



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1070284

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
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: _____



1070284

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 ☐ Yes ☐ No
 (Attach Additional Sheets)

 Samples Sent to Geological Survey ☐ Yes ☐ No

 Cores Taken ☐ Yes ☐ No

 Electric Log Run ☐ Yes ☐ No

 Electric Log Submitted Electronically ☐ Yes ☐ No
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum
CASING RECORD ☐ New ☐ 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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise
22808 NE Neosho RD
Garnett, KS 66032

Ware-28 - A

Start 10-10-2011

Finish 10-11-2011

3	soil	3	
9	clay	12	
27	lime	39	
165	shale	204	
30	lime	234	
67	shale	301	
8	lime	309	
13	shale	322	set 20' 7"
41	lime	363	ran 846' 2 7/8
18	shale	381	cemented to surface 90 sxs
14	lime	395	
6	shale	401	
16	lime	417	
173	shale	590	
13	lime	603	
56	shale	659	
29	lime	688	
22	shale	710	
12	lime	722	
18	shale	740	
5	lime	745	
9	shale	754	
8	lime	762	
10	shale	772	
8	sandy shale	780	odor
19	Bkn sand	799	good show
4	sandy shale	803	good show
9	Oil sand	812	good show
3	sandy shale	815	show
5	Dk sand	820	good show
32	shale	852	T.D.

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(786) 448-7108 FAX (786) 448-7135

Merchant Copy

INVOICE

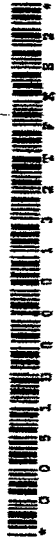
THIS COPY MUST REMAIN AT
THE GARNETT TRUE VALUE HOMECENTER

Page: 1		Invoice: 10176804	
Special Instructions	Time	Ship Date	Invoice Date
	08/44/01	08/28/11	08/28/11
Sale Rep: MARLYN	Asst rep code:	Ship To: ROGER KENT	Due Date: 10/09/11
SHIP TO: ROGER KENT		SHIP TO: ROGER KENT	
23068 NW NEEDHAM RD		(786) 448-6665 NOT FOR HOUSE USE	
GARNETT, KS 66032		(786) 448-6665	
Customer #:	0000357	Customer PO:	

ORDER	SHIP	U	U	ITEM	DESCRIPTION	AM	Price/Unit	PRICE	EXTENSION
1.00	1.00	P	EA	848766	100PK 1/2 HTL Suple	2.9900	EA	2.9900	2.99

FILLED BY		CHECKED BY	DATE SHIPPED	DRIVER
SHIP VIA		Customer Pick Up		
		RECEIVED COMPLETE AND IN GOOD CONDITION		
Taxes		2.00		
Non-Taxable		0.00		
Tax #				
Sales Total			\$2.99	
Sales Tax			0.00	
TOTAL			\$2.99	

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Garnett, KS 66032
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INVOICE

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Page: 1		Invoice: 10176784	
Special Instructions	Time	Ship Date	Invoice Date
	10/08/11	09/28/11	09/28/11
Sale Rep: MIKE	Asst rep code:	Ship To: ROGER KENT	Due Date: 10/09/11
SHIP TO: ROGER KENT		SHIP TO: ROGER KENT	
23068 NW NEEDHAM RD		(786) 448-6665 NOT FOR HOUSE USE	
GARNETT, KS 66032		(786) 448-6665	
Customer #:	0000357	Customer PO:	

ORDER	SHIP	U	U	ITEM	DESCRIPTION	AM	Price/Unit	PRICE	EXTENSION
				OPMP	MONARCH PALLET	18.0000	PK	18.0000	-300.00
				OPPC	PORTLAND CEMENT 94#	8.4000	EA	8.4000	4854.80

FILLED BY		CHECKED BY	DATE SHIPPED	DRIVER
SHIP VIA		ANDERSON COUNTY		
		RECEIVED COMPLETE AND IN GOOD CONDITION		
Taxes		4884.80		
Non-Taxable		0.00		
Tax #				
Sales Total			\$4884.80	
Sales Tax			334.90	
TOTAL			\$4884.80	

1 - Merchant Copy

