



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1262328
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: _____



1262328

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> _____	PRODUCTION INTERVAL: _____ _____
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**R J Enterprises
22082 NE Neosho Rd
Garnett, KS 66032**

North Welsh #5

Start 8-10-15

Finish 8-11-15

2	soil	2	
5	clay/rock	7	
5	lime	12	
52	shale	64	
9	lime	73	
17	shale	90	
54	lime	144	
4	shale	148	
12	lime	160	
6	shale	166	
14	lime	180	
172	shale	352	
18	lime	370	
56	shale	426	
32	lime	458	
33	shale	491	
15	lime	506	
10	shale	516	
7	lime	523	
9	shale	532	
7	lime	539	
72	shale	611	T.D.

set 20' of 7'

Dry hole Plugged 8-11-15

Ran 1" to 600' pumped in 12sxs pul

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 : Term: 16.38.51
Incentive : 5% Disc: 05/04/15
Date of P. MAKE Acct No: 0000
Disc Date: 07/09/15

Sold 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: 03418

ORDER	SHIP L. U/M	ITEM#	DESCRIPTION	Alt Pric/Usr	PRICE	EXTENSION
880.00	500.00 P BAG	CPVA	RYV ABRN BX 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:				Sales Total	\$4474.60	
SHIP VIA: ANDERSON COUNTY ADDRESS: 1901 E 1300th St Wagon Springs, MO 64686				Tablet	4474.60	
X				Applicable Tax #	0.00	
				Sales Tax	242.20	
				TOTAL	\$4816.70	

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 : Term: 13.06.42
Incentive : 5% Disc: 05/04/15
Date of P. MAKE Acct No: 0000
Disc Date: 07/09/15

Sold 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: 03418

ORDER	SHIP L. U/M	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	6194.62
FILLED BY: CHECKED BY: DATE SHIPPED: OFFICE:				Sales Total	\$6402.00	
SHIP VIA: ANDERSON COUNTY ADDRESS: 1901 E 1300th St Wagon Springs, MO 64686				Tablet	6402.00	
X				Applicable Tax #	0.00	
				Sales Tax	408.69	
				TOTAL	\$6810.69	

3 - Statement Copy

