



KANSAS CORPORATION COMMISSION 1157677
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: _____

R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032

Hill 6-1

Start 7-5-2013

Finish 7-8-2013

3	soil	3	
9	clay	12	
18	shale	30	
29	lime	59	
74	shale	133	
9	lime	142	
6	shale	148	
43	lime	191	set 20' 7"
8	shale	199	ran 665.2 2 7/8
24	lime	223	cemented to surface 60 sxs
5	shale	228	
20	lime	248	
164	shale	412	
15	lime	427	
63	shale	490	
29	lime	519	
24	shale	543	
9	lime	552	
18	shale	570	
6	lime	576	
9	shale	585	
6	lime	591	
11	shale	602	
6	sandy shale	608	odor
6	sandy shale	614	good show
35	Bkn sand	649	good show
6	Dk sand	655	show
17	shale	672	T.D.

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 68032
(785) 448-7108 FAX (785) 448-7135

Merchant Copy
INVOICE
THIS COPY MUST REMAIN AT
MERCHANT AT ALL TIMES

Page: 1

Invoice: 10199386

Special Instructions :
Said to: MARILYN
Said to: ROGER KENT
22082 NE NEDSHO RD
GARNETT, KS 68032
Ship To: ROGER KENT
22082 NE NEDSHO RD
GARNETT, KS 68032
Customer #: 0000357
Order By:

Time: 08/44/14
Ship Date: 08/17/13
Invoice Date: 08/17/13
Due Date: 07/08/13
Acct tag code:
Ship To: ROGER KENT
NOT FOR HOUSE USE

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Pkcs/Um	PRICE	EXTENSION	Tax
1.00	P	BX		0047848	STAR 1000HR DECK GR2 1/2 1LB	7.4800 ea	7.4800	7.48	
2.00	P	EA		820973	14PK 30KX1.503 WD SHIMS	2.4900 ea	2.4900	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
 Sales tax: 1.04
TOTAL \$13.51

1 - Merchant Copy



Weight: 2 lbs.

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 68032
(785) 448-7108 FAX (785) 448-7135

Merchant Copy
INVOICE
THIS COPY MUST REMAIN AT
MERCHANT AT ALL TIMES

Page: 1

Invoice: 10199386

Special Instructions :
Said to: MIKE
Said to: ROGER KENT
22082 NE NEDSHO RD
GARNETT, KS 68032
Ship To: ROGER KENT
22082 NE NEDSHO RD
GARNETT, KS 68032
Customer #: 0000357
Order By:

Time: 14:15:07
Ship Date: 08/17/13
Invoice Date: 08/17/13
Due Date: 07/08/13
Acct tag code:
Ship To: ROGER KENT
NOT FOR HOUSE USE

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Pkcs/Um	PRICE	EXTENSION	Tax
680.00	P	BAG		CPFA	PLYASH MIX 80 LBS PER BAG	6.4500 ea	6.4500	3812.00	
-15.00	P	PL		CPMP	MONARCH PALLET	15.0000 PL	15.0000	-225.00	
					Credited from Invoice 10194201				

FILED BY: _____ CHECKED BY: DATE SHIPPED: _____ DRIVER: _____
 SHIP VIA: ANDERSON COUNTY
 RECEIVED COMPLETE AND IN GOOD CONDITION
 Taxable: 3387.00
 Non-taxable: 0.00
 Sales tax: 284.19
TOTAL \$3661.19

1 - Merchant Copy

