



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1269101  
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: \_\_\_\_\_



1269101

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**R.J. Enterprise**  
**22082 NE Neosho RD**  
**Garnett, KS 66032**

**Kent # 28**

Start 9-6-2012

Finish 9-7-2012

3	soil	3	
3	sand/stone	6	
26	lime	32	
80	shale	112	
9	lime	121	
6	shale	127	
42	lime	169	
8	shale	177	set 20' 7"
23	lime	200	ran 629.2 2 7/8
6	shale	206	cemented to surface 66 sxs
12	lime	218	
177	shale	395	
17	lime	412	
56	shale	468	
29	lime	497	
25	shale	522	
10	lime	532	
16	shale	548	
7	lime	555	
13	shale	568	
8	lime	576	
5	shale	581	
5	sandy shale	586	show
16	Bkn sand	602	show
6	sandy shale	608	good show
27	Bkn sand	635	T.D.

**GARNETT TRUE VALUE HOMECENTER**  
 410 N Maple  
 Garnett, KS 66032  
 (785) 448-7108 FAX (785) 448-7135

Merchant Copy  
**INVOICE**  
 THIS COPY MUST REMAIN AT  
 MERCHANT AT ALL TIMES

Invoice: 10188224

Page: 1  
 Special :  
 Instructions :  
 Bill to: MIKE  
 Ship To: ROGER KENT  
 22022 NE NEOSHIO RD  
 GARNETT, KS 66032  
 Order By: Customer PO: 0000357

Time: 14:41:57  
 Ship Date: 07/24/12  
 Invoice Date: 08/07/12  
 Due Date: 09/08/12  
 Add res code:  
 Ship To: ROGER KENT  
 (785) 448-8993 NOT FOR HOUSE USE  
 (785) 448-8993

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	Alt Price/Um	PRICE	EXTENSION	RTN
15.00	15.00	P	PO	T0519	PRESSURE TREATED 2X 4 X 8 OCA CUT IN HALF ON ORANGE RACK	950.7010 MP	31.9900	479.85	
ORDER TOTAL: 479.85 SALES TAX: 0.00 <b>TOTAL: \$479.85</b>									

FILED BY: CHECKED BY: DATE SHIPPED: DRIVER  
 SHIP VIA: Customer Pick up  
 RECEIVED COMPLETE AND IN GOOD CONDITION  
 Taxable: 479.85  
 Non-taxable: 0.00  
 Sales tax: 39.83  
 Tax #:  
 TBF: 600  
**TOTAL: \$519.68**



1 - Merchant Copy

**GARNETT TRUE VALUE HOMECENTER**  
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 MERCHANT AT ALL TIMES

Invoice: 10189380

Page: 1  
 Special :  
 Instructions :  
 Bill to: MIKE  
 Ship To: ROGER KENT  
 22022 NE NEOSHIO RD  
 GARNETT, KS 66032  
 Order By: Customer PO: 0000357

Time: 15:59:57  
 Ship Date: 08/22/12  
 Invoice Date: 09/23/12  
 Due Date: 09/28/12  
 Add res code:  
 Ship To: ROGER KENT  
 (785) 448-8993 NOT FOR HOUSE USE  
 (785) 448-8993

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	Alt Price/Um	PRICE	EXTENSION	RTN
-25.00	-25.00	P	PL	CPMP	MONARCH PALLET Credited from Invoice 10188336	15.0000 P	15.0000	-390.00	
640.00	640.00	P	BAG	CPFC	PORTLAND CEMENT-94H	8.9900 600	8.9900	4854.80	
ORDER TOTAL: 615.00 SALES TAX: 0.00 <b>TOTAL: \$615.00</b>									

FILED BY: CHECKED BY: DATE SHIPPED: DRIVER  
 SHIP VIA: ANDERSON COUNTY  
 RECEIVED COMPLETE AND IN GOOD CONDITION  
 Taxable: 4484.80  
 Non-taxable: 0.00  
 Sales tax: 348.24  
 Tax #:  
**TOTAL: \$4812.84**



1 - Merchant Copy