



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1229176
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: _____



1229176

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> _____	PRODUCTION INTERVAL: _____ _____
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Oil Patch Pump & Supply, Inc.
 Osawatomie Store
 P.O. Box 591
 CHANUTE, KS 66720

DATE: 03/06/2014 TIME: 12:26:37
 ACCT NO: 1CJR TERMS: 10%20Net31
 SLS ID/REP: KL / JOB:
 PO NUM: CROUCH
 SHIP VIA: Delivery

Phone: (620)431-1890 Fax: (620)431-6251
 BILLED AT OSAWATOMIE, KS LOCATION OSA

TAX EXEMPT#:
 PAGE: 1
 ORDER: 418253
 INVOICE: 421240

SOLD TO:
 CJR Oil Co.
 6420 Sierra Drive S.E.
 LACEY, WA 98503

SHIP TO:
 CJR Oil Co.
 TICKET # 52956 OSA
 2-28-14
 LACEY, WA 98503

I N V O I C E

PH: (360)701-0522
 FAX:

PL	ITEM NUMBER	DESCRIPTION	*-----QUANTITY-----*			YOUR PRICE	EXT AMOUNT
			ORDERED	SHIP	B/O		
	CMT-PRT	CEMENT STD TYPE 1 94 LB BAG	60	60		16.25	975.00 Y
	4307GBSRIIBB	METER SRII WATER 5/8" x 3/4" SENSUS	1	1		98.73	98.73 Y
	B1125FE	REDUCER STD BLK 1" X 3/4"	1	1		3.83	3.83 Y
	T105/8MS	NEPTUNE SPUD W/NUT F/5/8x3/4 METER COUPLING	2	2		23.84	47.68 Y

** Spec Inst: E-MAIL STATEMENTS AND INVOICES

www.oilpatchpump.com
 THANK YOU FOR YOUR BUSINESS

Pay \$1090.19 if paid by 04/20/14. Total due by 04/30/14.

WEIGHT: .00 TAXABLE: 1125.24
 TENDER: .00 CH NON-TAX: .00
 CHANGE: .00 LABOR: .00

SUB TOTAL: 1125.24
 FREIGHT: .00
 TAX: 86.08
 INV TOTAL: 1211.32

7 OSA OSA

No. 52956 O



OIL PATCH PUMP & SUPPLY INC.

OIL COUNTRY & INDUSTRIAL SUPPLY HOUSE
 P.O. BOX 591 CHANUTE, KANSAS 66720 620-431-1890
 CHANUTE: 1-800-279-0116 OSAWATOMIE: 1-800-432-0217
 INDEPENDENCE: 1-620-331-4580 IOLA: 1-620-365-5265
 MADISON: 1-620-437-2100 WELLSVILLE: 1-785-883-4500

www.oilpatchpump.com

SOLD TO CJR OIL CO
6320 S. ERRA CR V. S.T.
LACEY WA 98501
(360) 73 2222

DATE 2-28-14	CUSTOMER P.O.	
DELIVERED X	PICK-UP	
CHARGE X	CASH	RETURN
		QUOTE 419,253 418,245

QUANTITY	DESCRIPTION	PART #	UNIT LIST PRICE	DISC.	AGREED TERMS	AMOUNT
60	94# bags Portland cement	CMT-PRT				
1	Seasus Water meter	43076BSR-IBB				
1	1x 3/4 std b/k bell reducer	B1125FE				
2	Neptune meter spud w/hut	770518M5				
					SUBTOTAL	
					SALES TAX	
					TOTAL	

RECEIVED BY: *JB*
 LOCATION: *Crouch*
 COUNTY: *WILLIAMS*

QUALITY OF USED PRODUCTS ARE BASED ON GOOD FAITH OPINION ONLY WITHOUT WARRANTIES OR GUARANTIES OF ANY KIND.
 FORMAL ACCOUNTING WILL BE MADE ON ALL PRICES IN EFFECT AT TIME OF MACHINE BILLING.