



KANSAS CORPORATION COMMISSION 1109719  
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
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise  
 22082 NE Neosho RD  
 Garnett, KS 66032

Wilson Melcher 9-1

Start 12-18-2012

Finish 12-19-2012

3	soil	3	
7	clay/rock	10	
41	lime	51	
40	shale	91	
7	lime	98	
115	shale	213	
32	lime	245	
37	shale	282	set 20' 7"
10	lime	292	ran 861.3' 2 7/8
22	shale	314	cemented to surface 84 sxs
109	lime	423	
173	shale	596	
17	lime	613	
62	shale	675	
18	lime	693	
5	shale	698	
5	lime	703	
21	shale	724	
9	lime	733	
17	shale	750	
2	lime	752	
3	shale	755	
3	lime	758	
14	shale	772	
6	lime	778	
14	shale	792	
6	sandy shale	798	odor
12	Bkn sand	810	good show
8	sandy shale	818	show
10	Bkn sand	828	good show
9	oil sand	837	good show
4	DK sand	841	good show
25	shale	866	T.D.

**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: 10193376

Special :  
Instructions :  
Sole rep #: MIKE  
Sold To: ROGER KENT  
22062 NE NEOSHO RD  
GARNETT, KS 66032

Time: 15:59:15  
Ship Date: 12/04/12  
Invoice Date: 12/04/12  
Due Date: 01/02/13

Acct rep code:  
Ship To: CEMENT  
NOT FOR HOUSE USE  
(785) 448-9995  
(785) 448-9995

Customer #: 0000357  
Customer PO:

ORDER	SHIP	L	U	M	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTENSION
580.00	P	BAG	CPFA		8.2900	FLY ASH MIX 80 LBS PER BAG	8.2900 ea	8.2900	3822.40
-2.00	P	PL	CPMP		15.0000	MONARCH PALLET	15.0000 ea	-30.00	
540.00	P	BAG	CPPC		8.9900	PORTLAND CEMENT-64#	8.9900 ea	8.9900	4864.60

FILLED BY: \_\_\_\_\_ CHECKED BY: DATE SHIPPED: DRIVER: \_\_\_\_\_

SHIP VIA: ANDERSON COUNTY  
RECEIVED COMPLETE AND IN GOOD CONDITION

Teasable: 8347.00  
Non-teasable: 0.00  
Sales tax: 651.07

**TOTAL: \$8999.07**

1 - Merchant Copy



**GARNETT TRUE VALUE HOMECENTER**

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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: 10193181

Special :  
Instructions :  
Sole rep #: MIKE  
Sold To: ROGER KENT  
22062 NE NEOSHO RD  
GARNETT, KS 66032

Time: 14:38:30  
Ship Date: 11/29/12  
Invoice Date: 12/06/12  
Due Date: 01/09/13

Acct rep code:  
Ship To: RENTALDALEN WELSH  
(785) 448-9995  
(785) 448-9995

Customer #: 0000357  
Customer PO:

ORDER	SHIP	L	U	M	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTENSION
1.00	L	EA			859.0000	COUNTER TOP/WATER FALL/22 LF MINERAL UMBER 9449 RD	859.0000 EA	859.0000	859.00

FILLED BY: \_\_\_\_\_ CHECKED BY: DATE SHIPPED: DRIVER: \_\_\_\_\_

SHIP VIA: \_\_\_\_\_ CUSTOMER PICK UP  
RECEIVED COMPLETE AND IN GOOD CONDITION

Teasable: 859.00  
Non-teasable: 0.00  
Sales tax: 71.30

**TOTAL: \$930.30**

1 - Merchant Copy

