



KANSAS CORPORATION COMMISSION 1157517  
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      Date Reached TD      Completion Date or  
Recompletion Date           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: \_\_\_\_\_



1157517

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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R.J. Enterprise  
22082 NE Neosho RD  
Garnett, KS 66032

Hill # 32

Start 6-18-2013

Finish 6-19-2013

3	soil	3	
9	clay	12	
21	shale	33	
28	lime	61	
76	shale	137	
11	lime	148	
6	shale	154	
39	lime	193	set 20' 7"
8	shale	201	ran 632.2' 2 7/8
24	lime	225	cemented to surface 60 sxs
5	shale	230	
11	lime	241	
174	shale	415	
15	lime	430	
59	shale	489	
30	lime	519	
23	shale	542	
10	lime	552	
18	shale	570	
7	lime	577	
9	shale	586	
5	lime	591	
6	shale	597	
5	Bkn sand	602	good show
36	shale	638	T.D.

**GARNETT TRUE VALUE HOMECENTER**  
 410 N Maple  
 Garnett, KS 66032  
 (785) 448-7106 FAX (785) 448-7135

Merchant Copy  
**INVOICE**  
 THE COPY IS VALID AT  
 THE POINT OF PURCHASE

Page: 1 Invoice: 101993864

Special Instructions: :  
 Sale to: MARILYN  
 Ship To: ROGER KENT  
 22082 NE MESOHO RD  
 GARNETT, KS 66032  
 Customer #: 0000357  
 Customer PO: (785) 448-8995  
 Order By: (785) 448-8995  
 Time: 09:44:44  
 Ship Date: 08/17/13  
 Invoice Date: 08/17/13  
 Due Date: 07/08/13  
 Next inv code: NOT FOR HOUSE USE

ORDER	SHIP L. U/M	ITEM#	DESCRIPTION	AI Pkts/U/m	PRICE	EXTENSION	7/8
1.00	P BX	0047848	STAR 1000HR DECK 9X2 1/2 1LB		7.4900 ea	7.49	
2.00	P EA	520973	14PK 30x1.5x3 W/D Shine		2.4900 ea	4.98	

FILED BY: \_\_\_\_\_ CHECKED BY: \_\_\_\_\_ DATE SHIPPED: \_\_\_\_\_ DRIVER: \_\_\_\_\_  
 SHIP VIA: Customer Pick up  
 RECEIVED COMPLETE AND IN GOOD CONDITION  
 Taxable: 12.47  
 Non-taxable: 0.00  
 Tax #: \_\_\_\_\_  
 Sales tax: 1.04  
 Sales total: \$12.47  
**TOTAL \$13.51**



1 - Merchant Copy

Weight: 2 lbs.

**GARNETT TRUE VALUE HOMECENTER**  
 410 N Maple  
 Garnett, KS 66032  
 (785) 448-7108 FAX (785) 448-7135

Merchant Copy  
**INVOICE**  
 THE COPY IS VALID AT  
 THE POINT OF PURCHASE

Page: 1 Invoice: 101993865

Special Instructions: :  
 Sale to: MIKE  
 Ship To: ROGER KENT  
 22082 NE MESOHO RD  
 GARNETT, KS 66032  
 Customer #: 0000357  
 Customer PO: (785) 448-8995  
 Order By: (785) 448-8995  
 Time: 14:18:07  
 Ship Date: 08/17/13  
 Invoice Date: 08/17/13  
 Due Date: 07/08/13  
 Next inv code: NOT FOR HOUSE USE

ORDER	SHIP L. U/M	ITEM#	DESCRIPTION	AI Pkts/U/m	PRICE	EXTENSION	7/8
560.00	P BAG	CPFA	FLYASH MIX 80 LBS PER BAG		6.4500	3612.00	
-15.00	P PL	CP/PL	MOHAWK PALLET		15.0000 P.	-225.00	
			Credited from Invoice 10184201				

FILED BY: \_\_\_\_\_ CHECKED BY: \_\_\_\_\_ DATE SHIPPED: \_\_\_\_\_ DRIVER: \_\_\_\_\_  
 SHIP VIA: ANDERSON COUNTY  
 RECEIVED COMPLETE AND IN GOOD CONDITION  
 Taxable: 3387.00  
 Non-taxable: 0.00  
 Tax #: \_\_\_\_\_  
 Sales tax: 264.19  
 Sales total: \$3387.00  
**TOTAL \$3651.19**



1 - Merchant Copy