



1248885

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

Fundis 3-A

Start **3-2-15**

Finish **3-11-15**

8	soil	8	
23	clay/gravel	31	
72	shale	103	
19	lime	122	
14	shale	136	
42	lime	178	
94	shale	272	
65	lime	337	
33	shale	370	
14	lime	384	
20	shale	404	
7	lime	411	
29	shale	440	
73	lime	513	
7	shale	520	
48	lime	568	
164	shale	732	
30	lime	762	
63	shale	825	
34	lime	859	
11	shale	870	
29	lime	899	
4	shale	903	
5	lime	908	
6	shale	914	
5	lime	919	
24	shale	943	
2	sandy shale	945	show
11	oil sand	956	good show
1	Dk sand	957	show
30	shale	987	T.D.

set 40' of 7"
ran 981.8 of 2 7/8
cemented to surface
96 sxs

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garner, NC 27520
 (703) 482-7100 Fax (703) 482-7108

Merchant Copy
INVOICE
 Merchandise Receipt
 No. 10220491

Page 1 Invoice: 10220491
 Date: 02/24/02
 Time: 02:00 PM
 Location: GARNETT TRUE VALUE HOMECENTER
 Cashier: JIM
 Order #: 0220491
 Order Total: \$2,500.00
 Cash: \$2,500.00
 Tender: \$2,500.00
 Change: \$0.00

QTY	ITEM	DESCRIPTION	UNIT PRICE	EXTENSION
1	1500 P GAL	1500 P GAL	1.5000	15.0000
1	1500 P L	1500 P L	10.0000	10.0000
		Grand Total		25.0000

SALES TAX	1.0000	\$0.25
REGISTRATION	0.0000	\$0.00
REBATE	0.0000	\$0.00
DISCOUNT	0.0000	\$0.00
TOTAL		\$25.25



3 - Statement Copy

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garner, NC 27520
 (703) 482-7100 Fax (703) 482-7108

Merchant Copy
INVOICE
 Merchandise Receipt
 No. 102200245

Page 1 Invoice: 102200245
 Date: 02/24/02
 Time: 02:00 PM
 Location: GARNETT TRUE VALUE HOMECENTER
 Cashier: JIM
 Order #: 0220245
 Order Total: \$1,500.00
 Cash: \$1,500.00
 Tender: \$1,500.00
 Change: \$0.00

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1 - Merchant Copy