Confidentiality Requested: Yes No

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

1204936

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 #	API No. 15
Name:	Spot Description:
Address 1:	

Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
GG GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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:

	Page Two	1204936
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS: Chause important tang of formations paratrated	atail all aaraa Bapart all final	apping of drill stome tools giving interval toolad, time tool

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 (Attach Additional She	eets)	Yes No		-	on (Top), Depth a		Sample
Samples Sent to Geolog	gical Survey	Yes No	Name	9		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			RECORD New		ion, 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 / SQU	EEZE RECORD			
Purpose:	Depth	Tupo of Comont	# Socka Llood		Type and [Paraant Additivaa	

Purpose: Perforate	Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

(If No, skip questions 2 and 3) No (If No, skip question 3)

No

No

(If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION Specify For		RD - Bridge F Each Interval		e	А		ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner Ru	in: Yes	No	
Date of First, Resumed	I Product	ion, SWD or ENHF	} .	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	S.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF G	BAS:	_					_	PRODUCTION IN	TERVAL:
Vented Solo	J 🗌	Used on Lease		Open Hole	Perf.	Uually (Submit A	Comp.	Commingled (Submit ACO-4)		
(If vented, Su	bmit ACC	0-18.)		Other (Specify))					

R.J. Enterprises 22082 NE Neosho RD Garnett, KS 66032

Hunley 13-A

0	soil	9	
3		3	
4	clay/rock	7	
58	lime	65	
157	shale	222	
34	lime	256	
22	shale	278	
2	lime	280	
48	shale	328	set 2
111	lime	<i>439</i>	ran
173	shale	612	cem
17	lime	629	
58	shale	687	
27	lime	714	
26	shale	7 40	
8	lime	7 48	
20	shale	768	
5	lime	773	
13	shale	786	
6	lime	792	
15	shale	807	
5	sandy shale	812	odor
31	Bkn sand	843	good show
4	Dk sand	84 7	show
31	shale	878	<i>T.D</i> .

Start *3-10-14* Finish *3-11-14*

set 20' of 7" ran 872.7' of 27/8 cemented to surface 84 sxs

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					•	BAG	UM	Customer #: 0000357	Sold To: ROGER KENT 22082 NE NEOSHO R GARNETT, KS 86032	MIKE			ARNE
i nă	×	SHIP VIA	FILLED BY			CPFA CPMP CPPC	ITEM#		ROGER KENT 22082 NE NEOSHO RD GARNETT, KS 86032				GARNETT TRUE VALUE HOMECENTER 410 N Maple Garnett, KS 66032 (785) 448-7106 FAX (785) 448-7135
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PV	Taxab Non-ta Tax #		DRIVER						ship To: CEMENT 3-6995 NOT FOR HOUSE USE 3-6995	Acct rep code:			ENTER
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