



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1255362
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: _____



1255362

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

Beard 2 # 9-A

Start 4-24-15

Finish 4-28-15

8	soil	8	
22	clay/rock	30	
83	shale	113	
20	lime	133	
5	shale	138	
56	lime	194	
83	shale	277	
71	lime	348	
20	shale	368	
28	lime	396	
16	shale	412	
5	lime	417	
28	shale	445	
68	lime	513	
6	shale	519	
48	lime	567	
169	shale	736	
30	lime	766	
59	shale	825	
38	lime	863	
18	shale	881	
13	lime	894	
4	shale	898	
6	lime	904	
7	shale	911	
4	lime	915	
32	shale	947	
7	sandy shale	954	odor
4	Bkn sand	958	good show
7	oil sand	965	good show
1	Dk sand	966	show
144	shale	1110	T.D.

set 40' of 7"
ran 1004' 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 NOTIFY YOUR ACCOUNT MANAGER
ON ALL CORRECTIONS

Page: 1 Invoice: 10221506

Date: 12-03-24
Day: 03/09/15
Invoice Date: 03/09/15
Due Date: 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	PC	WOODWORK PAULETT		11.0000	11.4882	288.00
54130	540.00	P	BAU	PORTLAND CEMENT 94F		11.4882	6192.83	
						Sales Total	\$6480.83	
						Trade	6480.83	
						Net Total	0.00	
						Sales Tax		459.79
						TOTAL		\$6940.62

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 NOTIFY YOUR ACCOUNT MANAGER
ON ALL CORRECTIONS

Page: 1 Invoice: 10221548

Date: 12-03-10
Day: 03/09/15
Invoice Date: 03/09/15
Due Date: 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	SPF24182-42 X 2 X 6 X 18'	738.8750	11.7900	-36.37
	-10.00	P	PC	SPF24202	Credited from invoice 10216201 SPF24202-42 X 6 X 20'	749.5000	14.8900	-149.90
	-1.00	P	PC	VP210182	Credited from invoice 10216201 YELLOW PINE-42 X 10 X 18'	792.1275	20.8800	-80.88
	-1.00	P	BAU	94F94	Credited from invoice 10216201 NETAL TO WOOD BONE 2'	19.9900	19.8800	-19.88
						Sales Total	\$-226.25	
						Trade	-226.25	
						Net Total	0.00	
						Sales Tax		-13.82
						TOTAL		\$-240.07

3 - Statement Copy

