



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1076739

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: _____



1076739

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 <div style="display: flex; justify-content: space-between;"> Name Top Datum </div>
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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: <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 <i>(Explain)</i> _____		
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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032

Wilson Melcher 8-A

Start 1-30-2012

Finish 1-31-2012

9	soil	9	
43	lime	52	
49	shale	101	
4	lime	105	
113	shale	218	
30	lime	248	
16	shale	264	
7	lime	271	set 20' 7"
15	shale	286	ran 879.9' 2 7/8
12	lime	298	cemented to surface 84 sxs
19	shale	317	
10	lime	327	
5	shale	332	
38	lime	370	
9	shale	379	
24	lime	403	
5	shale	408	
19	lime	427	
173	shale	600	
26	lime	626	
60	shale	686	
27	lime	713	
15	shale	728	
8	lime	736	
18	shale	754	
10	lime	764	
5	shale	769	
10	lime	779	
17	shale	796	
8	sandy shale	804	odor
17	sandy shale	821	good show
6	sandy shale	827	good show
7	bkn sand	834	good show
8	dk sand	842	show
44	shale	886	T.D.

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7135

Merchant Copy
INVOICE
THE GUY MARY REMAN AT
MERCANT AT ALL TIMES

Page: 1

Invoice: 10180531

Special	181724	Time	181724
Instructions		Ship Date	01/10/12
Ship To	ROGER KENT	Invoice Date	01/10/12
Bill To	2808 NE NECHHO RD GARNETT, KS 66032	Due Date	02/09/12
Ship To	ROGER KENT	Acct no code	
Bill To	2808 NE NECHHO RD GARNETT, KS 66032	Ship To	ROGER KENT
		Bill To	NOT FOR HOUSE USE
Customer PO	0000357	Order By	

ORDER	SHIP	L	U/M	ITEM	DESCRIPTION	AM P/Head/Lum	PRICE	EXTENSION
18.00	P	PL	CPMP	MONARCH PALLET		18.0000 P.	18.0000	270.00
840.00	P	BAG	CPFG	PORTLAND CEMENT-944		8.4800 bag	8.4800	4984.60
						Sales total		\$4854.60
						Taxable	4854.60	
						Non-taxable	0.00	
						Sales tax		378.66
						Tax #		
						TOTAL		\$5233.26

1 - Merchant copy



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Garnett, KS 66032
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Merchant Copy
INVOICE
THE GUY MARY REMAN AT
MERCANT AT ALL TIMES

Page: 1

Invoice: 10181129

Special	181947	Time	181947
Instructions		Ship Date	01/26/12
Ship To	MIKE	Invoice Date	01/26/12
Bill To	ROGER KENT	Due Date	02/09/12
Ship To	2808 NE NECHHO RD GARNETT, KS 66032	Acct no code	
Bill To	2808 NE NECHHO RD GARNETT, KS 66032	Ship To	ROGER KENT
		Bill To	NOT FOR HOUSE USE
Customer PO	0000357	Order By	

ORDER	SHIP	L	U/M	ITEM	DESCRIPTION	AM P/Head/Lum	PRICE	EXTENSION
590.00	P	BAG	CPFG	PLY ASH MIX 80 LBS PER BAG		6.0800 bag	6.0800	3168.80
2.00	P	PL	CPMP	MONARCH PALLET		18.0000 P.	18.0000	-30.00
840.00	P	BAG	CPFG	PORTLAND CEMENT-944		8.4800 bag	8.4800	4984.60
						Sales total		\$7721.40
						Taxable	7721.40	
						Non-taxable	0.00	
						Sales tax		632.27
						Tax #		
						TOTAL		\$8353.67

1 - Merchant copy

