



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1190019
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: _____

1190019

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

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise
 22082 NE Neosho RD
 Garnett, KS 66032

Welsh,R 3-A

Start 11-13-2013

Finish 11-14-2013

2	soil	2	
4	clay/rock	6	
7	lime	13	
49	shale	62	
7	lime	69	
24	shale	93	
8	lime	101	
4	shale	105	
46	lime	151	
4	shale	155	
19	lime	174	
6	shale	180	
19	lime	199	
176	shale	375	
17	lime	392	
54	shale	446	
31	lime	477	
28	shale	505	
10	lime	515	
13	shale	528	
9	lime	537	
10	shale	547	
7	lime	554	
141	shale	695	
32	Bkn sand	727	odor
31	oil sand	758	good show
9	Dk sand	767	show
29	shale	796	T.D.

set 20' 7"
 ran 790.3' 2 7/8
 cemented to surface 78 sxs

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

Merchant Copy
 THIS COPY MUST REMAIN AT
 MERCHANT AT ALL TIMES

INVOICE

Page: 1
 Invoice: 10204780
 Time: 12:10:12
 Ship Date: 11/17/13
 Invoice Date: 11/17/13
 Due Date: 12/08/13

Special :
 Instructions :
 Ship To: ROGER KENT
 22082 NE NEGOSHIO RD
 GARNETT, KS 66032

Customer #: 0000357
 Customer PO: (785) 448-6995
 Order By:

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	All Priced/Lom	PRICE	EXTENSION
200	200 P			IPW94CD	PLYWOOD 3/4" X 4' X 8' CDX VP	899.8875 bag	51.9900	63.88
100	100 P			EA	BLK Super Blvd Sample	1.9900 EA	1.9900	1.99
						Sales total	\$65.97	\$65.97
						Taxable	0.00	5.38
						Non-taxable		
						Tax #		
						Sales tax		5.38
						TOTAL		\$71.35

1 0 0 6 P R R 0 0 1 3 B 6 6 T N 3

1 - Merchant Copy

Weight: 0 lbs.

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

Statement Copy
 PLEASE REFER TO INVOICE NUMBER
 ON ALL CORRESPONDENCE

INVOICE

Page: 1
 Invoice: 10204790
 Time: 11:05:17
 Ship Date: 11/11/13
 Invoice Date: 11/21/13
 Due Date: 12/08/13

Special :
 Instructions :
 Ship To: ROGER KENT
 22082 NE NEGOSHIO RD
 GARNETT, KS 66032

Customer #: 0000357
 Customer PO: (785) 448-6995
 Order By:

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	All Priced/Lom	PRICE	EXTENSION
580.00	580.00 P			OPFA	FLY ASH MIX 80 LBS PER BAG	6.4500 bag	6.4500	3612.00
1.00	1.00 P			CPMP	MONARCH PALLET	15.0000 PL	15.0000	15.00
540.00	540.00 P			BAG	PORTLAND CEMENT-94#	9.4900 bag	9.4900	5124.60
						Sales total	\$8751.60	\$8751.60
						Taxable	8751.60	669.50
						Non-taxable	0.00	
						Tax #		
						Sales tax		669.50
						TOTAL		\$9421.10

1 0 0 6 E U I 0 0 1 1 6 T I S H U

3 - Statement Copy