



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1225019  
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: \_\_\_\_\_

1225019

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 <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:				

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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R J Enterprises  
 22082 NE Neosho Rd  
 Garnett, KS 66032

## Monroe 12-A

Start 8-25-14

Finish 8-26-14

2	soil	2	
4	clay/rock	6	
4	lime	10	
53	shale	63	
4	lime	67	
24	shale	91	
8	lime	99	
5	shale	104	
43	lime	147	
7	shale	154	
16	lime	170	
6	shale	176	
21	lime	197	
177	shale	374	
18	lime	392	
56	shale	448	
31	lime	479	
22	shale	501	
24	lime	525	
4	shale	529	
12	lime	541	
12	shale	553	
6	lime	559	
136	shale	695	
11	sandy shale	706	odor
22	oil sand	728	good show
7	Dk sand	735	show
46	shale	781	T.D.

set 20' 7"  
 ran 775.7 of 2 7/8  
 cemented to surface 72 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

Invoice: 10213974

Special :  
Instructions :  
Sale rep # : JIM  
Time: 08:21:51  
Ship Date: 07/29/14  
Invoice Date: 07/29/14  
Due Date: 08/08/14

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:

RTN  
T 130

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Uom	PRICE	EXTENSION
560.00	P	BAG	CPFA	7.5900	FLY ASH MIX 80 LBS PER BAG	7.5900	4250.40	
19.00	P	PL	CPMP	15.0000	MONARCH PALLET	15.0000	285.00	
540.00	P	BAG	CPPC	10.9900	PORTLAND CEMENT-94#	10.9900	5934.60	

FILLED BY: \_\_\_\_\_ CHECKED BY: \_\_\_\_\_ DATE SHIPPED: \_\_\_\_\_ DRIVER: \_\_\_\_\_

SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 10470.00  
Non-taxable: 0.00  
Tax #: \_\_\_\_\_

Sales total: \$10470.00  
Sales tax: 800.96  
**TOTAL: \$11270.96**

3 - Statement 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!

Invoice: 10213540

Special :  
Instructions :  
Sale rep # : WAYNE WAYNE STANLEY  
Time: 14:37:37  
Ship Date: 07/17/14  
Invoice Date: 07/29/14  
Due Date: 08/08/14

Acct rep code:  
Sold To: ROGER KENT  
22082 NE NEOSHO RD  
GARNETT, KS 66032  
Ship To: 2X12.5X5  
(785) 448-6995  
NOT FOR HOUSE USE  
(785) 448-6995

Customer #: 0000357 Order By:

RTN  
T 131

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Uom	PRICE	EXTENSION
30.00	P	PC	T21212	1249.5792	PRESSURE TREATED-#2 X 12 X 12'	1249.5792	899.70	
10.00	P	PC	T5516	1064.7011	PRESSURE TREATED-#2 X 5 X 16' CCA	1064.7011	354.90	

FILLED BY: \_\_\_\_\_ CHECKED BY: \_\_\_\_\_ DATE SHIPPED: \_\_\_\_\_ DRIVER: \_\_\_\_\_

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

Taxable: 1254.60  
Non-taxable: 0.00  
Tax #: \_\_\_\_\_

Sales total: \$1254.60  
Sales tax: 102.25  
**TOTAL: \$1356.85**

1 - Merchant Copy

