



KANSAS CORPORATION COMMISSION 1071601
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: _____



1071601

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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

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

R.J. Enterprise
22808 NE Neosho RD
Garnett, KS 66032

Hunley 2-1

Start 10-26-2011

Finish 10-27-2011

2	soil	2	
4	clay rock	6	
34	lime	40	
161	shale	201	
33	lime	234	
72	shale	306	
6	lime	312	
5	shale	317	set 20' 7"
40	lime	357	ran 839.5' 2 7/8
23	shale	380	cemented to surface 90 sxs
16	lime	396	
4	shale	400	
15	lime	415	
164	shale	579	
24	lime	603	
60	shale	663	
30	lime	693	
25	shale	718	
14	lime	732	
14	shale	746	
7	lime	753	
8	shale	761	
8	lime	769	
16	shale	785	
13	sandy shale	798	odor
21	Bkn sand	819	good show
4	Dk sand	823	good show
23	shale	846	T.D.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7108 FAX (785) 448-7135

Merchant Copy
INVOICE
 THE GARNETT TRUE VALUE CENTER

Page 1 Invoice: 10177689

Special: 08/18/90
 Invoice Date: 10/21/11
 Invoice Date: 10/21/11
 Due Date: 11/09/11

Ship To: ROGER KENT
 2208 NIE WICHARD RD
 GARNETT, KS 66032
 (785) 448-8985 NOT FOR HOUSE USE
 (785) 448-8988

ORDER	SHIP	LT	UNIT	ITEM#	DESCRIPTION	AL	PRICED/EXT	PRICE	EXTENSION
88.00	88.00	P	BAG	OPPC	PORTLAND CEMENT-94#	8.4800 bag	8.4800	888.72	
						Balance Total		8286.72	
						Tradeable		285.72	
						Non-Tradeable		0.00	
						Balance tax			22.08
						TOTAL			8597.72

1 - Merchant Copy



GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7108 FAX (785) 448-7135

Merchant Copy
INVOICE
 THE GARNETT TRUE VALUE CENTER

Page 1 Invoice: 10177714

Special: 10/26/88
 Invoice Date: 10/21/11
 Invoice Date: 10/21/11
 Due Date: 11/09/11

Ship To: ROGER KENT
 2208 NIE WICHARD RD
 GARNETT, KS 66032
 (785) 448-8985 NOT FOR HOUSE USE
 (785) 448-8988

ORDER	SHIP	LT	UNIT	ITEM#	DESCRIPTION	AL	PRICED/EXT	PRICE	EXTENSION
850.00	850.00	P	BAG	OPPC	FLY ASH MIX 50 LBS PER BAG	6.0900 bag	6.0900	5410.40	
2.00	2.00	P	PL	OPPC	MONARCH PALLET	12.0000 PL	12.0000	24.00	
540.00	540.00	P	BAG	OPPC	PORTLAND CEMENT-94#	8.4800 bag	8.4800	4584.80	
						Balance Total		85022.00	
						Tradeable		828.00	
						Non-Tradeable		0.00	
						Balance tax			628.85
						TOTAL			89980.85

1 - Merchant Copy

