



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1222358
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: _____

1222358

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: 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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WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 3728		API # 15-207-28954-00-00	
Operator: Roger Kent dba RJ Enterprises		Lease: Brodmerkle	
Address: 22082 NE Neosho Rd Garnett, Ks. 66032		Well # SWD#1	
Phone: 785-448-6995		Spud Date: 7-9-14	Completed: 7-21-14
Contractor License: 33900		Location: Sec: 31	Twp: 23 S.R. 17
T.D. 1880	Bit Size: 7 7/8	3428 Ft. from South line	
Surface Pipe Size: 8 5/8	Surface Depth: 40 ft.	2778 Ft. from East line	
Kind of Well: SWD		County: Woodson	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	4	Shale	870	885
Clay	4	8	Lime	885	887
Water Sand	8	21	Shale	887	896
River Gravel	21	25	Lime	896	897
Shale	25	97	Shale	897	900
Lime	97	115	Lower Squirrel	900	908
Gray Sand	115	136	Broken Sand	908	912
Lime	136	148	Shale	912	948
Shale	148	215	Lime	948	954
Lime	215	234	Shale	954	1165
Shale	234	244	Lime	1165	1170
Lime	244	248	Shale	1170	1254
Shale	248	256	Lime	1254	1264
Lime	256	265	Broken Lime	1264	1273
Shale	265	268	Shaley Lime	1273	1361
Lime	268	332	Soft Lime	1361	1379
Shale	332	336	Hard Lime	1379	1381
Gray Sand	336	350	Soft Lime	1381	1405
Shale	350	396	Hard Lime	1405	1429
Lime	396	518	Shale	1429	1435
Sandy Lime	518	539	Shaley Lime	1435	1593
Shale	539	689	Kinder Hook	1593	1655
Lime	689	696	Arbuckle Lime	1655	1880
Shale	696	705			
Lime	705	715			
Shale	715	752			
Lime	752	761			
Shale	761	781			
Lime	781	789			
Shale	789	823			
Lime	823	829			
Shale	829	841			
Lime	841	850			
Shale	850	860			
Lime	860	863			
Upper Squirrel Sand	863	870			

Elite Cementing & Acid Service, LLC

810 E 7th, PO Box 92

Eureka, KS 67045



Date	Invoice #
7/23/2014	1516

Bill To	
RJ Enterprises 22082 NE Neosho Rd Garnett, KS 66032	
Customer ID#	1092

Job Date	7/21/2014
Lease Information	
Brodmerkle SWD #1	
County	Woodson
Foreman	KM

Item	Description	Qty	Terms	Net 30
			Rate	Amount
C102	Cement Pump-Longstring	1	1,050.00	1,050.00
C107	Pump Truck Mileage (one way)	40	3.95	158.00
C203	Pozmix Cement 60/40	265	12.75	3,378.75T
C206	Gel Bentonite	910	0.20	182.00T
C215	Cal-Seal (Dynaplast)	1,060	0.40	424.00T
C205	Calcium Chloride	450	0.60	270.00T
C208	Pheno Seal	530	1.25	662.50T
C108B	Ton Mileage-per mile (one way)	455.6	1.35	615.06
C113	80 Bbl Vac Truck	3	85.00	255.00
C113	80 Bbl Vac Truck	3	85.00	255.00
C224	City Water	6,000	0.01	60.00T
C404	5 1/2" Top Rubber Plug	1	70.00	70.00T
C761	5 1/2" Type B Basket Shoe	1	1,290.00	1,290.00T
C604	5 1/2" Cement Basket	2	225.00	450.00T

We appreciate your business!

Phone #	Fax #
620-583-5561	620-583-5524
E-mail	
rene@elitecementing.com	

Subtotal	\$9,120.31
Sales Tax (7.15%)	\$485.29
Total	\$9,605.60
Payments/Credits	\$0.00
Balance Due	\$9,605.60