



KANSAS CORPORATION COMMISSION 1150071
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: _____



1150071

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 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032

Rife 11-A

Start 5-14-2013

Finish 5-15-2013

2	soil	2	
3	clay/rock	5	
104	lime	109	
166	shale	275	
21	lime	296	
67	shale	363	
28	lime	391	
39	shale	430	set 20' 7"
20	lime	450	ran 780.3' 2 7/8
9	shale	459	cemented to surface 78 sxs
7	lime	466	
93	shale	559	
2	lime	561	
177	shale	738	
1	sand	739	odor
2	oil sand	741	good show
55	shale	796	
22	lime	818	show
2	lime	820	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
 Special Instructions :
 Invoice: 10197641
 Order By:
 Order # : 0000357
 Customer PO:
 Bill To: ROGER KENT
 22082 NE NEGSHO RD
 GARNETT, KS 66032
 Ship To: ROGER KENT
 (785) 448-9995 NOT FOR HOUSE USE
 (785) 448-9995
 Sales rep to: MIKE
 Acct rep code:
 Type: CB411B
 Ship Date: 04/28/13
 Invoice Date: 04/28/13
 Due Date: 05/08/13

Page: 1
 Special Instructions :
 Invoice: 10197338
 Order By:
 Order # : 0000357
 Customer PO:
 Bill To: ROGER KENT
 22082 NE NEGSHO RD
 GARNETT, KS 66032
 Ship To: ROGER KENT
 (785) 448-9995 NOT FOR HOUSE USE
 (785) 448-9995
 Sales rep to: MARLIN MARLIN BRUBAKER
 Acct rep code:
 Type: 1019827
 Ship Date: 04/17/13
 Invoice Date: 04/24/13
 Due Date: 05/08/13

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
680.00	680.00	P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	6.4500 bag	6.4500	9812.00
-27.00	-27.00	P	PL	CPMP	MONARCH PALLET Credited from Invoice 10186472	16.0000 P.	15.0000	-458.00

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
2.00	2.00	P	PC	BT	3/8" BUTYL TAPE 457RL	3.7500 pc	3.7500	7.50
1.00	1.00	L	EA	PR	38LH OUTWING/FLYPRIMED BRICKMOLD	189.8900 ea	189.8900	189.89
6.00	6.00	P	EA	553573	PRIMED JAMB/JUMPER THRESHOLD 180Z GL8 BLK Enamel	3.6000 ea	3.6000	21.00

FILLED BY: _____ CHECKED BY: DRIVER DATE SHIPPED: _____
 SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION
 Taxable: 3207.00
 Non-taxable: 0.00
 Sales tax: 250.15
TOTAL \$3457.15

FILLED BY: _____ CHECKED BY: DRIVER DATE SHIPPED: _____
 SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION
 Taxable: 218.57
 Non-taxable: 0.00
 Sales tax: 17.05
TOTAL \$235.62
 Weight: 6 lbs.

1 - Merchant Copy

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