



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1198379
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: _____

1198379

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> _____
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

Patton 4-A

Start 12-11-2013

Finish 12-12-2013

3	soil	3	
3	clay/rock	6	
6	lime	12	
82	shale	94	
8	lime	102	
6	shale	108	
42	lime	150	
7	shale	157	
14	lime	171	
8	shale	179	
20	lime	199	
179	shale	378	
13	lime	391	
53	shale	444	
32	lime	476	
27	shale	503	
10	lime	513	
14	shale	527	
8	lime	535	
10	shale	545	
7	lime	552	
20	shale	572	
10	sandy shale	582	odor
14	Bkn sand	596	odor
5	oil sand	601	show
12	oil sand	613	good show
4	Dk sand	617	show
45	shale	662	T.D

set 20' 7"

ran 658.4' 2 7/8

cemented to surface 66 sxs

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7106 FAX (785) 448-7135

Merchant Copy
INVOICE
THIS COPY MUST BE PRINTED AT MERCHANT AT ALL TIMES

Page: 1

Invoice: 10204780

Special :
Instructions :
Sole rep. #: JIM
Sole To: ROGER KENT
22082 NE NIOSHO RD
GARNETT, KS 66032

Time: 12:10:12
Ship Date: 11/11/13
Invoice Date: 11/11/13
Due Date: 12/08/13

Acct. rep. code:
Ship To: ROGER KENT
(785) 448-8995 NOT FOR HOUSE USE

Customer #: 0000357 Customer PO: (785) 448-8995 Order By:

ORDER	SHIP	L	U	M	ITEM#	DESCRIPTION	Alt Price/Um	PRICE	EXTENSION
2.00	P				FW34CD	PLYWOOD-3/4" X 4' X 8' CDX VP	995.6875	31.9800	63.88
1.00	P				518225	BLK Super Bold Shingle	1.9900 EA	1.9900	1.99

FILLED BY: _____ CHECKED BY: _____ DATE SHIPPED: _____ DRIVER: _____

SHIP VIA: _____ CUSTOMER PICK UP: _____
REMOVED COMPLETE AND IN GOOD CONDITION

Taxable: 65.97
Non-taxable: 0.00
Sales tax: 5.38

Weight: 0 lbs.

TOTAL \$71.35



- Merchant Copy

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: 10204790

Special :
Instructions :
Sole rep. #: MIKE
Sole To: ROGER KENT
22082 NE NIOSHO RD
GARNETT, KS 66032

Time: 11:05:17
Ship Date: 11/11/13
Invoice Date: 11/12/13
Due Date: 12/08/13

Acct. rep. code:
Ship To: CEMENT
(785) 448-8995 NOT FOR HOUSE USE

Customer #: 0000357 Customer PO: (785) 448-8995 Order By:

ORDER	SHIP	L	U	M	ITEM#	DESCRIPTION	Alt Price/Um	PRICE	EXTENSION
580.00	P				OPFA	FLY ASH MIX 80 LBS PER BAG	6.4500 BAG	6.4500	3612.00
1.00	P				CP/M	MONARCH PALLET	15.0000 PL	15.0000	15.00
540.00	P				CP/PC	PORTLAND CEMENT-94#	9.4900 BAG	9.4900	5124.60

FILLED BY: _____ CHECKED BY: _____ DATE SHIPPED: _____ DRIVER: _____

SHIP VIA: _____ ANDERSON COUNTY
REMOVED COMPLETE AND IN GOOD CONDITION

Taxable: 8751.60
Non-taxable: 0.00
Sales tax: 689.50

TOTAL \$9421.10



3 - Statement Copy