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Avery Lumber
P.O. BOX 66
MOUND CITY, KS 66056
{913} 795-2210 FAX {913} 795-2194

## **Customer Copy**

INVOICE
PLEASE REFER TO INVOICE NUMBER
ON ALL CORRESPONDENCE

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:			Invoice Date:	04/13/11
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TOTAL \$1346.61