Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1226592

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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 Approved by: Date:

	Page Two	1226592
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No			on (Top), Depth ai		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-	conductor, surface, inte	rmediate, product	ion, 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 / SQU	EEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives	
Protect Casing							

Did you perform a hydrauli	c fracturing treatment	on this well?	Yes	No	(If No, skip questions 2 and 3)	
Plug Off Zone						
Periorate Protect Casing Plug Back TD						

Yes

Yes

· · · · · · · · · · · · · · · · · · ·
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?

No (If No, skip question 3)

No (If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION Specify For		RD - Bridge P Each Interval I		е			ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Siz	re:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed	Producti	on, SWD or ENHF	ł.	Producing N	lethod:	oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	S.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
				1		I				
DISPOSITI	_	-			_				PRODUCTION IN	TERVAL:
Vented Solo	u∐ t	Jsed on Lease		Open Hole	Perf.	Uually (Submit)		Commingled (Submit ACO-4)		
(If vented, Su	bmit ACO	-18.)		Other (Specify)				· · ·		

R J Enterprises 22082 NE Neosho Rd Garnett, KS 66032

Start 9-16-14 Finish 9-17-14

Welsh, B #18

1	soil	1	
3	clay/rock	4	
10	lime	14	
78	shale	92	
9	lime	101	
7	shale	108	Sı
38	lime	146	Pr
9	shale	155	се
6	lime	161	
7	shale	168	
30	lime	198	
178	shale	376	
15	lime	391	
51	shale	442	
31	lime	473	
26	shale	499	
12	lime	511	
14	shale	525	
8	lime	533	
7	shale	540	
6	lime	546	
160	shale	706	
4	sandy shale		odor
9	Bkn sand	719	show
22	oil sand	741	good show
6	Dk sand	747	show
30	shale	777	T.D.

Surface set 20' of 7" Production 771' of 2 7%" cemented to surface with 78 sxs

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	TOTAL	0.00 Sales tax	80	Sales total			om PRICE			Due Date: 10/08/14	0	Time: 15:19:55	Invoice: 10215433	Statement Copy INVOICE PLEASE REFER TO INVOICE NUMBER ON ALL CORRESPONDENCE
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	N 0454505544 00555	X Tax #	ANDERSON COUNTY	FILLED BY CHECKED BY DATE SHIPPED	14.00 HAUG UPPA HAUG P PL CPMP MONARCH PALLET NONARCH PALLET	SROOD SROOD BAD COSA FIXADA COSA A COMPTION AIL Price/Upom P	Customer #: 0000357 Customer PO:		SHO RD 66032	JIM	ns	Invoice: 102		GARNETT TRUE VALUE HOMECENTER 410 N Maple Garnett, K56032 {785} 448-7106 FAX (785) 448-7135