



1240170

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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R J Enterprises
22082 NE Neosho Rd
Garnett, KS 66032

Ingwerson 3-A

Start 12-11-14

Finish 12-18-14

7	soil	7	
13	clay/rock	20	
21	shale	41	
17	lime	58	
183	shale	241	
44	lime	285	
16	shale	301	
48	lime	349	
72	shale	421	
57	lime	478	
27	shale	505	
11	lime	516	
13	shale	529	
14	lime	543	
18	shale	561	
59	lime	620	
9	shale	629	
11	lime	640	
9	shale	649	
18	lime	667	
165	shale	832	
31	lime	863	
59	shale	922	
36	lime	958	
9	shale	967	
14	lime	981	
6	shale	987	
6	lime	993	
6	shale	999	
7	lime	1006	
33	shale	1039	
2	sandy shale	1041	odor
11	oil sand	1052	good show
2	Dk sand	1054	
28	shale	1082	T.D.

set 40' of 7"
ran 1074.6 of 2 7/8
cemented to surface
102 sxs total

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: 10218546
Time: 11:17:13
Ship Date: 12/02/14
Invoice Date: 12/02/14
Due Date: 01/02/15
Sales rep code: Acct rep code:
Ship To: ROGER KENT
22082 NE NEOSHO RD
GARNETT, KS 66032
Customer #: 0000357
Customer PO: (785) 448-6095
Order By:

ORDER	SHIP	L	UM	ITEM	DESCRIPTION	All Price/Usm	PRICE	EXTENSION	MTN
18.00	18.00	P	PL	CRMP	MONARCH PALETT	15.0000	15.0000	270.00	
540.00	540.00	P	BAG	CPCC	PORTLAND CEMENT 94#	10.9900	10.9900	5934.60	
						Sales total		\$6204.60	
						Taxable		6204.60	
						Non-taxable		0.00	
						Sales tax		474.86	
						TOTAL		\$6679.26	

3 - Statement Copy



0 0 7 6 L B 0 0 1 1 0 F U 3 R A *

GARNETT TRUE VALUE HOMECENTER

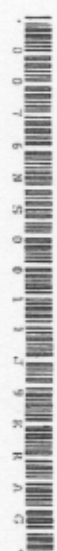
410 N Maple
Garnett, KS 66032
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INVOICE
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Page: 1
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Time: 12:32:41
Ship Date: 12/02/14
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Sales rep code: Acct rep code:
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22082 NE NEOSHO RD
GARNETT, KS 66032
Customer #: 0000357
Customer PO: (785) 448-6095
Order By:

ORDER	SHIP	L	UM	ITEM	DESCRIPTION	All Price/Usm	PRICE	EXTENSION	MTN
3.00	3.00	P	PC	CUV A	DBL BUBBLE INSULATION 4X125'	152.9900	152.9900	458.97	
						Sales total		\$458.97	
						Taxable		458.97	
						Non-taxable		0.00	
						Sales tax		37.41	
						TOTAL		\$496.38	

1 - Merchant Copy



0 0 7 6 M S 0 0 1 1 9 R A G *