



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1233744
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: _____



1233744

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: 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE



Last Fracture Date:	10/31/2014
County:	Linn
API Number (14 Digits):	15-107-25068-0000
Operator Name:	J & J Oil Company
Well Name and Number:	Person I-23
Latitude:	N 38.19737
Longitude:	W 094. 50300
Datum:	
Production Type:	Injection
True Vertical Depth (TVD):	230
Total Base Fluid Volume (gal)*:	3360

Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address and Phone Number
					Gel 5 gallons	80 BLS water	Morvell Co. Inc.
					22.7 KG		4002 Liberty Bell Road
					8 sacks 20-40 silica sand		Fort Scott, Kansas 66701
					5 sacks 16-30 sand		

Ingredients shown above are subject to 29 CFR 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS.

*Total Water Volume sources may include fresh water, produced water, and/or recycled water. **Information is based on the maximum potential for concentration and thus the total may be over 100%.
 Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers' Material Safety Data Sheets (MSDS).

CASING MECHANICAL INTEGRITY TEST

Disposal Well Enhanced Recovery:
 NW-0P
 Repressuring
 Flood
 Tertiary

Date injection started _____
 API #15- 107-25068

GPS: _____ DOCKET# E-12,025
SW NE NW, Sec 11, T 20 S, R 23 EW
 _____ 4585 *Feet from South Section Line
 _____ 3567 Feet from East Section Line
 Lease PERSON Well # I-23
 County LENN

Operator: J & J OIL CO.
 Name & Address 15518 E 850 TH RD.
MOUND CITY, KS 66056-6200

Operator License# 6157
 Contact Person DARRELL JACKSON
 Phone 913-795-2564

Max. Auth. Injection Press _____ Psi; Max Inj. Rate _____ bbl/d;
 If Dual Completion - Injection above production _____ Injection below production _____

Size	Conductor	Surface	Production	Liner	Size	Tubing
Set at	_____	<u>7"</u>	<u>4 1/2"</u>	_____	_____	_____
Cement Top	_____	<u>22'</u>	<u>230'</u>	_____	_____	_____
" Bottom	_____	<u>circ.</u>	<u>circ.</u>	_____	_____	_____
DV/Perf.	_____	<u>22'</u>	<u>230'</u>	_____	_____	_____

TD (and plug back) 235' ft. depth
 Packer type _____ Size _____ Set at _____
 Zone of injection _____ ft. to ft. Perf. or open hole _____

Type MIT: Pressure: Radioactive Tracer Survey: Temperature Survey:

F I E L D D A T A
 Time: Start 10 Min 20 Min 30 Min
 Pressures: 150 150 150 Set up 1 System Pres. during test _____
 Set up 2 Annular Pres. during test _____
 Set up 3 Fluid loss during test _____

Received
 KANSAS CORPORATION COMMISSION
 NOV 24 2014
 bbls.
 CONSERVATION DIVISION
 WICHITA, KS

Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone in shut in with PRESSURE TEST (RUBBER PLUG)
 Test Date 10/7/2014 Using CO. TOOLS Company's Equipment _____

The operator hereby certifies that the zone between Ø feet and 230 feet
 was the zone tested Darrell Jackson Signature OWNER - Partner Title

The results were Satisfactory Marginal _____ Not Satisfactory _____
 State Agent: R. Du Title: PIRT Witness: YES NO _____

REMARKS: PRESSURE CASING TO 150# WELL NOT PERFORATED. **SCANNED**
 Organ. Conservation Div.: KDHE/T: MF Dist. Office OCT 13 2014
 Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N)

GPS Lat 38.32892507 GPS Long -94.83825537 (If YES please describe in REMARKS)
 KCC Form U-7

INVOICE

5/22/2014 11:21:56 Page: 1

DELIVER TO:

001049
J & J OIL
MOUND CITY, KANSAS 66056
Phone: _____ Fax: _____

Coleman Hardware LLC
 505 Main St.
 P.O. Box 326
 Mound City, KS 66056
 Phone: 913-795-2895
 Fax: _____
 A.C.N.

Invoice No: 223349 Order No: OIL P/Q No: _____ Tax No: _____ Date Due: 6/30/2014 Processed: 5/17/2014 2:10:58PM

Code	Description	Qty	Unit	Price	Discount	Amount
MD	92.6 LB. ASH GROVE PORTLAND CEMENT	245.00	Each	\$9.05		\$2,217.25
MD	CONCRETE PALLETS	7.00	Each	\$1.00		\$7.00
MD	SHRINK WRAP PER PALLET	7.00	Each	\$5.00		\$35.00
FRT	Freight	1.00	Display Pack	\$25.15		\$25.15

Received
 KANSAS CORPORATION COMMISSION
NOV 24 2014
 CONSERVATION DIVISION
 WICHITA, KS

Salesperson: Administrator

Total Sales Tax: \$163.33

Comments:

Total:

\$2,447.73

Signature: *Paul Jackson*

J&J OIL COMPANY
MOUND CITY KANSAS
913-795-2426 OR 2586

LEASE: Person OPERATOR: J & J Oil Company API NO: 15-10725068 0000

CONTRACTOR: Company, Tools DATE STARTED: Sept 17 DATE COMP: Sept 18-2014

TOTAL DEPT: 230 Feet WELL NO: I-23 HOLE SIZE: 6 1/4"

SURFACE PIPE: 7" 22.50' SURFACE BIT: 8 3/4 SACKS OF CEMENT: 7

DEPTH OF SEAT NIPPLE: _____ PUG PACKER AT: Set Threw

LENGHT AND SIZE OF CASING: 230' 4 1/2 SACKS OF CEMENT: 25 Sacks

LEGAL DISCRPTION:

SEC: 11 TWP: 20 RANGE: 23E
COUNTY: Linn

THICKNESS/DEPT	TYPE OF FORM.	THICKNESS/DEPT	TYPE OF FORM.
0-1	Top Soil		
2-3	Lime		
1-4	Clay		
1-5	Shale		
24-29	Lime		
7 -36	Shale		
15-51	Lime		
5- 56	Shale		
3-59	Lime		
122-181	Shale		
9-- 190	Red Bed		
6 - 196	Shale		
2 - 198	Red Bed		
5 - 203	Shale		
10- 213	Oil Sand		
10- 230	Sandy Shale		
TD -230 Feet			

Received
KANSAS CORPORATION COMMISSION
NOV 24 2014
CONSERVATION DIVISION
WICHITA, KS