



KANSAS CORPORATION COMMISSION 1074476
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: _____



1074476

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	--	--

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 68032
(785) 448-7108 FAX (785) 448-7135

Statement Copy
INVOICE

PLEASE REFER TO INVOICE NUMBER
ON ALL ORDER PLACEMENTS

Page: 1

Invoice: 10179927

Special: 10/24/06
Ship Date: 11/14/11
Invoice Date: 11/14/11
Due Date: 12/09/11

Order # JIM
Asst rep name

Rep To: ROGER KENT
22025 NE NEGOSH RD
GARNETT, KS 68032
Ship To: ROGER KENT
(785) 448-9998 NOT FOR HOUSE USE
(785) 448-9998

Customer # 0000367
Customer PO
Order #/1

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
18.00	P	PL	OPMP		MONARCH PALLET	18.0000 ea.	18.0000	870.00
540.00	P	BAG	OPPC		PORTLAND CEMENT-94#	8.4900 bag	8.4900	4584.80
						Sales total		5454.80
						Taxable		4854.80
						Non-taxable		0.00
						Sales tax		378.68
						TOTAL		6233.28

3 - Statement copy



GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 68032
(785) 448-7108 FAX (785) 448-7135

Merchant Copy
INVOICE

PLEASE REFER TO INVOICE NUMBER
ON ALL ORDER PLACEMENTS

Page: 1

Invoice: 10179764

Special: 07/28/06
Ship Date: 11/18/11
Invoice Date: 11/18/11
Due Date: 12/09/11

Order # WAYNE WAYNE STANLEY
Asst rep name

Rep To: ROGER KENT
22025 NE NEGOSH RD
GARNETT, KS 68032
Ship To: ROGER KENT
(785) 448-9998 NOT FOR HOUSE USE
(785) 448-9998

Customer # 0000367
Customer PO
Order #/1

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
8.00	B	BA	DPBB		6X88 DBL. BUBBLE POL. INSULATION	384.9500 ea	384.9500	311.98
						Sales total		311.98
						Taxable		311.98
						Non-taxable		0.00
						Sales tax		42.50
						TOTAL		354.48

1 - Merchant copy



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

J.S. Johnson 3-I

Start 11-21-2011

Finish 11-25-2011

6	soil	6	
6	clay	12	
102	shale	114	
33	lime	147	
65	shale	212	
9	lime	221	
5	shale	226	
39	lime	265	set 20' 7"
9	shale	274	ran 760.6' 2 7/8
22	lime	296	cemented to surface 78 sxs
6	shale	302	
17	lime	319	
178	shale	497	
22	lime	519	
62	shale	581	
27	lime	608	
22	shale	630	
6	lime	636	
18	shale	654	
8	lime	662	
7	shale	669	
10	lime	679	
13	shale	692	
6	sandy shale	698	odor
4	sandy shale	702	show
10	shale	712	
20	bkn sand	732	good show
2	Dk sand	734	good show
34	shale	768	T.D.