



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1248884  
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: \_\_\_\_\_



1248884

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

<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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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R J Enterprises  
22082 NE Neosho Rd  
Garnett, KS 66032

## Fundis 12-A

Start 4-8-15

Finish 4-10-15

8	soil	8	
22	clay/gravel	30	
73	shale	103	
23	lime	126	
9	shale	135	
46	lime	181	
90	shale	271	
67	lime	338	
37	shale	375	
11	lime	386	
17	shale	403	
5	lime	408	
36	shale	444	
65	lime	509	
4	shale	513	
48	lime	561	
171	shale	732	
30	lime	762	
65	shale	827	
38	lime	865	
3	shale	868	
32	lime	900	
3	shale	903	
3	lime	906	
4	shale	910	
7	lime	917	
27	shale	944	
1	sandy shale	945	odor
12	oil sand	957	good show
1	Dk sand	958	show
50	shale	1008	T.D.

set 40' of 7"  
ran 1002.4' of 2 7/8  
cemented to surface  
96 sxs

**GARNETT TRUE VALUE HOMECENTER**  
 4101 N. Verde  
 Chandler, AZ 85002  
 (PHX) 480-7190-1188 (PHX) 480-7190

Statement Copy  
**INVOICE**  
 10/27/2007

Page 1  
 Invoice: 10220878  
 Order # :  
 Order Date: 09/26/07  
 Order Desc: 09/26/07  
 Bill Date: 09/26/07  
 Bill To: COONTS  
 Ship To: BOONTS  
 Ship To: BOONTS  
 2000 N. WILSON RD  
 CHANDLER, AZ 85002  
 Ship To: BOONTS  
 170-48-0268

ORDER	SHIP TO USE	ITEM	DESCRIPTION	ADDITIONAL	PRICE	EXTENSION
1100	1800 P PL	CRAP	PROBONTS PALLET	14.0000 m	14.0000	2800.00
20100	20100 P BAO	CRAP	PROBONTS PALLET	11.0000 m	11.0000	2200.00
					<b>TOTAL</b>	<b>5000.00</b>

SHIP TO: BOONTS  
 170-48-0268  
 ORDER # :  
 ORDER DATE: 09/26/07  
 ORDER DESC: 09/26/07  
 BILL DATE: 09/26/07  
 BILL TO: COONTS  
 SHIP TO: BOONTS  
 2000 N. WILSON RD  
 CHANDLER, AZ 85002  
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 170-48-0268

3 - Statement Copy

**GARNETT TRUE VALUE HOMECENTER**  
 4101 N. Verde  
 Chandler, AZ 85002  
 (PHX) 480-7190-1188 (PHX) 480-7190

Statement Copy  
**CREDIT INVOICE**  
 10/27/2007

Page 1  
 Invoice: 10220880  
 Order # :  
 Order Date: 09/26/07  
 Order Desc: 09/26/07  
 Bill Date: 09/26/07  
 Bill To: COONTS  
 Ship To: BOONTS  
 Ship To: BOONTS  
 2000 N. WILSON RD  
 CHANDLER, AZ 85002  
 Ship To: BOONTS  
 170-48-0268

ORDER	SHIP TO USE	ITEM	DESCRIPTION	ADDITIONAL	PRICE	EXTENSION
210	1200 P PL	CRAP	PROBONTS PALLET	14.0000 m	14.0000	-2800.00
					<b>TOTAL</b>	<b>-2800.00</b>

SHIP TO: BOONTS  
 170-48-0268  
 ORDER # :  
 ORDER DATE: 09/26/07  
 ORDER DESC: 09/26/07  
 BILL DATE: 09/26/07  
 BILL TO: COONTS  
 SHIP TO: BOONTS  
 2000 N. WILSON RD  
 CHANDLER, AZ 85002  
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 170-48-0268

3 - Statement Copy