



KANSAS CORPORATION COMMISSION 1157516
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: _____



1157516

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

Hill # 29

Start 6-14-2013

Finish 6-18-2013

3	soil	3	
9	clay	12	
18	shale	30	
29	lime	59	
76	shale	135	
9	lime	144	
6	shale	150	
43	lime	193	set 20' 7"
5	shale	198	ran 631.5' 2 7/8
23	lime	221	cemented to surface 60 sxs
7	shale	228	
11	lime	239	
167	shale	406	
23	lime	429	
60	shale	489	
28	lime	517	
24	shale	541	
10	lime	551	
17	shale	568	
7	lime	575	
9	shale	584	
5	lime	589	
9	shale	598	
2	sandy shale	600	show
5	oil sand	605	good show
36	shale	641	T.D.

Statement Copy
INVOICE

PLEASE REFER TO INVOICE NUMBER
ON ALL CORRESPONDENCE

GARNETT TRUE VALUE HOMECENTER

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

Invoice: **10198693**

Special : Time: 16:20:24
Instructions : Ship Date: 05/29/13
Invoice Date: 05/31/13
Due Date: 06/08/13

Sale rep #: MIKE Acct rep code:

Ship To: **HINER/ORDERED
NOT FOR HOUSE USE**
ROGER KENT (785) 448-6985
22082 NE NIOSHO RD (785) 448-6985
GARNETT, KS 66032

Order By:

Customer PO:

Customer #: 0000357

878
1 101

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	UNIT PRICE/UM	PRICE	EXTENSION
1.00	1.00	L	EA	38*FLUSH/DBL BORE/LH INSWING STEEL EDGE/6 1/2 TO 7 1/2 ADJ FRM	379.9800 EA	379.9800	379.9800	

FILLED BY: _____ CHECKED BY: DATE SHIPPED: DRIVER: _____

SHIP VIA: Customer Pick Up
RECEIVED COMPLETE AND IN GOOD CONDITION

379.99 Taxable
0.00 Non-taxable
Sales tax 31.54

TOTAL \$411.53

3 - Statement copy



Merchant Copy
INVOICE

THIS COPY MUST REMAIN AT
MERCHANT AT ALL TIMES

GARNETT TRUE VALUE HOMECENTER

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

Invoice: **10198693**

Special : Time: 12:44:22
Instructions : Ship Date: 05/29/13
Invoice Date: 05/29/13
Due Date: 06/08/13

Sale rep #: MIKE Acct rep code:

Ship To: **ROGER KENT
NOT FOR HOUSE USE**
ROGER KENT (785) 448-6985
22082 NE NIOSHO RD (785) 448-6985
GARNETT, KS 66032

Order By:

Customer PO:

Customer #: 0000357

878
1 101

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	UNIT PRICE/UM	PRICE	EXTENSION
525.00	525.00	P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	6.4500	3388.25	
13.00	13.00	P	PL	CPMP	MONARCH PALLET 1 PALLET/HAD 46 BAGS	15.0000 PL	195.00	

FILLED BY: _____ CHECKED BY: DATE SHIPPED: DRIVER: _____

SHIP VIA: ANDERSON COUNTY
RECEIVED COMPLETE AND IN GOOD CONDITION

3561.25 Taxable
0.00 Non-taxable
Sales tax 279.34

TOTAL \$3860.59

1 - Merchant Copy

