

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1223214

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

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)		Depth
TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water Bbls. Gas-Oil Ratio Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
--	--	---

R J Enterprises
22082 NE Neosho Rd
Garnett, KS 66032

Babbs 11-I

Start 7-16-14

Finish 7-17-14

3	soil	3	
9	clay	12	
15	shale	27	
26	lime	53	
77	shale	130	
7	lime	137	
6	shale	143	
44	lime	187	
5	shale	192	
23	lime	215	
6	shale	221	
19	lime	240	
168	shale	408	
16	lime	424	
59	shale	483	
30	lime	513	
23	shale	536	
9	lime	545	
16	shale	561	
9	lime	570	
11	shale	581	
8	lime	589	
18	shale	607	
8	sandy shale	615	odor
24	Bkn sand	639	good show
6	Dk sand	645	show
30	shale	675	T.D.

set 20' 7"
ran 669.5 of 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 REMAIN AT
 MERCHANT AT ALL TIMES!

Page: 1 Invoice: 10211450

Special : Time: 08:59:48
 Instructions : Ship Date: 05/27/14
 Invoice Date: 05/27/14
 Due Date: 06/08/14

Sale rep to: WOLKEN SETH WOLKEN
 Acct rep code:

Sold To: **ROGER KENT**
 22082 NE NEOSHO RD
 GARNETT, KS 66032

Ship To: **ROGER KENT**
 (785) 448-6995 NOT FOR HOUSE USE
 (785) 448-6995

Customer #: 0000357 Order By: Customer PO:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
2.00	2.00	P	EA	291302	16OZ Vinyl Protectant	6.9900 EA	6.9900	13.98
1.00	1.00	P	EA	164776	Legend 1/2GAL Jug	7.9900 EA	7.99	7.99
1.00	1.00	P	EA	750607	9 Can RED Cooler	20.9900 EA	20.99	20.99
1.00	1.00	P	EA	418957	2PK Tac Putty Stick	2.1900 EA	2.19	2.19
1.00	1.00	P	EA	585762	6PK Rewindable Marker	4.9900 EA	4.99	4.99
1.00	1.00	P	EA	802795	12PK Small Binder Clips	1.9900 EA	1.99	1.99
1.00	1.00	P	EA	111611	Pro LG ANG Broom	12.4900 EA	12.49	12.49
1.00	1.00	P	EA	566374	17" ALLI Dust Pan	15.4900 EA	15.49	15.49
1.00	1.00	P	EA	821827	Hand & Nail Brush	2.9900 EA	2.99	2.99

FILLED BY: CHECKED BY: DATE SHIPPED: DRIVER:

SHIP VIA: CUSTOMER PICK UP
 RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 83.10
 Non-taxable: 0.00
 Tax #: 6.78

Sales total: \$83.10
 Sales tax: 6.78
TOTAL: \$89.88

Weight: 6 lbs.

1 - Merchant Copy



GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7106 FAX (785) 448-7135

Merchant Copy
INVOICE
 THIS COPY MUST REMAIN AT
 MERCHANT AT ALL TIMES!

Page: 1 Invoice: 10211485

Special : Time: 14:19:31
 Instructions : Ship Date: 05/27/14
 Invoice Date: 05/27/14
 Due Date: 06/08/14

Sale rep to: MIKE
 Acct rep code:

Sold To: **ROGER KENT**
 22082 NE NEOSHO RD
 GARNETT, KS 66032

Ship To: **ROGER KENT**
 (785) 448-6995 NOT FOR HOUSE USE
 (785) 448-6995

Customer #: 0000357 Order By: Customer PO:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
270.00	270.00	P	BAG	CPMP	MONARCH PALLET	15.0000 PL	15.0000	135.00
270.00	270.00	P	BAG	CPCC	PORTLAND CEMENT-94#	10.9900 BAG	10.9900	2987.30

FILLED BY: CHECKED BY: DATE SHIPPED: DRIVER:

SHIP VIA: ANDERSON COUNTY
 RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 3102.30
 Non-taxable: 0.00
 Tax #: 237.33

Sales total: \$3102.30
 Sales tax: 237.33
TOTAL: \$3339.63

1 - Merchant Copy

