



KANSAS CORPORATION COMMISSION 1154379
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 (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032

Norman 16-I

Start 5-24-2013

Finish 5-28-2013

2	soil	2	
10	sand/stone	12	
114	lime	126	
170	shale	296	
23	lime	319	
71	shale	390	
27	lime	417	
41	shale	458	set 20' 7"
15	lime	473	ran 697.1' 2 7/8
10	shale	483	cemented to surface 66 sxs
5	lime	488	
99	shale	587	
2	lime	589	
38	shale	627	
38	sandy shale	665	
7	Bkn sand	672	good show
10	sandy shale	682	show
5	Bkn sand	687	good show
17	shale	704	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
 Special :
 Instructions :
 Ship rep to: WAYNE WAYNE STANLEY
 Ship To: ROGER KENT
 22082 NE NEOSHO RD
 GARNETT, KS 66032
 Customer #: 0000357
 Order By:
 Invoice: 10198059
 Time: 14:40:37
 Ship Date: 05/10/13
 Invoice Date: 05/10/13
 Due Date: 05/09/13
 Acct rep code:
 Ship To: ROGER KENT
 22082 NE NEOSHO RD
 GARNETT, KS 66032
 Customer #: 0000357
 Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTENSION
1.00	1.00	P	EA	1372890	EVER BPK AA Aik Bally	7.4800 EA	7.48	7.48
1.00	1.00	P	EA	1552308	8F L3 1-5/4EG Foot Nail	2.9900 EA	2.99	2.99
1.00	1.00	P	EA	898313	80OCT 2 Brad Nail	6.9900 EA	6.99	6.99
						Sales total		\$17.47
						Taxable	17.47	
						Non-taxable	0.00	
						Tax #		1.46
						TOTAL		\$18.93

1 - Merchant Copy
 Weight: lbs.
 0 0 6 4 4 0 0 0 0 9 1 R M *

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
 Special :
 Instructions :
 Ship rep to: JIM
 Ship To: ROGER KENT
 22082 NE NEOSHO RD
 GARNETT, KS 66032
 Customer #: 0000357
 Order By:
 Invoice: 10198543
 Time: 15:17:53
 Ship Date: 05/23/13
 Invoice Date: 05/23/13
 Due Date: 05/09/13
 Acct rep code:
 Ship To: ROGER KENT
 22082 NE NEOSHO RD
 GARNETT, KS 66032
 Customer #: 0000357
 Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTENSION
-3.00	-3.00	P	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	-45.00
640.00	640.00	P	BAG	CPPC	Credited from Invoice 10197675 PORTLAND CEMENT-94#	9.4900 BAG	9.4900	5124.80
						Sales total		\$5079.80
						Taxable	5079.80	
						Non-taxable	0.00	
						Tax #		396.21
						TOTAL		\$5476.81

3 - Statement Copy
 * 0 0 6 5 G S 0 0 1 1 5 M I T H R *