



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226590
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: _____



1226590

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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R J Enterprises
22082 NE Neosho Rd
Garnett, KS 66032

Start 9-15-14

Finish 9-16-14

Welsh, B #17

2	soil	2	
2	clay/rock	4	
14	lime	18	
81	shale	99	
5	lime	104	
8	shale	112	
38	lime	150	
8	shale	158	
6	lime	164	
7	shale	171	
30	lime	201	
178	shale	379	
17	lime	396	
50	shale	446	
31	lime	477	
26	shale	503	
11	lime	514	
10	shale	524	
7	lime	531	
5	shale	536	
8	lime	544	
30	shale	574	
16	sandy shale	590	
15	sand	605	
8	oil sand	613	good show
3	Dk sand	616	show
94	shale	710	
13	sandy shale	723	odor
8	Bkn sand	731	show
14	oil sand	745	good show
12	Dk sand	757	show
23	shale	780	T.D.

Surface set 20' of 7"
Production 774' of 2 7/8"
cemented to surface with
78 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: 10215433

Special :

Time: 15:19:55

Instructions :

Ship Date: 09/04/14

Sale rep #: MIKE

Acct rep code:

Invoice Date: 09/04/14

Due Date: 10/08/14

Sold To: ROGER KENT

22082 NE NEOSHO RD

GARNETT, KS 66032

Ship To: ROGER KENT
NOT FOR HOUSE USE

(785) 448-6995

Customer #: 0000357

Customer PO:

Order By:

Customer PO:

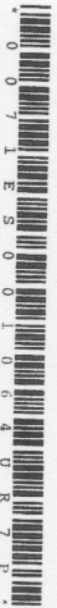
Order By:

RTM
11/14

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTENSION
18,000	18.00	P	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	270.00
540,000	540.00	P	BAG	CPPC	PORTLAND CEMENT-94#	10.9900 BAG	10.9900	5934.60

FILLED BY: _____ CHECKED BY: _____ DATE SHIPPED: _____ DRIVER: _____
SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION _____
Taxable: 6204.60
Non-taxable: 0.00
Sales tax: 474.66
TOTAL \$6679.26

3 - Statement Copy



* 0 0 7 1 E S 0 0 1 0 6 4 U R 7 P *

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: 10215607

Special :

Time: 13:01:33

Instructions :

Ship Date: 09/09/14

Sale rep #: JIM

Acct rep code:

Sold To: ROGER KENT

22082 NE NEOSHO RD

GARNETT, KS 66032

Customer PO:

Order By:

Customer #: 0000357

Customer PO:

Order By:

Customer PO:

RTM
11/14

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTENSION
560,000	560.00	P	BAG	CPFA	FLY ASH MIX 90 LBS PER BAG	7.5900 BAG	7.5900	4250.40
14,000	14.00	P	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	210.00

FILLED BY: _____ CHECKED BY: _____ DATE SHIPPED: _____ DRIVER: _____
SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION _____
Taxable: 4460.40
Non-taxable: 0.00
Sales tax: 341.23
TOTAL \$4901.63

3 - Statement Copy



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