



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1076735

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: _____



1076735

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 (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
22082 NE Neosho RD
Garnett, KS 66032

Wilson Melcher 6-I

Start 2-7-2012

Finish 2-9-2012

3	soil	3	
49	lime	52	
39	shale	91	
12	lime	103	
114	shale	217	
33	lime	250	
12	shale	262	
6	lime	268	set 20' 7"
16	shale	284	ran 851.9' 2 7/8
11	lime	295	cemented to surface 84 sxs
20	shale	315	
9	lime	324	
5	shale	329	
40	lime	369	
11	shale	380	
20	lime	400	
3	shale	403	
19	lime	422	
173	shale	595	
22	lime	617	
60	shale	677	
27	lime	704	
22	shale	726	
10	lime	736	
15	shale	751	
9	lime	760	
13	shale	773	
10	lime	783	
13	shale	796	
7	sandy shale	803	odor
15	Bkn sand	818	good show
8	Bkn sand	826	s
5	Dk sand	831	show
27	shale	858	T.D.

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7106 FAX (785) 448-7135

Merchant Copy
INVOICE
THIS COPY MUST REMAIN AT
MERCHANT AT ALL TIMES

Page: 1 Invoice: 10180531

Special Instructions	Time: 13:17:24
Sold To: JIM	Ship Date: 01/10/12
Sold To: ROGER KENT	Invoice Date: 01/10/12
22082 NE NICHOL RD	Due Date: 02/08/12
GARNETT, KS 66032	
Ship To: ROGER KENT	Ship To: ROGER KENT
(785) 448-6985	(785) 448-6985
(785) 448-6985	
Customer PO: 0000357	Order By:

ORDER	SHIP	ITEM#	DESCRIPTION	ALL Price/Unit	PRICE	EXTENSION
18.00	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	270.00
840.00	PL	CPMP	PORTLAND CEMENT-94#	8.4000 PL	8.4000	4854.80

FILLED BY: CHECKED BY: DATE SHIPPED: DRIVER	
SHIP VIA: ANDERSON COUNTY	RESERVED COMPLETE AND IN GOOD CONDITION
Taxable	Non-Taxable
4854.80	0.00
Sales tax	378.68
TOTAL \$5233.48	

1 - Merchant copy



GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7106 FAX (785) 448-7135

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MERCHANT AT ALL TIMES

Page: 1 Invoice: 10181129

Special Instructions	Time: 16:19:57
Sold To: MIKE	Ship Date: 01/28/12
Sold To: ROGER KENT	Invoice Date: 01/28/12
22082 NE NICHOL RD	Due Date: 02/08/12
GARNETT, KS 66032	
Ship To: ROGER KENT	Ship To: ROGER KENT
(785) 448-6985	(785) 448-6985
(785) 448-6985	
Customer PO: 0000357	Order By:

ORDER	SHIP	ITEM#	DESCRIPTION	ALL Price/Unit	PRICE	EXTENSION
580.00	PL	CPMP	FLY ASH MIX 60 LBS PER BAG	5.0000 PL	5.0000	2900.00
-8.00	PL	CPMP	MONARCH PALLET	15.0000 PL	-8.00	-120.00
840.00	PL	CPMP	PORTLAND CEMENT-94#	8.4000 PL	8.4000	4854.80

FILLED BY: CHECKED BY: DATE SHIPPED: DRIVER	
SHIP VIA: ANDERSON COUNTY	RESERVED COMPLETE AND IN GOOD CONDITION
Taxable	Non-Taxable
7721.40	0.00
Sales tax	602.27
TOTAL \$8323.67	

1 - Merchant copy

