

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1177797

Form ACO-1

August 2013

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
- ☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer
- ☐ 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

☐ Confidentiality Requested

Date: _____

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used Report all strings set-conductor, surface, intermediate, production, etc. </div>							
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

Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No *(If No, fill out Page Three of the ACO-1)*

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other (Specify) _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032

Ware 30-I

Start 9-17-2013

Finish 9-20-2013

3	soil	3	
7	clay/rock	10	
29	lime	39	
165	shale	204	
33	lime	237	
34	shale	271	
2	lime	273	
37	shale	310	set 20' 7"
106	lime	416	ran 852.6' 2 7/8
171	shale	587	cemented to surface 84 sxs
16	lime	603	
60	shale	663	
30	lime	693	
21	shale	714	
11	lime	725	
18	shale	743	
7	lime	750	
7	shale	757	
9	lime	766	
13	shale	779	
8	sandy shale	787	odor
42	Bkn sand	829	good show
3	Dk sand	832	
26	shale	858	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 Invoice: 10202944

Special :
Instructions :
Ship Date: 09/18/13
Invoice Date: 09/24/13
Due Date: 10/08/13
Acct rep code:

Sale rep #: MARILYN
Sold To: ROGER KENT
22082 NIE NOSHIO RD
GARNETT, KS 66032
Ship To: CURT SLYTER 913,731,7807
(785) 448-6985 NOT FOR HOUSE USE
Customer #: 0000357 Customer PO: (785) 448-6985 Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Pricel/Unit	PRICE	EXTENSION
30.00	L	EA		T 5X5X18"		39.9900 EA	1199.70	
1.00	P	EA		DURA 4PK D Alk Battery		8.4900 EA	8.49	
1.00	P	EA		DURA 2PK AA Alk Battery		3.4900 EA	3.49	
4.00	P	EA		PDS 12OZ FLT BLK Enamel		3.6900 EA	14.76	

FILED BY	CHECKED BY	DATE SHIPPED	DRIVER
SHIP VIA	Customer Pick up		
	RECEIVED COMPLETE AND IN GOOD CONDITION		
Taxable	1226.44	Sales total	\$1226.44
Non-taxable	0.00	Sales tax	99.96
Tax #			
TOTAL			\$1326.40

1 - Merchant Copy

Weight: 6 lbs.



0 0 6 D 3 N 0 0 1 0 1 J C 0 8 1 *

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 Invoice: 10203226

Special :
Instructions :
Ship Date: 09/26/13
Invoice Date: 09/27/13
Due Date: 10/08/13
Acct rep code:

Sale rep #: MIKE
Sold To: ROGER KENT
22082 NIE NOSHIO RD
GARNETT, KS 66032
Ship To: ROGER KENT
(785) 448-6985 NOT FOR HOUSE USE
Customer #: 0000357 Customer PO: (785) 448-6985 Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Pricel/Unit	PRICE	EXTENSION
560.00	P	BAG		CPFA	FLY ASH MIX 80 LBS PER BAG	6.4500 BAG	3612.00	
-18.00	P	PL		CPMP	MONARCH PALLET	15.0000 PL	-270.00	
540.00	P	BAG		CPPC	Credited from invoice 10199153 PORTLAND CEMENT 94#	9.4900 BAG	5124.60	

FILED BY	CHECKED BY	DATE SHIPPED	DRIVER
SHIP VIA	ANDERSON COUNTY		
	RECEIVED COMPLETE AND IN GOOD CONDITION		
Taxable	8486.60	Sales total	\$8486.60
Non-taxable	0.00	Sales tax	647.69
Tax #			
TOTAL			\$9134.29

3 - Statement Copy



0 0 6 D A 2 0 0 1 2 3 S R J C P *