



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1177816  
OIL & GAS CONSERVATION DIVISION

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
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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: \_\_\_\_\_

1177816

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

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).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

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)*

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

<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> <i>(Submit ACO-4)</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

Ware 41-A

Start 9-26-2013

Finish 9-27-2013

3	soil	3	
4	clay/rock	7	
41	lime	48	
162	shale	210	
34	lime	244	
32	shale	276	
2	lime	278	
39	shale	317	set 20' 7"
106	lime	423	ran 853.4' 2 7/8
171	shale	594	cemented to surface 84 sxs
15	lime	609	
60	shale	669	
28	lime	697	
26	shale	723	
10	lime	733	
19	shale	752	
6	lime	758	
10	shale	768	
8	lime	776	
9	shale	785	
19	sandy shale	804	odor
27	Bkn sand —	831	good show
4	oil sand	835	good show
4	Dk sand —	839	show
20	shale —	859	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 BE RETURNED  
 TO THE SELLER AT THE TIME OF  
 RECEIVING THE MERCHANDISE

Invoice: 10202944

Page: 1  
 Special :  
 Instructions :  
 Sales rep #: MARILYN  
 Sold To: ROGER KENT  
 22082 NE NEOSHO RD  
 GARNETT, KS 66032  
 Customer #: 0000357  
 Ship To: CUHT SILYTER 913,731,7807  
 (785) 448-8995  
 (785) 448-8995  
 Order By:  
 Order #: 0000357  
 Date: 09/18/13  
 Invoice Date: 09/24/13  
 Due Date: 10/08/13  
 Act rep code:  
 NOT FOR HOUSE USE

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Priced/Um	PRICE	EXTENSION
30.00				T 5X5X16'		39.9900 EA	39.9900	1199.70
1.00	1.00	P	EA	DUBA 4PK D Aik Battery		8.4900 EA	8.4900	8.49
1.00	1.00	P	EA	DUBA 2PK AA Aik Battery		3.4900 EA	3.4900	3.49
4.00				PDS 120Z FLT BLK Enamel		3.6900 EA	3.6900	14.76

FILED BY: \_\_\_\_\_ CHECKED BY: DATE SHIPPED: DRIVER: \_\_\_\_\_  
 SHIP VIA: Customer Pick up  
 RECEIVED COMPLETE AND IN GOOD CONDITION  
 Taxable: 1226.44  
 Non-taxable: 0.00  
 Tax #: \_\_\_\_\_  
 Sales tax: 99.96  
 Weight: 6 lbs.  
**TOTAL \$1326.40**



1 - Merchant Copy

0 0 6 D 3 N 0 0 1 0 1 J C 0 B 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

Invoice: 10203226

Page: 1  
 Special :  
 Instructions :  
 Sales rep #: MIKE  
 Sold To: ROGER KENT  
 22082 NE NEOSHO RD  
 GARNETT, KS 66032  
 Customer #: 0000357  
 Ship To: ROGER KENT  
 (785) 448-8995  
 (785) 448-8995  
 Order By:  
 Order #: 0000357  
 Date: 09/26/13  
 Invoice Date: 09/27/13  
 Due Date: 10/08/13  
 Act rep code:  
 NOT FOR HOUSE USE

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Priced/Um	PRICE	EXTENSION
560.00				CPFA	FLY ASH MIX 90 LBS PER BAG	6.4500 BAG	6.4500	3612.00
-18.00	-18.00	P	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	-270.00
540.00				CPPC	Credited from invoice 10199153 PORTLAND CEMENT-94#	9.4900 BAG	9.4900	5124.60

FILED BY: \_\_\_\_\_ CHECKED BY: DATE SHIPPED: DRIVER: \_\_\_\_\_  
 SHIP VIA: ANDERSON COUNTY  
 RECEIVED COMPLETE AND IN GOOD CONDITION  
 Taxable: 8466.60  
 Non-taxable: 0.00  
 Tax #: \_\_\_\_\_  
 Sales tax: 647.69  
**TOTAL \$9114.29**



3 - Statement Copy

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