

Kansas Corporation Commission Oil & Gas Conservation Division

1084108

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec Twp S. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

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 III Approved by: Date:								

Side Two



Operator Name: _ Lease Name: _ _ Well #: _ 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp. Perf. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

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

В	ailey Krietle 2	28-A	Start 4-25-2012				
3	soil	3	Finish 4-26-2012				
15	clay/rock	18					
30	shale	48					
10	lime	58					
5	shale	63					
42	lime	105					
9	shale	114					
16	lime	130	set 20' 7"				
6	shale	136	ran 598.9' 2 7/8				
19	lime	155	cemented to surface 60 sxs				
181	shale	336					
16	lime	352					
54	shale	406					
31	lime	437					
29	shale	466					
9	lime	475					
17	shale	492					
8	lime	500					
8	shale	508					
8	lime	516					
24	shale	540					
8	sandy shale	548	odor				
12	bkn sand	560	show				
17	oil sand	577	good show				
2	dk sand	579	show				
26	shale	605	T.D.				

GARNETT TRUE VALUE HOMECENTER

410 N Maple Garnett, KS 66032 {785} 448-7106 FAX {785} 448-7135

560.00 4.00

Customer Copy INVOICE

THIS COPY MUST REMAIN AT MERCHANT AT ALL TIMES!

Page:	1							Invoice:	10184186	019.8
Special : Instructions : : Sale rep #: JIM Sold To: ROGER KENT 22082 NE NEOSHO RD GARNETT, KS 66032				Time: 10:31:15 Ship Date: 04/17/12 Invoice Date: 04/17/12 Acct rep code: Due Date: 05/08/12						
					Ship T (785) 448-6995 (785) 448-6995	ER KEN' FOR HO				
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560.00 4.00	P B P P		CPFA CPMP	FLY ASH MI MONARCH F	X 80 LBS PER BAC PALLET	3		6.2900 BAG 15.0000 PL	6.2900 15.0000	3522.40 60.00
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हम्बद्धाः ह्या ह	911/4		FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER		076 St.	Sales total	\$3582.40
			SHIP VIA	ANDERSON CO CEIVED COMPLETE A	DUNTY ND IN GOOD CONDITION -		Taxable Non-taxa Tax #	3582.40 ble 0.00	Sales tax	279.43

1 - Customer Copy



TOTAL \$3861.83

GARNETT TRUE VALUE HOMECENTER

410 N Maple Garnett, KS 66032 {785} 448-7106 FAX {785} 448-7135

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Invoice: 10183991

	Page: 1 Special : Instructions : Sale rep #: JIM			Service Adv	Time: Ship Date: Invoice Date Acct rep code: Due Date:					Date: 04/12/12	
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				SHIP VIA	ANDERSON CO	OUNTY AND IN GOOD CONDITION		Taxable Non-taxa	4089.6 ble 0.0	O Sales tax	318.99

1 - Customer Copy



\$4408.59

TOTAL