



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1271051
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: _____



1271051

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Rodgers 1-A

Start 11-12-15

Finish 11-16-15

7	soil	7	
28	clay/gravel	35	
11	shale	46	
12	lime	58	
192	shale	250	
44	lime	294	
18	shale	312	
55	lime	367	
62	shale	429	
66	lime	495	
16	shale	511	
7	lime	518	
14	shale	532	
11	lime	543	
23	shale	566	
58	lime	624	
5	shale	629	
19	lime	648	
5	shale	653	
26	lime	679	
162	shale	841	
31	lime	872	
58	shale	930	
32	lime	962	
17	shale	979	
10	lime	989	
10	shale	999	
5	lime	1004	
7	shale	1011	
6	lime	1017	
38	shale	1055	
6	oil sand	1061	good show
51	shale	1112	T.D.

set 40' of 7"
 ran 1107.1' of 2 7/8
 cemented to surface
 102 sxs total

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7106 FAX (785) 448-7135

Statement Copy
INVOICE
 PLEASE PRINT TO INVOICE NUMBER
 OR FILE FOR CONFIRMANCE

Page: 1
 Invoice: 10230427
 Date: 13.01.20
 Ship Date: 10/30/15
 Invoice Date: 10/30/15
 Ship To: ROGER KENT
 22082 NE NEOSHIO RD
 GARNETT, KS 66032
 (785) 448-6916
 Ship To: ROGER KENT
 22082 NE NEOSHIO RD
 GARNETT, KS 66032
 (785) 448-6916
 Customer #: 0000357
 Order By: _____

ORDER	SHIP	L	UW	ITEM#	DESCRIPTION	Alt Priced/Quan	PRICE	EXTENSION
560.00	P	BAG	CPFA		FLY ASH/FAK 80 LBS PER/UMG	7.4900 each	7.4900	4194.40
14.00	P	PL	CPMP		MONARCH PALLET	16.0000 H	16.0000	224.00
						Sales total		\$4418.40
						Tax		333.40
						TOTAL		\$4771.80

3 - Statement Copy


GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7106 FAX (785) 448-7135

Statement Copy
INVOICE
 PLEASE PRINT TO INVOICE NUMBER
 OR FILE FOR CONFIRMANCE

Page: 1
 Invoice: 10230104
 Date: 15.53.24
 Ship Date: 10/21/15
 Invoice Date: 10/21/15
 Ship To: ROGER KENT
 22082 NE NEOSHIO RD
 GARNETT, KS 66032
 (785) 448-6916
 Ship To: ROGER KENT
 22082 NE NEOSHIO RD
 GARNETT, KS 66032
 (785) 448-6916
 Customer #: 0000357
 Order By: _____

ORDER	SHIP	L	UW	ITEM#	DESCRIPTION	Alt Priced/Quan	PRICE	EXTENSION
520.00	P	BAG	CPFA		FLY ASH/FAK 80 LBS PER/UMG	7.4900 each	7.4900	3894.80
30.00	P	PL	CPMP		MONARCH PALLET	16.0000 H	16.0000	480.00
510.00	P	BAG	CPFC		FOUR/AND CEMENT SHW	10.5900 each	10.5900	5404.80
						Sales total		\$9979.70
						Tax		798.38
						TOTAL		\$10778.08

3 - Statement Copy
