



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1248897  
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: \_\_\_\_\_



1248897

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

<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 10-A***

**Start 3-31-15**

**Finish 4-6-15**

<b>8</b>	<b>soil</b>	<b>8</b>	
<b>24</b>	<b>clay/rock</b>	<b>32</b>	
<b>63</b>	<b>shale</b>	<b>95</b>	
<b>22</b>	<b>lime</b>	<b>117</b>	
<b>9</b>	<b>shale</b>	<b>126</b>	
<b>46</b>	<b>lime</b>	<b>172</b>	
<b>93</b>	<b>shale</b>	<b>265</b>	
<b>68</b>	<b>lime</b>	<b>333</b>	
<b>35</b>	<b>shale</b>	<b>368</b>	
<b>12</b>	<b>lime</b>	<b>380</b>	
<b>20</b>	<b>shale</b>	<b>400</b>	
<b>7</b>	<b>lime</b>	<b>407</b>	
<b>40</b>	<b>shale</b>	<b>447</b>	
<b>68</b>	<b>lime</b>	<b>515</b>	
<b>4</b>	<b>shale</b>	<b>519</b>	
<b>46</b>	<b>lime</b>	<b>565</b>	
<b>175</b>	<b>shale</b>	<b>740</b>	
<b>29</b>	<b>lime</b>	<b>769</b>	
<b>56</b>	<b>shale</b>	<b>825</b>	
<b>38</b>	<b>lime</b>	<b>863</b>	
<b>14</b>	<b>shale</b>	<b>877</b>	
<b>23</b>	<b>lime</b>	<b>900</b>	
<b>4</b>	<b>shale</b>	<b>904</b>	
<b>4</b>	<b>lime</b>	<b>908</b>	
<b>4</b>	<b>shale</b>	<b>912</b>	
<b>3</b>	<b>lime</b>	<b>915</b>	
<b>35</b>	<b>shale</b>	<b>950</b>	
<b>1</b>	<b>sandy shale</b>	<b>951</b>	<b>odor</b>
<b>9</b>	<b>oil sand</b>	<b>960</b>	<b>good show</b>
<b>24</b>	<b>shale</b>	<b>984</b>	<b>T.D.</b>

**set 40' of 7"**  
**ran 979.9 of 2 7/8**  
**cemented to surface**  
**96 sxs**

# GARNETT TRUE VALUE HOMECENTER

4100 N. Wauke  
Garnett, MO 64850  
(800) 440-7100 Fax (766) 440-7135

Statement Copy  
**INVOICE**  
PRINTED BY: GARNETT TRUE VALUE  
GTTV.COM/STATEMENT

Invoice: 10250878

Page: 1  
Special :  
Description :  
Quantity: 1000  
Part to Report Item :  
2020 HE HONEY DO  
GARNETT, MO 64850

Ship to: 1000  
Lot: 000000  
Part to Report Item :  
2020 HE HONEY DO  
GARNETT, MO 64850

Buyer: 10250878  
Part: 000000  
Buyer: 000000  
Buyer: 000000  
Buyer: 000000  
Buyer: 000000

Quantity: 1000  
Quantity: 1000

ORDER	SHIP TO USE	ITEM	DESCRIPTION	APPROXIMATE	PRICE	EXTENSION
1100	1000 P PL	CRAP	PROBABLE PALLET	14.0000	14.0000	280.00
2000	2000 P BLD	CRAP	PROBABLE PALLET	11.0000	11.0000	220.00
					<b>TOTAL</b>	<b>500.00</b>

ORDER: 10250878  
SHIP TO: 1000  
ITEM: 1000 P PL  
DESCRIPTION: PROBABLE PALLET  
APPROXIMATE: 14.0000  
PRICE: 14.0000  
EXTENSION: 280.00

ORDER: 2000  
SHIP TO: 2000 P BLD  
ITEM: 2000 P BLD  
DESCRIPTION: PROBABLE PALLET  
APPROXIMATE: 11.0000  
PRICE: 11.0000  
EXTENSION: 220.00

TOTAL: 500.00

3 - Statement Copy



# GARNETT TRUE VALUE HOMECENTER

4100 N. Wauke  
Garnett, MO 64850  
(800) 440-7100 Fax (766) 440-7135

Statement Copy  
**CREDIT INVOICE**  
PRINTED BY: GARNETT TRUE VALUE  
GTTV.COM/STATEMENT

Invoice: 10250880

Page: 1  
Special :  
Description :  
Quantity: 1000  
Part to Report Item :  
2020 HE HONEY DO  
GARNETT, MO 64850

Ship to: 1000  
Lot: 000000  
Part to Report Item :  
2020 HE HONEY DO  
GARNETT, MO 64850

Buyer: 10250880  
Part: 000000  
Buyer: 000000  
Buyer: 000000  
Buyer: 000000

Quantity: 1000  
Quantity: 1000

ORDER	SHIP TO USE	ITEM	DESCRIPTION	APPROXIMATE	PRICE	EXTENSION
2100	1200 P PL	CRAP	PROBABLE PALLET	14.0000	14.0000	-280.00
					<b>TOTAL</b>	<b>-280.00</b>

ORDER: 10250880  
SHIP TO: 1200  
ITEM: 1200 P PL  
DESCRIPTION: PROBABLE PALLET  
APPROXIMATE: 14.0000  
PRICE: 14.0000  
EXTENSION: -280.00

ORDER: 2100  
SHIP TO: 1200 P PL  
ITEM: 1200 P PL  
DESCRIPTION: PROBABLE PALLET  
APPROXIMATE: 14.0000  
PRICE: 14.0000  
EXTENSION: -280.00

TOTAL: -280.00

3 - Statement Copy

