



KANSAS CORPORATION COMMISSION 1117637
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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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 Bbbs.	Gas Mcf	Water Bbbs.	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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise
 22082 NE Neosho RD
 Garnett, KS 66032

S.P. Johnson 20-A

Start 12-28-2012

Finish 1-3-2012 3

1	soil	1	
1	clay/rock	2	
26	lime	28	
41	shale	69	
8	lime	77	
113	shale	190	
31	lime	221	
38	shale	259	set 20' 7"
12	lime	271	ran 825.8' 2 7/8
15	shale	286	cemented to surface 84 sxs
108	lime	394	
171	shale	565	
28	lime	593	
59	shale	652	
28	lime	680	
21	shale	701	
13	lime	714	
17	shale	731	
6	lime	737	
6	shale	743	
6	lime	749	
2	shale	751	
6	lime	757	
10	shale	767	
8	sandy shale	775	odor
7	sandy shale	782	show
9	Bkn sand	791	good show
9	oil sand	800	good show
6	Bkn sand	806	good show
8	Dk sand	814	show
17	shale	831	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!

Invoice: **10193376**

Time: 18:59:15
Ship Date: 12/04/12
Invoice Date: 12/04/12
Date Order: 01/08/13

Acct rep code:

Ship To: **CEMENT
NOT FOR HOUSE USE**

Sold To: **ROGER KEVIT
22082 NE NEOSHO RD
GARNETT, KS 66032**

Ship To: **RENTAL/DALEEN WELLS
(785) 448-8895 785-304-0028**

Customer #: 0000357

Customer PO:

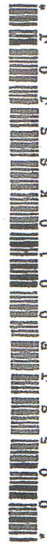
Order By:

Page: 1

ORDER	SHIP	L	UOM	ITEM#	DESCRIPTION	AM Price/Uom	PRICE	EXTENSION
500.00	P	BAG	CPFA		FLY ASH MIX 80 LBS PER BAG	8.2900 BAG	6.2900	3522.40
-2.00	P	PL	CPMP		MONARCH PALLET	15.0000 PL	-30.00	-30.00
540.00	P	BAG	CPPC		PORTLAND CEMENT-94#	8.9900 BAG	8.9900	4854.60
								\$8347.00

FILLED BY		CHECKED BY	DATE SHIPPED	DRIVER
SHIP VIA		ANDERSON COUNTY		
		RECEIVED COMPLETE AND IN GOOD CONDITION		
Sales total		8347.00		
Sales tax		0.00		
TOTAL		\$8347.07		

1 - Merchant 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!

Invoice: **10193181**

Time: 14:38:30
Ship Date: 11/26/12
Invoice Date: 12/06/12
Date Order: 01/08/13

Acct rep code:

Ship To: **RENTAL/DALEEN WELLS
(785) 448-8895 785-304-0028**

Sold To: **ROGER KEVIT
22082 NE NEOSHO RD
GARNETT, KS 66032**

Customer #: 0000357

Customer PO:

Order By:

ORDER	SHIP	L	UOM	ITEM#	DESCRIPTION	AM Price/Uom	PRICE	EXTENSION
1.00	L	EA			COUNTER TOP/WATER FALL/22 LF MINERAL LIMBER 3/4" R1D	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		
Sales total		859.00		
Sales tax		0.00		
TOTAL		\$859.30		

1 - Merchant Copy

