Confidentiality Requested: Yes No

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

1211153

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 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.xxxxx) (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:
Oil WSW SWD SIOW	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
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	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	Leastion of fluid diamond if hould offsite
ENHR Permit #:	Location of fluid disposal if hauled offsite:
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	1211153
Operator Name:	Lease Name:	Well #:
Sec TwpS. R □ East □ West	County:	
INCTOLICTIONS. Chave important tang of formations panetrated	Datail all aaraa Banart all fi	nal capica of drill atoma toata giving interval toatad, time toal

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 Sho	eets)	Yes No		-	n (Top), Depth an		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			RECORD Ne				
		Report all strings set-c	onductor, surface, inte	ermediate, producti	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
		ADDITIONAL	CEMENTING / SQL	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing							
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 hyd	Iraulic fracturing treatment ex	ceed 350,000 gallons?	Yes	No	(If No, skip question 3)
Was the hydraulic fracturing	treatment informatio	n submitted to the chemical d	lisclosure registry?	Yes	No	(If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION Specify For		RD - Bridge F Each Interval		e	ŀ		ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	} .	Producing N	/lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITI	ON OF (GAS:			METHOD	OF COMPLE	TION:		PRODUCTION INTER	RVAL:
Vented Solo	u 🗌 k	Used on Lease		Open Hole	Perf.	Dually (Submit)	Comp. A <i>CO-5)</i>	Commingled (Submit ACO-4)		
(If vented, Su	bmit ACC	D-18.)		Other <i>(Specify)</i>	·	• 		. ,		

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

Wilson Melcher 18-A

			Start 3-25-14
1	soil	1	Finish 3-26-14
6	clay/rock	7	
37	lime	44	
36	shale	80	
11	lime	91	
115	shale	206	
34	lime	240	
33	shale	273	set 20' of 7"
11	lime	284	ran 837.6' of 27/8
21	shale	305	cemented to surface 84 sxs
110	lime	415	
168	shale	583	
22	lime	605	
60	shale	665	
31	lime	696	
24	shale	720	
8	lime	728	
19	shale	747	
7	lime	754	
10	shale	764	
10	lime	774	
17	shale	791	
5	sandy shale	796	odor
24	Bkn sand	820	good show
4	Dk sand	824	show
19	shale	843	<i>T.D.</i>

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1 - Merchant Copy	XXX CONSTITUTE		DATE SHIPPED			FLY ASH MIX 80 LBS PER BAG MONARCH PALLET PORTLAND CEMENT-94#	PTION		Ship To (785) 448-6995 (785) 448-6995	>			OMEC
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