



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1223297
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
-----------------------------------	-----------------	---

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: _____

1223297

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
--	---

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
----------------	-------	---------	------------	---

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> _____
---	--

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> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

R J Enterprises
22082 NE Neosho Rd
Garnett, KS 66032

Kent #36

Start 7-28-14

Finish 7-29-14

3	soil	3
6	clay	9
3	shale	12
24	lime	36
76	shale	112
6	lime	118
6	shale	124
52	lime	176
10	shale	186
25	lime	211
5	shale	216
17	lime	233
173	shale	406
15	lime	421
54	shale	475
31	lime	506
26	shale	532
9	lime	541
17	shale	558
8	lime	566
10	shale	576
7	lime	583
18	shale	601
20	sandy shale	621
4	shale	625

set 20' 7"

Plugged 7-29-2014

Dry hole

ran 1" to 625 pumped in 12 sxs

pulled up to 425' pumped in 12 sxs

pulled up to 250' pumped in 24 sxs

brought cement to surface

T.D. Dry hole

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: 06:59:48
 Instructions : Ship Date: 05/27/14
 Invoice Date: 05/27/14
 Due Date: 06/08/14
 Sale rep #: WOLKEN SETH WOLKEN Acct rep code:

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:

BTX
 1 138

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTENSION
2.00	2.00	P	EA	291302	16OZ Vinyl Protectant	6.8900 EA	13.98	
1.00	1.00	P	EA	164776	Legend 1/2GAL Jug	7.9900 EA	7.99	
1.00	1.00	P	EA	750607	9 Can RED Cooler	20.9900 EA	20.99	
1.00	1.00	P	EA	418957	2PK Tac Putty Stick	2.1900 EA	2.19	
1.00	1.00	P	EA	585762	6PK Rewritable Marker	4.9900 EA	4.99	
1.00	1.00	P	EA	802795	12PK Small Binder Clips	1.9900 EA	1.99	
1.00	1.00	P	EA	111611	Pro LG ANG Broom	12.4900 EA	12.49	
1.00	1.00	P	EA	566374	17" ALU Dust Pan	15.4900 EA	15.49	
1.00	1.00	P	EA	821627	Hand & Nail Brush	2.9900 EA	2.99	

FILLED BY: _____ CHECKED BY: DATE SHIPPED DRIVER

SHIP VIA: Customer Pick Up RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 63.10 Non-taxable: 0.00 Sales tax: 6.78

Tax # _____

Sales total: \$63.10

TOTAL: \$69.88

Weight: 6 lbs.

1 - Merchant Copy



* 0 0 6 0 K C 0 0 1 1 6 U B 0 F 9 *

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 #: MIKE Acct rep code:

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:

BTX
 1 101

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTENSION
9.00	9.00	P	PL	CPMP	MONARCH PALLET	15.0000 PL	135.00	
270.00	270.00	P	BAG	CPCC	PORTLAND CEMENT-94#	10.9900 BAG	2967.30	

FILLED BY: _____ CHECKED BY: DATE SHIPPED DRIVER

SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 3102.30 Non-taxable: 0.00 Sales tax: 237.33

Tax # _____

Sales total: \$3102.30

TOTAL: \$3339.63

1 - Merchant Copy



* 0 0 6 0 W 4 0 0 1 0 0 4 R R 3 C *