



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1101713

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: _____



1101713

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
_____ 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 (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. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032**

Ware 38-A

Start 10-17-2012

Finish 10-18-2012

2	soil	2	
7	sand/rock	9	
36	lime	45	
163	shale	208	
32	lime	240	
30	shale	270	
3	lime	273	
39	shale	312	set 20' 7"
108	lime	420	ran 849.9' 2 7/8
165	shale	585	cemented to surface 84 sxs
22	lime	607	
55	shale	662	
29	lime	691	
25	shale	716	
10	lime	726	
16	shale	742	
9	lime	751	
11	shale	762	
7	lime	769	
16	shale	785	
9	sandy shale	794	odor
5	sandy shale	799	show
12	Bkn sand	811	good show
8	oil sand	819	good show
7	Bkn sand	826	good show
4	Dk sand	830	show
26	shale	856	T.D.

GARNETT TRUE VALUE HOMECENTER

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

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

Page: 1
Invoice: 10189339

Special Instructions :	Time: 18:40:57
Sale rep at: MIKE	Ship Date: 09/08/12
	Invoice Date: 09/08/12
	Due Date: 10/08/12
Acct no code:	
Sold To: ROGER KENT 22062 NE NEEDSHO RD GARNETT, KS 66032	Ship To: ROGER KENT (785) 448-6895 (785) 448-6895
NOT FOR HOUSE USE	
Customer PO: 0000357	

ORDER		SHIP		L	U/M	ITEM#	DESCRIPTION	Alt Price/Um	PRICE	EXTENSION	BTB
-4.00		-4.00	P	PL		CPMP	MONARCH PALLET Credited from Invoice 10188080	15.0000 PL	15.0000	-60.00	1.50
540.00		540.00	P	BAG		CPPC	PORTLAND CEMENT-94#	8.9900 BAG	8.9900	4854.60	
							FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	
							SHIP VIA	ANDERSON COUNTRY			
							RECEIVED COMPLETE AND IN GOOD CONDITION				
							X				
							Sales total		\$4794.60		
							Taxable		4794.60		
							Non-taxable		0.00		
							Sales tax		373.98		
							TOTAL		\$5168.58		

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Page: 1
Invoice: 10190091

Special Instructions :	Time: 17:01:28
Sale rep at: MIKE	Ship Date: 09/10/12
	Invoice Date: 09/10/12
	Due Date: 10/08/12
Acct no code:	
Sold To: ROGER KENT 22062 NE NEEDSHO RD GARNETT, KS 66032	Ship To: ROGER KENT (785) 448-6895 (785) 448-6895
NOT FOR HOUSE USE	
Customer PO: 0000357	

ORDER	SHIP	LI	UM	ITEM#	DESCRIPTION	Alt Price/Um	PRICE	EXTENSION	TOTAL	
480.00 12.00	480.00 12.00	P P	BAG PL	CPFA CPMP	FLY ASH MIX 80 LBS PER BAG MONARCH PALLET	8.2800 BAG 15.0000 PL	8.2800 15.0000	3018.20 180.00		
FILLED BY						CHECKED BY	DATE SHIPPED	DRIVER		
SHIP VIA						ANDERSON COUNTRY				
						RECEIVED COMPLETE AND IN GOOD CONDITION				
X						Taxable				
						Non-taxable				
						Tax #				
						Sales total				\$3198.20
						Sales tax				240.54
						TOTAL				\$3438.74

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