



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1223276
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: _____

1223276

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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R J Enterprises
22082 NE Neosho Rd
Garnett, KS 66032

Kent 9-I

Start 7-31-14

Finish 8-4-14

3	soil	3	
3	clay	6	
3	shale	9	
27	lime	36	
80	shale	116	
9	lime	125	
7	shale	132	
48	lime	180	
5	shale	185	
21	lime	206	
5	shale	211	
18	lime	229	
170	shale	399	
16	lime	415	
53	shale	468	
31	lime	499	
26	shale	525	
8	lime	533	
18	shale	551	
5	lime	556	
11	shale	567	
6	lime	573	
10	shale	583	
8	sandy shale	591	odor
27	Bkn sand	618	good show
4	Dk sand	622	show
31	shale	653	T.D.

set 20' 7"
ran 647.1' 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

Statement Copy
INVOICE
PLEASE REFER TO INVOICE NUMBER
ON ALL CORRESPONDENCE

Page: 1 Invoice: 10213974
Special : Time: 08:21:51
Instructions : Ship Date: 07/29/14
Ship to: JIM Acct rep code: Invoice Date: 07/29/14
Due Date: 08/08/14
Said 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:

ORDER	SHIP L U/M	ITEM#	DESCRIPTION	All Price/Uom	PRICE	EXTENSION
560.00	P BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	7.5900 BAG	7.5900	4250.40
19.00	P PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	285.00
540.00	P BAG	CPPC	PORTLAND CEMENT-94#	10.9900 BAG	10.9900	5934.60
FILED BY: ANDERSON COUNTY				Taxable	10470.00	Sales total \$10470.00
CHECKED BY: RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00	Sales tax 800.96
DATE SHIPPED: _____				Tax #		
DRIVER: _____						TOTAL \$11270.96

3 - Statement copy



* 0 0 6 U T H 0 0 1 3 H S A H 5 D *

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7106 FAX (785) 448-7135

Merchant Copy
INVOICE
THIS IS A VALUE STATEMENT
INVOICE NOT A RECEIPT

Page: 1 Invoice: 10213540
Special : Time: 14:37:37
Instructions : Ship Date: 07/17/14
Ship to: WAYNE WAYNE STANLEY Acct rep code: Invoice Date: 07/29/14
Due Date: 08/08/14
Said to: ROGER KENT Ship to: 2X12.5X5
22082 NE NEOSHO RD (785) 448-6995 NOT FOR HOUSE USE
GARNETT, KS 66032 (785) 448-6995
Customer #: 0000357 Customer PO: Order By:

ORDER	SHIP L U/M	ITEM#	DESCRIPTION	All Price/Uom	PRICE	EXTENSION
30.00	P PC	121212	PRESSURE TREATED #2 X 12 X 12'	1249.5792 MBF	29.9899	899.70
10.00	P PC	12516	PRESSURE TREATED #2 5 X 5 X 16 COA	1064.7011 MBF	35.4900	354.90
FILED BY: Customer Pick up				Taxable	1254.60	Sales total \$1254.60
CHECKED BY: RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00	Sales tax 102.25
DATE SHIPPED: _____				Tax #		
DRIVER: _____						TOTAL \$1356.85

1 - Merchant copy



* 0 0 6 U T H 0 0 1 3 H S A H 5 D *