



KANSAS CORPORATION COMMISSION 1069573
OIL & GAS CONSERVATION DIVISION

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 # _____

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 Date Reached TD Completion Date or
Recompletion Date 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: _____



1069573

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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GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7188

Merchant Copy
INVOICE
THE GREAT WHITE MART

Invoice: 10178340

Page: 1
Brand: 1
Instructions: 1
Ship to: MIKE
Ship to: NOT FOR HOUSE USE
Customer #: 0000087
Customer PO:
Ship to: NOT FOR HOUSE USE
Customer #: 0000087
Customer PO:
Date In: 09/20/11
Date Out: 09/20/11
Time: 18:00:08
Ship Date: 09/18/11
Invoice Date: 09/18/11
Ship To: NOT FOR HOUSE USE

ORDER	SHIP	L	U/L	TRUCK	DESCRIPTION	AMOUNT	PRICE	EXTENSION
880.00	880.00	P	BAQ	CPFA	PLY ASP MIX 90 LBS PER BAG	8.0900	8.0900	8416.40
-18.00	-18.00	P	PL	CPHP	MCKAYSON PALLET	14.0000	14.0000	-486.00
840.00	840.00	P	BAQ	CPPO	Portland Cement 94	8.4900	8.4900	4884.60
FILLED BY: CHECKED BY: DATE SHIPPED: 09/20/11 SHIP VIA: ANDERSON COUNTY INVOICE COMMENTS AND INVOICE DIRECTION:						Trade Tax: 7798.00 Merchandise Tax: 0.00 Sales Tax: 008.86	Sales Total: 87788.00 TOTAL: 89851.86	

1 - Merchant Copy

PLEASE PRINT CLEARLY AND LEGIBLY. ALL INFORMATION IS SUBJECT TO THE TERMS AND CONDITIONS OF THE GREAT WHITE MART'S PRIVACY POLICY.

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7188

Merchant Copy
INVOICE
THE GREAT WHITE MART

Invoice: 10178782

Page: 1
Brand: 1
Instructions: 1
Ship to: MIKE
Ship to: NOT FOR HOUSE USE
Customer #: 0000087
Customer PO:
Ship to: NOT FOR HOUSE USE
Customer #: 0000087
Customer PO:
Date In: 09/20/11
Date Out: 09/20/11
Time: 18:07:00
Ship Date: 09/20/11
Invoice Date: 09/20/11
Ship To: NOT FOR HOUSE USE

ORDER	SHIP	L	U/L	TRUCK	DESCRIPTION	AMOUNT	PRICE	EXTENSION
880.00	880.00	P	BAQ	CPFA	PLY ASP MIX 90 LBS PER BAG	8.0900	8.0900	8416.40
-4.00	-4.00	P	PL	CPHP	MCKAYSON PALLET	14.0000	14.0000	-470.00
840.00	840.00	P	BAQ	CPPO	Portland Cement 94	8.4900	8.4900	4884.60
FILLED BY: CHECKED BY: DATE SHIPPED: 09/20/11 SHIP VIA: ANDERSON COUNTY INVOICE COMMENTS AND INVOICE DIRECTION:						Trade Tax: 7998.00 Merchandise Tax: 0.00 Sales Tax: 018.18	Sales Total: 87988.00 TOTAL: 89455.18	

1 - Merchant Copy

PLEASE PRINT CLEARLY AND LEGIBLY. ALL INFORMATION IS SUBJECT TO THE TERMS AND CONDITIONS OF THE GREAT WHITE MART'S PRIVACY POLICY.

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

Kent # 26

Start 9-19-2011

Finish 9-21-2011

4	soil	4	
9	clay	13	
28	lime	41	
77	shale	118	
9	lime	127	
6	shale	133	
40	lime	173	
8	shale	181	set 20' 7"
24	lime	205	ran 657.8' 2 7/8
6	shale	211	cemented to surface 72 sxs
18	lime	229	
170	shale	399	
17	lime	416	
58	shale	474	
30	lime	504	
25	shale	529	
14	lime	543	
15	shale	558	
6	lime	564	
10	shale	574	
6	lime	580	
20	shale	600	
6	sandy shale	606	Odor
23	Bkn sand	629	Good show
3	sandy shale	632	Show
4	Dk sand	636	Show
28	shale	664	T.D.