



KANSAS CORPORATION COMMISSION 1077616
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: _____



1077616

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
22082 NE Neosho RD
Garnett, KS 66032

Ware 20-I

Start 2-22-2012

Finish 2-23-2012

3	soil	3	
14	clay/rock	17	
38	lime	55	
165	shale	220	
31	lime	251	
25	shale	276	
11	lime	287	
11	shale	298	set 20' 7"
35	lime	333	ran 872.6' 2 7/8
5	shale	338	cemented to surface 84 sxs
40	lime	378	
8	shale	386	
24	lime	410	
6	shale	416	
15	lime	431	
165	shale	596	
20	lime	616	
59	shale	675	
29	lime	704	
23	shale	727	
16	lime	743	
10	shale	753	
9	lime	762	
8	shale	770	
8	lime	778	
12	shale	790	
12	sandy shale	802	odor
20	Bkn sand	822	good show
4	sandy shale	826	good show
12	Bkn sand	838	good show
4	Dk sand	842	show
37	shale	879	T.D.

GARNETT TRUE VALUE HOMECENTER

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

Merchant Copy
INVOICE
TRUCKS AND TRAILERS
MERCANTILE AT THE TIME

Invoice: 10180831

Page: 1
Special Inclusions:
Ship Date: 01/10/12
Invoice Date: 01/10/12
Due Date: 02/09/12

Ship To: ROGER KENT
2808 NE NICHO RD
GARNETT, KS 66032
(785) 448-8985

Ship To: ROGER KENT
NOT FOR HOUSE USE

Customer #: 0000857
Order #: 10180831

ORDER	SHIP	LT	UM	ITEM#	DESCRIPTION	Alt Priced/Ltrn	PRICE	EXTENSION
18.00	PL			CP/CP	MONARCH PALLET	18,000 PL	18,000	270.00
840.00	P			CP/PC	PORTLAND CEMENT-94#	8,400 BAG	8,400	4884.00
						Subtotal		\$4884.00
						Taxable		4884.00
						Non-Taxable		0.00
						Sales Tax		378.66
						TOTAL		\$5262.66

1 - Merchant Copy



GARNETT TRUE VALUE HOMECENTER

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

Merchant Copy
INVOICE
TRUCKS AND TRAILERS
MERCANTILE AT THE TIME

Invoice: 10181129

Page: 1
Special Inclusions:
Ship Date: 01/28/12
Invoice Date: 01/28/12
Due Date: 02/08/12

Ship To: ROGER KENT
2808 NE NICHO RD
GARNETT, KS 66032
(785) 448-8985

Ship To: ROGER KENT
NOT FOR HOUSE USE

Customer #: 0000857
Order #: 10181129

ORDER	SHIP	LT	UM	ITEM#	DESCRIPTION	Alt Priced/Ltrn	PRICE	EXTENSION
880.00	P			CP/PA	RY AGR MIX 80 LBS PER BAG	8,800 BAG	8,800	3168.00
8.00	PL			CP/CP	MONARCH PALLET	18,000 PL	18,000	-8.00
840.00	P			CP/PC	PORTLAND CEMENT-94#	8,400 BAG	8,400	4884.00
						Subtotal		\$7721.40
						Taxable		7721.40
						Non-Taxable		0.00
						Sales Tax		602.27
						TOTAL		\$8323.67

1 - Merchant Copy

