



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1177823
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: _____

1177823

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 <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 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
<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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> _____	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise
 22082 NE Neosho RD
 Garnett, KS 66032

Ware 46-A

Start 10-4-2013

Finish 10-7-2013

1	soil	1	
3	clay/rock	4	
37	lime	41	
161	shale	202	
32	lime	234	
34	shale	268	
1	lime	269	
35	shale	304	set 20' 7"
107	lime	411	ran 823.5' 2 7/8
170	shale	581	cemented to surface 78 sxs
18	lime	599	
59	shale	658	
28	lime	686	
23	shale	709	
9	lime	718	
18	shale	736	
8	lime	744	
9	shale	753	
8	lime	761	
16	shale	777	
3	sandy shale	780	odor
7	Bkn sand	787	good show
7	shale	794	show
5	sandy shale	799	good show
30	shale	829	T.D.

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
 Sale rep #: MIKE
 Acct rep code:
 Ship To: ROGER KENT
 (785) 448-6995
 NOT FOR HOUSE USE
 22082 NE NEOSHO RD
 GARNETT, KS 66032
 Customer PO: 0000357
 Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Uom	PRICE	EXTENSION
580.00	P	BAG	CPFA		FLY ASH MIX 80 LBS PER BAG	6.4500 UMG	6.4500	3812.00
-18.00	P	PL	CPMP		MONARCH PALLET	15.0000 PL	15.0000	-270.00
540.00	P	BAG	CPCC		Credited from invoice 10199453 PORTLAND CEMENT-94#	9.4900 UMG	9.4900	5124.60

FILLED 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 total: \$8466.60
 Sales tax: 647.69
TOTAL \$9114.29

3 - Statement Copy



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

GARNETT TRUE VALUE HOMECENTER
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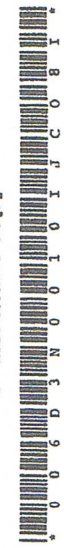
Merchant Copy
INVOICE
 THIS COPY MUST REMAIN AT
 MERCHANT AT ALL TIMES

Page: 1
 Invoice: 10202944
 Special :
 Instructions :
 Ship Date: 09/18/13
 Invoice Date: 09/24/13
 Due Date: 10/08/13
 Sale rep #: MARILYN
 Acct rep code:
 Ship To: CURT SLYTER 913.731.7807
 (785) 448-6995
 NOT FOR HOUSE USE
 22082 NE NEOSHO RD
 GARNETT, KS 66032
 Customer PO: 0000357
 Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Uom	PRICE	EXTENSION
30.00	L	EA	T 5X5X18"		T 5X5X18"	39.9900 EA	39.9900	1199.70
1.00	P	EA	182096		DURA 4PK D AIR Battery	8.4900 EA	8.4900	8.49
1.00	P	EA	193174		DURA 2PK AA AIR Battery	3.4900 EA	3.4900	3.49
-4.00	P	EA	792245		PDS 120Z FLT BLK Enamel	3.6900 EA	3.6900	-14.76

FILLED 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 total: \$1226.44
 Sales tax: 99.96
TOTAL \$1326.40

1 - Merchant Copy



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