



KANSAS CORPORATION COMMISSION 1071604
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 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: _____



1071604

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

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	--	--

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

Hunley 11-A

Start 11-15-2011

Finish 11-17-2011

2	soil	2	
3	clay rock	5	
30	lime	35	
159	shale	194	
34	lime	228	
72	shale	300	
7	lime	307	
5	shale	312	set 20' 7"
39	lime	351	ran 838.5' 2 7/8
22	shale	373	cemented to surface 84 sxs
15	lime	388	
6	shale	394	
18	lime	412	
167	shale	579	
18	lime	597	
58	shale	655	
28	lime	683	
24	shale	707	
13	lime	720	
14	shale	734	
7	lime	741	
10	shale	751	
8	lime	759	
6	shale	765	
18	sandy shale	783	
5	bkn sand	788	good show
4	sandy shale	792	good show
11	bkn sand	803	good show
42	shale	845	T.D.

GARNETT TRUE VALUE HOMECENTER

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

Merchant Copy
INVOICE
THE GARNETT CENTER

Page 1

Invoice: 10178847

Order # 000087
Customer PO
Order By

Buyer: [blank]
Invoice # [blank]
Invoice Date: 11/17/11
Due Date: 12/02/11

Buyer: MAJILYN
Buyer: ROGER KENT
Buyer: NICHOLAS RD
Buyer: GARNETT, KS 66032

Buyer: ROGER KENT
Buyer: NICHOLAS RD
Buyer: GARNETT, KS 66032

Buyer: ROGER KENT
Buyer: NICHOLAS RD
Buyer: GARNETT, KS 66032

ORDER	SHIP	UOM	ITEM#	DESCRIPTION	AMT	PRICE	EXTENSION
800	P	PL	CHBP	BLOCK PALLET	18,000 P.	18,000	82.00
ORDER BY: ORDERED BY: DATE SHIPPED: DRIVER: SHIP VIA: Customer / Pallet up INVOICED COMPANY AND INVOICE EXTENSION:					Balance Total		\$90.00
					Taxable	80.00	
					Non-Taxable	0.00	
					Tax #		2.40
					TOTAL		\$92.40

1 - Merchant Copy

PLEASE PRINT NAME AND ADDRESS OF THE COMPANY TO WHICH THIS INVOICE IS TO BE SENT

GARNETT TRUE VALUE HOMECENTER

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

Merchant Copy
INVOICE
THE GARNETT CENTER

Page 1

Invoice: 10178855

Order # 000087
Customer PO
Order By

Buyer: [blank]
Invoice # [blank]
Invoice Date: 11/17/11
Due Date: 12/02/11

Buyer: MIKE
Buyer: ROGER KENT
Buyer: NICHOLAS RD
Buyer: GARNETT, KS 66032

Buyer: ROGER KENT
Buyer: NICHOLAS RD
Buyer: GARNETT, KS 66032

Buyer: ROGER KENT
Buyer: NICHOLAS RD
Buyer: GARNETT, KS 66032

ORDER	SHIP	UOM	ITEM#	DESCRIPTION	AMT	PRICE	EXTENSION
800.00	P	BAG	CPVA	FLY AWH AIR 80 LBS PER BAG	8,000 BAG	8,000	\$168.00
80.00	P	PL	CHBP	NON-TAX PALLET	18,000 P.	18,000	400.00
ORDER BY: ORDERED BY: DATE SHIPPED: DRIVER: SHIP VIA: AMERICAN COLLECTY INVOICED COMPANY AND INVOICE EXTENSION:					Balance Total		\$368.00
					Taxable	800.00	
					Non-Taxable	0.00	
					Tax #		825.88
					TOTAL		\$3508.28

1 - Merchant Copy

PLEASE PRINT NAME AND ADDRESS OF THE COMPANY TO WHICH THIS INVOICE IS TO BE SENT