

#### Kansas Corporation Commission Oil & Gas Conservation Division

#### 1084110

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 II 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

Ba	iley Krietler	Start 4-26-2012	
3	soil	3	Finish 4-27-2012
5	clay/rock	8	
7	shale	15	
7	lime	22	
5	shale	27	
42	lime	69	
7	shale	76	
18	lime	94	set 20' 7"
6	shale	100	ran 657.5' 2 7/8
20	lime	120	cemented to surface 60 sxs
176	shale	296	
15	lime	311	
53	shale	364	
31	lime	395	
29	shale	424	
11	lime	435	
15	shale	450	
8	lime	458	
7	shale	465	
5	lime	470	
19	shale	489	
11	sandy shale	500	odor
27	bkn sand	527	show
15	oil sand	542	good show
3	dk sand	545	show
28	shale	573	T.D.

### GARNETT TRUE VALUE HOMECENTER

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

**ORDER** -33.00

# **Customer Copy**

THIS COPY MUST REMAIN AT MERCHANT AT ALL TIMES!

	D	4		(700) 110 7	Invoice: 10183991						52,5772
	Special Instruction	Page: 1  Special : Instructions : : Sale rep #: JIM				Time:				ate: 04/12/12	
	Sold To: ROGER KENT 22082 NE NEOSHO RD GARNETT, KS 66032			NEOSHO RD	Ship To: ROGE (785) 448-6995 NOT F			R KENT OR HOUSE			
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				FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER		•	Sales total	\$4089.60
				SHIP VIA	ANDERSON C	OUNTY AND IN GOOD CONDITION		Taxable Non-taxable	4089.60 0.00		318.99
				X				Tax#	BIADICO I	Sales tax	310.99

1 - Customer Copy



\$4408.59 TOTAL

### **GARNETT TRUE VALUE HOMECENTER**

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

Page: 1

Customer Copy INVOICE

THIS COPY MUST REMAIN AT MERCHANT AT ALL TIMES!

Invoice: 10184186

	Special Instructions Sale rep #:		IM	THE AV	Acct rep code	) (82.5 <sub>) 1</sub> .65 3:	Time: Ship Date: Invoice Date: Due Date:	10:31:15 04/17/12 × 04/17/12 05/08/12	
Sold To: ROGER KENT 22082 NE NEOSHO RD GARNETT, KS 66032				NEOSHO RD	Ship To: ROGER KENT (785) 448-6995 NOT FOR HOUSE USE (785) 448-6995				
•	Customer #: 0000357				Customer PO:	Order By	Order By:		
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560.00 4.00	560.00 4.00	P	BAG PL	CPFA CPMP	PLY ASH MIX 80 LBS PER BAG MONARCH PALLET	6.	2900 BAG 0000 PL	6.2900 15.0000	3522.40 60.00
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FILLED BY

**CHECKED BY** 

ANDERSON COUNTY

RECEIVED COMPLETE AND IN GOOD CONDITION



DATE SHIPPED

DRIVER

Taxable Non-taxable

Tax#

TOTAL \$3861.83

\$3582.40

279.43

Sales total

Sales tax

3582.40

0.00