



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1251694
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: _____



1251694

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> _____	PRODUCTION INTERVAL: _____ _____
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WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 3728	API # 15-031-24126
Operator: Roger Kent dba RJ Enterprises	Lease: Ingwerson
Address: 22082 NE Neosho Rd Garnett, Ks. 66032	Well # SWS-2
Phone: 785-448-6995	Spud Date: 4/6/2015 Completed: 4/14/15
Contractor License: 33900	Location: Sec: 19 Twp: 22 S.R. 16
T.D. 1596 Bit Size: 7 7/8"	1489 Ft. from South line
Surface Pipe Size: 8 5/8" Surface Depth: 42'	609 Ft. from East line
Kind of Well: SWS	County: Coffey

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	8	Lime	925	931
Clay	8	16	Shale	931	955
Sandy clay	16	38	Lime	955	959
Shale	38	40	Shale	959	977
Lime	40	45	Lime	977	982
Shale	45	50	Shale	982	996
Lime	50	58	Lime	996	997
Shale	58	247	Shale	997	999
Lime	247	289	Lime	999	1004
Shale	289	315	Shale	1004	1009
Lime	315	367	Lime	1009	1012
Shale	367	371	Shale	1012	1047
Lime	371	378	Lime Cap	1047	1048
Shale	378	424	Shale	1048	1050
Lime	424	428	Lime	1050	1052
Shale	428	505	Oil Sand	1052	1064
Lime	505	521	Shale	1064	1114
Shale	521	526	Black Shale	1114	1117
Lime	526	536	Shale	1117	1358
Shale	536	545	Black Shale	1358	1364
Lime	545	549	Shale	1364	1390
Shale	549	553	Mississippi Lime	1390	1406
Lime	553	619	Lime Break	1406	1416
Shale	619	629	Hard Lime	1416	1520
Lime	629	646	Lime Break	1520	1525
Shale	646	653	Hard Lime	1525	1527
Lime	653	671	Lime Break	1527	1540
Shale	671	814	Hard Lime	1540	1548
Lime	814	817	Lime Break	1548	1563
Shale	817	837	Hard Lime	1563	1571
Lime	837	852	Lime Break	1571	1587
Shale	852	858	Hard Lime	1587	1596
Lime	858	863			
Shale	863	864			
Lime	864	869			
Shale	869	925			

Elite Cementing & Acidizing of KS, LLC

810 E 7th, PO Box 92
Eureka, KS 67045



Date	Invoice #
4/15/2015	2214

Job Date	4/14/2015
Lease Information	
Ingverson WSW #2	
County	Coffey
Foreman	SM

Bill To	
RJ Enterprises 22082 NE Nooko Rd Garnett, KS 66032	
Customer ID#	1092

*Pd 5-3-15
CK# 3112*

Item	Description	Qty	Rate	Amount
C102	Cement Pump-Loopring	1	1,050.00	1,050.00
C107	Pump Truck Mileage (one way)	40	3.95	158.00
C203	Promix Cement 60/40	280	12.75	3,570.00T
C206	Gel Bentonite	900	0.20	192.00T
C213	Cal-Seal (Dynoplast)	1,120	0.40	448.00T
C205	Calcium Chloride	480	0.60	288.00T
C208	Pheno Seal	500	1.35	700.00T
C108B	Ton Mileage-per mile (one way)	481.6	1.35	650.16
C113	80 Bbl Vac Truck	3	85.00	255.00
C113	80 Bbl Vac Truck	3	85.00	255.00
C324	City Water	6,000	0.01	60.00T
C404	5 1/2" Top Rubber Plug	1	70.00	70.00T
C761	5 1/2" Type B Basket Shoe	1	1,290.00	1,290.00T
C604	5 1/2" Cement Basket	2	225.00	450.00T

We appreciate your business!

Phone #	Fax #	E-mail
620-583-5561	620-583-5534	rene@elitecementing.com

Send payment to:
Elite Cementing & Acidizing of KS, LLC
PO Box 92
Eureka, KS 67045

Subtotal	\$9,436.16
Sales Tax (6.15%)	\$434.68
Total	\$9,870.84
Payments/Credits	\$0.00
Balance Due	\$9,870.84