



KANSAS CORPORATION COMMISSION 1071646
 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: _____



1071646

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise
22808 NE Neosho RD
Garnett, KS 66032

Weiss 2-I

Start 10-20-2011

Finish 10-24-2011

2	soil	2	
3	clay rock	5	
47	lime	52	
156	shale	208	
33	lime	241	
62	shale	303	
17	lime	320	
5	shale	325	set 20' 7"
39	lime	364	ran 840.6' 2 7/8
8	shale	372	cemented to surface 90 sxs
29	lime	401	
4	shale	405	
16	lime	421	
163	shale	584	
23	lime	607	
58	shale	665	
30	lime	695	
24	shale	719	
15	lime	734	
13	shale	747	
7	lime	754	
10	shale	764	
9	lime	773	
14	shale	787	
12	sandy shale	799	odor
10	Bkn sand	809	good show
2	sandy shale	811	show
7	bkn sand	818	good show
5	oil sand	823	good show
8	Dk sand	831	show
15	shale	846	T.D.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66038
 (785) 448-7108 FAX (785) 448-7108

Merchant Copy
INVOICE
 10177319

Page: 1 Invoice: 10177319

Ship: 04/03/18
 Invoiced: 10/11/11
 Invoice Date: 10/11/11
 Due Date: 11/09/11

Bill to: JIM
 Add res code: _____

Ship To: ROGER KENT
 2008 NE NEGRO RD
 GARNETT, KS 66038
 (785) 448-8888

Customer #: 0000867 Order By: _____

ORDER	SHIP	L	UNIT	ITEM#	DESCRIPTION	UNIT PRICE	EXTENSION
17.00	P	PL	CPMP	MONARCH PALLET	18.0000 PL	304.50	
830.00	P	BAG	CPPO	PORTLAND CEMENT-94H	8.4800 BAG	7038.70	
						SALES TAX	4784.70
						SALES TAX	0.00
						TOTAL	\$1178.20

FILLED BY: CHECKED BY: DATE SHIPPED: DRIVER

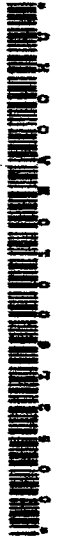
SHIP VIA: ANDERSON COUNTY
 RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 4784.70
 Non-Taxable: 0.00
 Tax #: X

Sales Total: \$1178.20

TOTAL: \$1178.20

1 - Merchant Copy



GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66038
 (785) 448-7108 FAX (785) 448-7108

Merchant Copy
INVOICE
 10177319

Page: 1 Invoice: 10177319

Ship: 10/11/18
 Invoiced: 10/11/11
 Invoice Date: 10/11/11
 Due Date: 11/09/11

Bill to: MIKE
 Add res code: _____

Ship To: ROGER KENT
 2008 NE NEGRO RD
 GARNETT, KS 66038
 (785) 448-8888

Customer #: 0000867 Order By: _____

ORDER	SHIP	L	UNIT	ITEM#	DESCRIPTION	UNIT PRICE	EXTENSION
830.00	P	BAG	CPPA	FLY ASH MIX 60 LBS PER BAG	8.0000 BAG	6600.00	
1.00	P	PL	CPMP	MONARCH PALLET	18.0000 PL	18.00	
						SALES TAX	9489.40
						SALES TAX	0.00
						TOTAL	16107.40

FILLED BY: CHECKED BY: DATE SHIPPED: DRIVER

SHIP VIA: ANDERSON COUNTY
 RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 9489.40
 Non-Taxable: 0.00
 Tax #: X

Sales Total: \$16107.40

TOTAL: \$16107.40

1 - Merchant Copy

