



KANSAS CORPORATION COMMISSION 1105885  
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: \_\_\_\_\_



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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	--	---

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

Weis 11-A

Start 11-6-2012

Finish 11-7-2012

3	soil	3	
9	clay/rock	12	
37	lime	49	
161	shale	210	
31	lime	241	
27	shale	268	
3	lime	271	
38	shale	309	set 20' 7"
110	lime	419	ran 848.4' 2 7/8
171	shale	590	cemented to surface 84 sxs
17	lime	607	
58	shale	665	
32	lime	697	
22	shale	719	
11	lime	730	
14	shale	744	
10	lime	754	
8	shale	762	
10	lime	772	
17	shale	789	
6	sandy shale	795	odor
9	Bkn sand	804	good show
8	sandy shale	812	show
12	Bkn sand	824	good show
6	oil sand	830	good show
3	Dk sand	833	show
21	shale	854	T.D.

**GARNETT TRUE VALUE HOMECENTER**

410 N Maple  
Garnett, KS 66032  
(785) 448-7106 FAX (785) 448-7135

Statement Copy  
**INVOICE**  
PLEASE REFER TO INVOICE NUMBER  
ON ALL CORRESPONDENCE

Page: 1 Invoice: 10191163

Special : Time: 12:5635  
Instructions : Ship Date: 10/09/12  
Sls rep #: JIM Invoice Date: 10/09/12  
Act rep code: Due Date: 11/08/12

Ship To: ROGER KENT  
22082 NE NEOSHO RD  
GARNETT, KS 66032  
(785) 448-8995  
(785) 448-8995

Customer #: 0000357 Order By:

8TH T 130

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTENSION
80.00	80.00	P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	6.2800	6.2800	503.20
2.00	2.00	P	PL	CPMP	MONARCH PALLET	15.0000	15.0000	30.00

FILLED BY		CHECKED BY	DATE SHIPPED	DRIVER
SHIP VIA		ANDERSON COUNTY	RECEIVED COMPLETE AND IN GOOD CONDITION	
Taxable		533.20	Sales tax	
Non-taxable		0.00	Sales tax	
Tax #			41.59	

**TOTAL \$574.79**

3 - Statement Copy



**GARNETT TRUE VALUE HOMECENTER**

410 N Maple  
Garnett, KS 66032  
(785) 448-7106 FAX (785) 448-7135

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

Page: 1 Invoice: 10191695

Special : Time: 18:0158  
Instructions : Ship Date: 10/23/12  
Sls rep #: MIKE Invoice Date: 10/23/12  
Act rep code: Due Date: 11/08/12

Ship To: ROGER KENT  
22082 NE NEOSHO RD  
GARNETT, KS 66032  
(785) 448-8995  
(785) 448-8995

Customer #: 0000357 Order By:

8TH T 130

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTENSION
560.00	560.00	P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	6.2800	6.2800	3522.40
540.00	540.00	P	BAG	CPPC	PORTLAND CEMENT-94#	8.9900	8.9900	4854.60

FILLED BY		CHECKED BY	DATE SHIPPED	DRIVER
SHIP VIA		ANDERSON COUNTY	RECEIVED COMPLETE AND IN GOOD CONDITION	
Taxable		8377.00	Sales tax	
Non-taxable		0.00	Sales tax	
Tax #			653.41	

**TOTAL \$9030.41**

1 - Merchant Copy

