



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1255355
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
-----------------------------------	-----------------	---

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: _____



1255355

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

R J Enterprises
22082 NE Neosho Rd
Garnett, KS 66032

Fundis 13-A

Start **4-22-15**

Finish **4-24-15**

8	soil	8	
20	clay/rock	28	
68	shale	96	
22	lime	118	
7	shale	125	
47	lime	172	
90	shale	262	
70	lime	332	
40	shale	372	
9	lime	381	
17	shale	398	
6	lime	404	
28	shale	432	
71	lime	503	
6	shale	509	
48	lime	557	
173	shale	730	
32	lime	762	
55	shale	817	
40	lime	857	
4	shale	861	
32	lime	893	
10	shale	903	
3	lime	906	
6	shale	912	
5	lime	917	
24	shale	941	
1	sandy shale	942	
3	Bkn sand	945	good show
10	oil sand	955	good show
2	Dk sand	957	show
23	shale	980	T.D.

set 40' of 7"
ran 974.2' of 2 7/8
cemented to surface
96 sxs

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7106 FAX (785) 448-7135

Statement Copy
INVOICE
PLEASE PRINT YOUR ACCOUNT NUMBER
ON ALL CORRESPONDENCE

Page: 1 Invoice: 10221506

Date: 12-03-24
Day: 03/09/15
Month: 03/09/15
Year: 04/09/15

Buyer: ROGER KENT
22882 HE NEOSHIO RD
GARNETT, KS 66032

Customer #: 0000037

ORDER	SHIP	L	U/M	ITEM	DESCRIPTION	Alt Pkcs/Box	PRICE	EXTENSION
54130	18.00	P	PL	OSHP	WOODWORK PAULETT	16.0000	11.4882	238.60
54130	540.00	P	BA0	CPWC	PORTLAND CEMENT 94F	11.4882	6392.83	
						Sales Total	\$6480.43	
						Tax	459.79	
						TOTAL	\$6940.22	

3 - Statement Copy



GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7106 FAX (785) 448-7135

Statement Copy
CREDIT INVOICE
PLEASE PRINT YOUR ACCOUNT NUMBER
ON ALL CORRESPONDENCE

Page: 1 Invoice: 10221548

Date: 12-03-10
Day: 03/09/15
Month: 03/09/15
Year: 04/09/15

Buyer: ROGER KENT
22882 HE NEOSHIO RD
GARNETT, KS 66032

Customer #: 0000037

ORDER	SHIP	L	U/M	ITEM	DESCRIPTION	Alt Pkcs/Box	PRICE	EXTENSION
	-3.00	P	PC	SPF24182	SPRUCES-42 X 6 X 16'	738.8750	11.7900	-35.37
	-10.00	P	PC	SPF24202	Credited from invoice 10216201 SPRUCES-42 X 6 X 20'	749.5000	14.8900	-149.90
	-1.00	P	PC	VP210162	Credited from invoice 10216201 YELLOW PINE-42 X 10 X 16'	792.1279	20.8800	-80.88
	-1.00	P	BA0	SPRWS	Credited from invoice 10216201 METAL TO WOOD SCREW 3"	19.9900	19.9900	-19.99
						Sales Total	\$-226.25	
						Tax	0.00	
						TOTAL	\$-226.25	

3 - Statement Copy

