



**KANSAS CORPORATION COMMISSION 1177827**  
**OIL & GAS CONSERVATION DIVISION**

Form ACO-1  
 August 2013

**Form must be Typed**  
**Form must be Signed**  
**All blanks must be Filled**

Confidentiality Requested:

Yes  No

**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:

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> New Well                     | <input type="checkbox"/> Re-Entry                                | <input type="checkbox"/> Workover   |
| <input type="checkbox"/> Oil                          | <input type="checkbox"/> WSW                                     | <input type="checkbox"/> SWD        |
| <input type="checkbox"/> Gas                          | <input type="checkbox"/> D&A                                     | <input type="checkbox"/> ENHR       |
| <input type="checkbox"/> OG                           | <input type="checkbox"/> GSW                                     | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM <i>(Coal Bed Methane)</i> |  |                                     |
| <input type="checkbox"/> Cathodic                     | <input type="checkbox"/> Other <i>(Core, Expl., etc.):</i> _____ |                                     |

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- |                                    |                                       |  |                                       |
|------------------------------------|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening | <input type="checkbox"/> Re-perf.     | <input type="checkbox"/> Conv. to ENHR     | <input type="checkbox"/> Conv. to SWD |
| <input type="checkbox"/> Plug Back | <input type="checkbox"/> Conv. to GSW | <input type="checkbox"/> Conv. to Producer |                                       |

- |  |                 |
|--|-----------------|
| <input type="checkbox"/> Commingled      | Permit #: _____ |
| <input type="checkbox"/> Dual Completion | Permit #: _____ |
| <input type="checkbox"/> SWD             | Permit #: _____ |
| <input type="checkbox"/> ENHR            | Permit #: _____ |
| <input type="checkbox"/> 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: \_\_\_\_\_

1177827

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

<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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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R.J. Enterprise  
 22082 NE Neosho RD  
 Garnett, KS 66032

Welsh,B #3

Start 7-31-2013

Finish 8-1-2013

3	soil	3	
4	clay/rock	7	
17	lime	24	
76	shale	100	
10	lime	110	
6	shale	116	
42	lime	158	
8	shale	166	set 20' 7"
16	lime	182	ran 663.6' 2 7/8
6	shale	188	cemented to surface 66 sxs
18	lime	206	
178	shale	384	
30	lime	414	
45	shale	459	
27	lime	486	
27	shale	513	
12	lime	525	
12	shale	537	
7	lime	544	
10	shale	554	
7	lime	561	
22	shale	583	
19	sandy shale	602	odor
8	Bkn sand	610	show
4	oil sand	614	show
8	oil sand	622	good show
4	Dk sand	626	good show
112	shale	738	T.D.

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

Merchant Copy  
**INVOICE**  
 THIS COPY IS NOT VALID FOR RETURN  
 MERCHANT AT ALL TIMES

Page: 1 Invoice: 10200906

Special :  
 Instructions :  
 Ship Date: 07/25/13  
 Invoice Date: 07/25/13  
 Date Due: 08/09/13

Sold To: ROGER KENT  
 22082 NE NIOSHO RD  
 GARNETT, KS 66032

Customer #: 0000367 Customer PO: (785) 448-8895 Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTENSION	
-7.00	-7.00	P	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	-105.00	
640.00	640.00	P	BAG	CPPC	Credited from Invoice 10200106 PORTLAND CEMENT-94#	10.8150 BAG	10,8150	884.10	
FILED BY: ANDERSON COUNTY						Taxable	5789.10	Sales total	\$5789.10
CHECKED BY: RECEIVED COMPLETE AND IN GOOD CONDITION						Non-taxable	0.00	Sales tax	442.86
X						Tax #		<b>TOTAL</b>	<b>\$6231.96</b>

1 - Merchant Copy



0 0 6 9 E I 0 0 I I S S U K W R \*

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

Statement Copy  
**CREDIT INVOICE**  
 PLEASE REFER TO INVOICE NUMBER  
 ON ALL CORRESPONDENCE

Page: 1 Invoice: 10201071

Special :  
 Instructions :  
 Ship Date: 07/29/13  
 Invoice Date: 07/29/13  
 Date Due: 08/09/13

Sold To: ROGER KENT  
 22082 NE NIOSHO RD  
 GARNETT, KS 66032

Customer #: 0000367 Customer PO: (785) 448-8895 Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTENSION	
-540.00	-540.00	P	BAG	CPPC	PORTLAND CEMENT-94#	10.8150 BAG	10,8150	-884.10	
540.00	540.00	P	BAG	CPPC	Credited from Invoice 10200906 PORTLAND CEMENT-94# billed wrong	9.4900 BAG	9,4900	5124.60	
FILED BY: CUSTOMER PICK UP						Taxable	-769.50	Sales total	-\$769.50
CHECKED BY: RECEIVED COMPLETE AND IN GOOD CONDITION						Non-taxable	0.00	Sales tax	-62.71
X						Tax #		<b>TOTAL</b>	<b>\$-832.21</b>

3 - Statement Copy



0 0 6 9 E I V 0 0 I 2 Q 4 B U 0 J \*