



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1262307
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: _____



1262307

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

Eastburn 3-A

Start 7-13-15

Finish 7-15-15

3	soil	3	
17	clay/rock	20	
18	lime	38	
21	shale	59	
7	lime	66	
27	shale	93	
53	lime	146	
10	shale	156	
18	lime	174	
5	shale	179	
23	lime	202	
178	shale	380	
20	lime	400	
52	shale	452	
33	lime	485	
31	shale	516	
12	lime	528	
12	shale	540	
7	lime	547	
9	shale	556	
7	lime	563	
21	shale	584	
10	sandy shale	594	odor
16	sand	610	show
13	oil sand	623	good show
2	Dk sand	625	good show
29	shale	654	T.D.

set 20' of 7"
ran 648' of 2 7/8
cemented to surface
66 sxs total

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7135

Statement Copy
INVOICE
PLEASE RETURN TO: GARNETT TRUE VALUE HOMECENTER
ON ALL CORRECTIONS

Page: 1 Invoice: 10224969

Special :
Invoice Date: 05/04/15
Date Recd: 07/09/15

Ship To: **ROGER KENT**
22024 NE NEEDS RD
GARNETT, KS 66032
Ship To: **ROGER KENT**
22024 NE NEEDS RD
GARNETT, KS 66032

Customer #: 0000357 Company No: Order No:

ORDER	SHIP L. USA	ITEM#	DESCRIPTION	Alt Pric/Usr	PRICE	EXTENSION
880.00	500.00 P BAG	CPVA	RYV ABRAX 80 LBS PER BAG	7.9920	7.9920	4395.60
14.00	14.00 P PL	CPVP	MIGNACH PALLET	16.0000	16.0000	224.00
FILLED BY: CHECKED BY: DATE SHIPPED: OFFICE: SHIP VIA: ANDERSON COUNTY ADDRESS: 1901 E 1300th St Wagon Springs, MO 64688 TABLE: 4474.40 APPROXIMATE: 0.00 TAX #: SALES TAX: 242.30 TOTAL: \$4818.70						



3 - Statement Copy

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7135

Statement Copy
INVOICE
PLEASE RETURN TO: GARNETT TRUE VALUE HOMECENTER
ON ALL CORRECTIONS

Page: 1 Invoice: 10224998

Special :
Invoice Date: 05/04/15
Date Recd: 07/09/15

Ship To: **ROGER KENT**
22024 NE NEEDS RD
GARNETT, KS 66032
Ship To: **ROGER KENT**
22024 NE NEEDS RD
GARNETT, KS 66032

Customer #: 0000357 Company No: Order No:

ORDER	SHIP L. USA	ITEM#	DESCRIPTION	Alt Pric/Usr	PRICE	EXTENSION
18.00	18.00 P PL	CPVP	MIGNACH PALLET	14.0200	14.0200	252.36
540.00	540.00 P BAG	CPVC	PORTLAND CEMENT 54#	11.4500	11.4500	6184.62
FILLED BY: CHECKED BY: DATE SHIPPED: OFFICE: SHIP VIA: ANDERSON COUNTY ADDRESS: 1901 E 1300th St Wagon Springs, MO 64688 TABLE: 6492.60 APPROXIMATE: 0.00 TAX #: SALES TAX: 408.69 TOTAL: \$6909.27						



3 - Statement Copy