



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1248892
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: _____



1248892

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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**R J Enterprises
22082 NE Neosho Rd
Garnett, KS 66032**

Fundis 8-A

Start 3-27-15

Finish 3-31-15

8	soil	8	
23	clay/rock	31	
67	shale	98	
21	lime	119	
10	shale	129	
47	lime	176	
94	shale	270	
68	lime	338	
34	shale	372	
12	lime	384	
20	shale	404	
7	lime	411	
24	shale	435	
75	lime	510	
6	shale	516	
46	lime	562	
174	shale	736	
32	lime	768	
55	shale	823	
36	lime	859	
14	shale	873	
23	lime	896	
3	shale	899	
3	lime	902	
7	shale	909	
5	lime	914	
32	shale	946	
2	sandy shale	948	odor
10	oil sand	958	good show
2	Dk sand	960	show
24	shale	984	T.D.

**set 40' of 7"
ran 978.5' of 2 7/8
cemented to surface
96 sxs**

GARNETT TRUE VALUE HOMECENTER

4101 N. Wadley
Garnett, MO 65030
(766) 440-7190 Fax (766) 440-7195

Statement Copy
INVOICE
Thank you for your purchase!
GTC010000000000000000000000

Invoice: 1022100079

Page: 1
 System: 1
 Operator: 1
 Date: 10/20/07
 Dept: 1000
 Job to: BOONVILLE
 2000 N. WADLEY RD
 GARNETT, MO 65030
 Pay to: BOONVILLE
 1700 W. 9TH ST
 BOONVILLE, MO 65013
 Tax: 00.0000
 Tax Code: 00.0000
 Item Code: 00.0000
 Unit Code: 00.0000
 Qty: 1
 Price: 11.0000
 Amount: 11.0000

ORDER	SHIP	ITEM	DESCRIPTION	QUANTITY	PRICE	EXTENSION
1100	1000	P PL	WOODEN PALLET	11.0000	11.0000	121.0000
1100	1000	P PL	WOODEN PALLET	11.0000	11.0000	121.0000
						TOTAL 242.00

Order No: 1022100079
 Order Date: 10/20/07
 Order Total: 242.00
 Tax: 0.00
TOTAL 242.00

3 - Statement Copy

GARNETT TRUE VALUE HOMECENTER

4101 N. Wadley
Garnett, MO 65030
(766) 440-7190 Fax (766) 440-7195

Statement Copy
CREDIT INVOICE
Thank you for your purchase!
GTC010000000000000000000000

Invoice: 1022100080

Page: 1
 System: 1
 Operator: 1
 Date: 10/20/07
 Dept: 1000
 Job to: BOONVILLE
 2000 N. WADLEY RD
 GARNETT, MO 65030
 Pay to: BOONVILLE
 1700 W. 9TH ST
 BOONVILLE, MO 65013
 Tax: 00.0000
 Tax Code: 00.0000
 Item Code: 00.0000
 Unit Code: 00.0000
 Qty: 1
 Price: -11.0000
 Amount: -11.0000

ORDER	SHIP	ITEM	DESCRIPTION	QUANTITY	PRICE	EXTENSION
1200	1200	P PL	WOODEN PALLET	11.0000	-11.0000	-121.0000
						TOTAL -121.00

Order No: 1022100080
 Order Date: 10/20/07
 Order Total: -121.00
 Tax: 0.00
TOTAL -121.00

3 - Statement Copy

