



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1233750  
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: \_\_\_\_\_



1233750

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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CASING MECHANICAL INTEGRITY TEST

DUCKET# C-12025

✓ GPS:

Disposal Well  Enhanced Recovery:  
NW-OP Repressuring   
Flood   
Tertiary

NW NE NW , Sec 11 , T 20 S, R 23 W  
4678 Feet from South Section Line  
3712 Feet from East Section Line  
Lease PERSON Well # I-25  
County LINN

Date injection started \_\_\_\_\_  
API #15- 107-25069

Operator: J & J DIL Co.  
Name & Address 15518 E. 850TH RD.  
MOUND CITY, KS 66056

Operator License# 6157  
Contact Person DARRELL JACKSON  
Phone 413-795-2564

Max. Auth. Injection Press \_\_\_\_\_ Psi; Max Inj. Rate \_\_\_\_\_ bbl/d;  
If Dual Completion - Injection above production \_\_\_\_\_ Injection below production \_\_\_\_\_  
Conductor Surface Production Liner Tubing  
Size \_\_\_\_\_ 7" \_\_\_\_\_ 4 1/2" \_\_\_\_\_ Size \_\_\_\_\_  
Set at \_\_\_\_\_ 22' \_\_\_\_\_ 276' \_\_\_\_\_ Set at \_\_\_\_\_  
Cement Top \_\_\_\_\_ circ. \_\_\_\_\_ circ. \_\_\_\_\_ Type \_\_\_\_\_  
" Bottom \_\_\_\_\_ 22' \_\_\_\_\_ 276' \_\_\_\_\_  
DV/Perf. \_\_\_\_\_ TD (and plug back) 280' \_\_\_\_\_ 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 Time: Start 10 Min 20 Min 30 Min

E Pressures: 170 170 170 Set up 1 System Pres. during test \_\_\_\_\_  
L \_\_\_\_\_ Set up 2 Annular Pres. during test \_\_\_\_\_  
D \_\_\_\_\_ Set up 3 Fluid loss during test \_\_\_\_\_ bbls.

T 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 COI TOOLS Company's Equipment \_\_\_\_\_  
The operator hereby certifies that the zone between Ø feet and 276 feet  
was the zone tested Darrell Jackson Signature Title

The results were Satisfactory  Marginal \_\_\_\_\_ Not Satisfactory \_\_\_\_\_  
State Agent: L. Sh... Title: PIRT Witness: YES  NO \_\_\_\_\_

REMARKS: PRESSURE CASING TO 170# WELL NOT PERFORATED.

Organ. Conservation Div.:  KDHE/T: ME  Dist. Office  
 Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N)

GPS Lat 38.32917888 GPS Long -94.83876047

SCANNED  
OCT 13 2014  
KCC Form U-7

# INVOICE

# REPRINT

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

007049

DELIVER TO:

Coleman Hardware LLC

INVOICE TO:  
J & J OIL

Received  
KANSAS CORPORATION COMMISSION

505 Main St  
P.O. Box 326  
Mound City, KS 66056

MOUND CITY, KANSAS 66056

NOV 24 2014

Phone: 913-795-2895  
Fax:

Phone: Fax:

CONSERVATION DIVISION  
WICHITA, KS

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

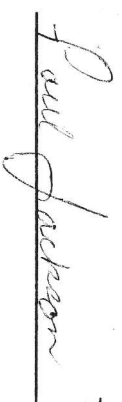
Code	Description	Qty	Unit	Price	Discount	Amount
MD	92.6 LB. ASH GROVE PORTLAND CEMENT	245.00	Each	\$9.05		\$2,217.25
MD	CONCRETE PALLETS	7.00	Each	\$1.00		\$7.00
MD	SHRINK WRAP PER PALLET	7.00	Each	\$5.00		\$35.00
FRT	Freight	1.00	Display Pack	\$25.15		\$25.15

Salesperson: Administrator

Total Sales Tax: \$163.33

Comments:

Signature:



Total: \$2,447.73

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

LEASE: PERSON OPERATOR: J & J OIL CO. API NO: 15-107,25069-00

CONTRACTOR: Company Tools DATE STARTED: Sept23-2014 DATE COMP: Sept23-2014

TOTAL DEPT: 279' WELL NO: I-25 HOLE SIZE: 6 1/4"

SURFACE PIPE: 23' 7" SURFACE BIT: 8 3/4 SACKS OF CEMENT: 5

DEPTH OF SEAT NIPPLE: \_\_\_\_\_ RAG PACKER AT: No set through

LENGHT AND SIZE OF CASING: 4 1/2 276.94 SACKS OF CEMENT: 30 sacks

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

THICKNESS/DEPT	TYPE OF FORM.	THICKNESS/DEPT	TYPE OF FORM.
0-1	Topsoil	12-236	shale
2-3	Clay	8-244	sandy lime
1-4	Slate	8-252	shale
23-27	lime	20-272	
7-34	shale	279 TD	
4-38	lime		
5-43	shale		
7-50	lime		
5-55	shale		
3-58	lime		
123-181	shale		
6-187	redbed		
7-194	shale		
1-195	redbed		
3-198	shale		
11-209	oilsand		
12-221	sandy-shale-lime		
2-223	shale		
1-224	lime		

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