Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1273302

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	Leastion of fluid diapopal if hould offaite:
SWD Permit #	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Canalatian Data ar	Quarter Sec Twp S. R East _ West

County:

Spud Date or **Recompletion Date** Date Reached TD

Completion Date or **Recompletion Date**

> **KCC Office Use ONLY** Confidentiality Requested Date: Confidential Release Date: _ Wireline Log Received **Geologist Report Received** UIC Distribution ALT I I II Approved by: Date:

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

	Page Two	1273302
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No	L	og Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	,	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-c			on, 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 / SQL	EEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing							
Plug Off Zone							
Did you perform a hydraulic	fracturing treatment	on this well?		Yes	No (If No, skip	o questions 2 an	d 3)
Does the volume of the tota	I base fluid of the hyd	raulic fracturing treatment ex	ceed 350,000 gallons'	? Yes	No (If No, skip	question 3)	
Was the hydraulic fracturing	g treatment informatio	n submitted to the chemical o	lisclosure registry?	Yes	No (If No, fill o	out Page Three o	of the ACO-1)

Shots Per Foot		PERFORATION Specify For	I RECOF	RD - Bridge Plu Each Interval P	ugs Set/Typ erforated)e			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	e:	Set At	:	Packe	r At:	Liner F		No	
Date of First, Resumed	I Producti	on, SWD or ENHF	} .	Producing Me	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ION OF G	AS:			METHOD	OF COMPLE	TION:		PRODUCTION IN	TERVAL:
Vented Solo	d 🗌 L	Jsed on Lease		Open Hole	Perf.	Dually (Submit)		Commingled (Submit ACO-4)		
(If vented, Su	ıbmit ACO	-18.)		Other (Specify)				()		

R J Enterprises 22082 NE Neosho Rd Garnett, KS 66032

Herman 13-I

Start 11-6-15

9 clay/rock 12 33 lime 45 161 shale 206 32 lime 238 33 shale 271 2 lime 273 37 shale 310 57 shale 310 58 sate 587 162 shale 587 162 shale 603 56 shale 659 32 lime 691 22 shale 713 13 lime 726 18 shale 744 3 lime 747 7 shale 754 5 lime 759 14 shale 773 20 Sandy shale 793 show 31 Bkn sand 824 good show 4 Dk sand 828 good show 14 shale 842 T.D.	3	soil	3		Finish	11-9-15
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32 lime 238 33 shale 271 2 lime 273 37 shale 310 set 20' of 7" 115 lime 425 ran 840' of 2 % 162 shale 587 cemented to surface 16 lime 603 90 sxs total 56 shale 659 90 sxs total 32 lime 691 90 sxs total 13 lime 726 118 shale 744 3 lime 747 118 shale 747 7 shale 754 119 119 110 7 shale 773 110 110 110 110 13 lime 747 110<	-		45			
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14shale77320Sandy shale793show31Bkn sand824good show4Dk sand828good show	7	shale	754			
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-	31	Bkn sand	824	good show		
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	14	shale	842	T.D.		

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