

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1211105

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:	SecTwpS. R East West				
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	Feet from East / West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner: NE NW SE SW GPS Location: Lat:				
Phone: ()					
CONTRACTOR: License #					
Name:					
Wellsite Geologist:					
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:				
☐ Oil ☐ WSW ☐ 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: ☐ WSW ☐ SIGW ☐ Temp. Abd. ☐ Temp. Abd. ☐ Other (Core, Expl., etc.): ☐ Other (Core, Expl., etc.):	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: 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 #: Dual Completion Permit #: SWD Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #:				
☐ ENHR Permit #: ☐ GSW Permit #:					
Spud Date or Date Reached TD Completion Date or Recompletion Date	Quarter Sec. TwpS. 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:				

Page Two



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 Taker (Attach Additional S		Yes No			on (Top), Depth an		Sample	
Samples Sent to Geo	logical Survey	Yes No	Name	Э		Тор	Datum	
Cores Taken Electric Log Run		Yes No						
List All E. Logs Run:								
		CASING Report all strings set-c	RECORD Ne onductor, surface, inte		on, 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	
	Dillied	Set (III O.D.)	LDS./1t.	Берш	Cement	Oseu	Additives	
		ADDITIONAL	CEMENTING / SQU	EEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives				
Perforate	ιορ Βοιιοπ							
Plug Back TD Plug Off Zone								
1 ldg 011 20110								
Did you perform a hydrau	ulic fracturing treatment or	this well?		Yes	No (If No, ski)	o questions 2 an	d 3)	
		aulic fracturing treatment ex	=	= =	_ ·	o question 3)	of the ACO 1)	
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, fill out Page Three of the ACO-1)					or the ACO-1)			
Shots Per Foot		N RECORD - Bridge Plugs ootage of Each Interval Perf			cture, Shot, Cement mount and Kind of Mai		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 Bl	bls. Gas	Mcf Wate	er B	bls. G	as-Oil Ratio	Gravity	
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL:					DN INTERVAL:			
Vented Sold Used on Lease □ Open Hole □ Perf. □ Dually Comp. □ Commingled								
	bmit ACO-18.)	Other (Specify)	(Submit A	ACO-5) (Sub	mit ACO-4)			

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

Ware 33-I

			Start Feb 3, 2014
2	soil	2	Finish <i>Feb 13</i> , <i>2014</i>
4	clay/rock	6	
48	lime	<i>54</i>	
144	shale	198	
32	lime	230	
29	shale	259	
3	lime	262	
41	shale	<i>303</i>	set 20' 7"
111	lime	414	Ran 845.6' of 2 7/8
168	shale	<i>5</i> 82	cemented to surface 84 sxs
14	lime	<i>5</i> 96	
58	shale	654	
<i>30</i>	lime	684	
23	shale	7 0 7	
14	lime	<i>7</i> 21	
14	shale	<i>735</i>	
7	lime	<i>74</i> 2	
12	shale	<i>754</i>	
5	lime	<i>7</i> 59	
17	shale	<i>77</i> 6	
9	Sandy shale	785	Odor
32	Bkn sand	<i>817</i>	Good show
5	Dk sand	822	Show
29	Shale	851	T.D.

GARNETT TRUE VALUE HOMECENTER

410 N Maple Garnett, KS 66032 {785} 448-7106 FAX {785} 448-7135

Customer Copy INVOICE

THIS COPY MUST REMAIN AT MERCHANT AT ALL TIMES!

16:11:59

REPRIN

Page: 1 Invoice: 10206967

Special : Time:

Instructions : Ship Date: 01/21/14 | Invoice Date: 01/21/14

Sale rep #: MIKE Acct rep code: Due Date: 02/08/14

Sold To: ROGER KENT Ship To: ROGER KENT

22082 NE NEOSHO RD (785) 448-6995 **NOT FOR HOUSE USE GARNETT, KS 66032**

(785) 448-6995

Customer #: 0000357 Customer PO: Order By:

8TH T 101 popimg01 ORDER SHIP U/M ITEM# **DESCRIPTION** Alt Price/Uom PRICE **EXTENSION** 560.00 560.00 BAG **CPFA** FLY ASH MIX 80 LBS PER BAG 7.5900 BAG 7.5900 4250.40 14.00 14.00 Р PL **CPMP** MONARCH PALLET 15.0000 PL 15.0000 210.00 18.00 18.00 P PL **CPMP** MONARCH PALLET 15.0000 PL 15.0000 270.00 539.00 539.00 P BAG **CPPC** PORTLAND CEMENT-94# 10.9900 BAG 10.9900 5923.61

> FILLED BY CHECKED BY DATE SHIPPED DRIVER Sales total \$10654.01 SHIP VIA Customer Pick up - RECEIVED COMPLETE AND IN GOOD CONDITION Taxable 10654.01 Non-taxable 0.00 Sales tax X 868.31 Tax#

> > 1 - Customer Copy

TOTAL \$11522.32