



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226485
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: _____



1226485

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

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: _____ _____
--	---	---

R J Enterprises
22082 NE Neosho Rd
Garnett, KS 66032

Patton 13-A

Start 9-4-14

Finish 9-9-14

3	soil	3	
3	clay/rock	6	
11	lime	17	
81	shale	98	
9	lime	107	
6	shale	113	
43	lime	156	
7	shale	163	
9	lime	172	
4	shale	176	
25	lime	201	
182	shale	383	
16	lime	399	
55	shale	454	
29	lime	483	
28	shale	511	
11	lime	522	
13	shale	535	
7	lime	542	
9	shale	551	
6	lime	557	
30	shale	587	
4	sandy shale	591	
18	sand	609	show
12	oil sand	621	good show
7	dk sand	628	show
72	shale	700	
10	Bkn sand	710	good show
35	shale	745	
6	oil sand	751	good show
30	shale	781	T.D.

set 20' 7"

ran 773.6' of 2 7/8

cemented to surface 78 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: 10214655
 Special : Time: 16:15:52
 Instructions : Ship Date: 08/14/14
 Invoice Date: 08/14/14
 Due Date: 09/09/14
 Sales rep #: MIKE
 Acct rep code:
 Sold To: ROGER KENT
 22082 NE NEOSHIO RD
 GARNETT, KS 66032
 Ship To: ROGER KENT
 (785) 448-6995 NOT FOR HOUSE USE
 (785) 448-6995
 Customer #: 0000357 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Priced/Um	PRICE	EXTENSION
18.00	P	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	270.00	
540.00	P	BAG	CPPC	PORTLAND CEMENT-94#	10.9900 BAG	10.9900	5924.80	
FILED BY: ANDERSON COUNTY						Sales total		\$6204.60
CHECKED BY: _____						Taxable		6204.60
DATE SHIPPED: _____						Non-taxable		0.00
DRIVER: _____						Sales tax		474.86
SHIP VIA: ANDERSON COUNTY						TOTAL		\$6679.26
RECEIVED COMPLETE AND IN GOOD CONDITION						Tax #		
X								



1 - Merchant Copy

0 0 7 0 5 P 0 0 1 0 K 7 9 S 3 T *

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

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

Page: 1 Invoice: 10214656
 Special : Time: 16:16:19
 Instructions : Ship Date: 08/14/14
 Invoice Date: 08/14/14
 Due Date: 09/09/14
 Sales rep #: MIKE
 Acct rep code:
 Sold To: ROGER KENT
 22082 NE NEOSHIO RD
 GARNETT, KS 66032
 Ship To: ROGER KENT
 (785) 448-6995 NOT FOR HOUSE USE
 (785) 448-6995
 Customer #: 0000357 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Priced/Um	PRICE	EXTENSION
-33.00	P	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	-495.00	
FILED BY: ANDERSON COUNTY						Sales total		\$-495.00
CHECKED BY: _____						Taxable		-495.00
DATE SHIPPED: _____						Non-taxable		0.00
DRIVER: _____						Sales tax		-37.87
SHIP VIA: ANDERSON COUNTY						TOTAL		\$-532.87
RECEIVED COMPLETE AND IN GOOD CONDITION						Tax #		
X								



1 - Merchant Copy

0 0 7 0 5 0 0 0 1 2 A C H 5 0 0 *