

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1273623

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:			Sec.	TwpS. R	East _ West
Address 2:			F6	eet from	South Line of Section
City: S	tate: Zi	p:+	Fe	eet from East / V	West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section Co	orner:
Phone: ()			□ NE □ NV	V □SE □SW	
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:	We	ell #:
New Well Re	-Entry	Workover	Field Name:		
	_	_	Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground:	Kelly Bushing: _	
☐ OG	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total De	epth:
CM (Coal Bed Methane)	dow	тетір. Ава.	Amount of Surface Pipe Se	et and Cemented at:	Feet
Cathodic Other (Con	e. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well In			If yes, show depth set:		Feet
Operator:			If Alternate II completion, of	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:	Original To	otal Depth:			
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Manageme	nt Plan	
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from t		
O constitued and	D		Chloride content:	ppm Fluid volume:	bbls
CommingledDual Completion			Dewatering method used:		
SWD			Location of fluid disposal if	f haulad offsita:	
☐ ENHR			Location of fluid disposal fi	nauled offsite.	
GSW			Operator Name:		
_			Lease Name:	License #:	
Spud Date or Date Rea	ached TD	Completion Date or	QuarterSec	TwpS. R	East _ West
Recompletion Date		Recompletion Date	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:	

Page Two



Operator Name:			L	ease Name: _			Well #:	
Sec Twp	S. R	East We	est C	County:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		
Final Radioactivity Lo files must be submitted					gs must be ema	iled to kcc-well-log	gs@kcc.ks.go	. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes	No	L		n (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes Yes	No No					
List All E. Logs Run:								
		(CASING REC	ORD Ne	w Used			
		· ·		ıctor, surface, inte	ermediate, producti		T	
Purpose of String	Size Hole Drilled	Size Casin Set (In O.D		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cem	ent #	Sacks Used		Type and Pe	ercent Additives	
Perforate Protect Casing	100 20111111							
Plug Back TD Plug Off Zone								
1 lag on zono								
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski)	o questions 2 ar	nd 3)
Does the volume of the to		•				_	o question 3)	(" 100 ")
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill o	out Page Three	of the ACO-1)
Shots Per Foot		ION RECORD - Bri Footage of Each Int				cture, Shot, Cement		d Depth
	, ,				,		,	
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:			
						Yes No		
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bl	ols. G	ias-Oil Ratio	Gravity
DIODOCITI	ON OF CAS:		RACT!!		TIONI		DRODUCTIO	AN INTEDVAL.
Vented Solo	ON OF GAS: Used on Lease	Open Ho		IOD OF COMPLE \Box		nmingled	PHODUCIIC	ON INTERVAL:
	bmit ACO-18.)	Other (S	necify)	(Submit		mit ACO-4)		

Form	ACO1 - Well Completion			
Operator	Kent, Roger dba R J Enterprises			
Well Name	Ingwerson 4-A			
Doc ID	1273623			

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	40	portland	10	
Production	5.625	2.875	6.5	1070	portland	92	

Ingwerson 4-A

			Start	12-18-15
soil	7		Finish	12-22-15
clay/gravel	<i>35</i>			
shale	<i>38</i>			
lime	48			
shale	248			
lime	292			
shale	314			
lime	<i>360</i>		se	t 40' of 7"
shale	428		ran	1070' of 2 %
lime	482		cen	ented to surface
shale	<i>505</i>			102 sxs total
lime	<i>514</i>			
shale	<i>532</i>			
lime	<i>607</i>			
shale	618			
lime	644			
shale	649			
lime	<i>67</i> 2			
	834			
	865			
shale	923			
	<i>954</i>			
	970			
	9 77			
	992			
	99 7			
	1002			
	1044	_ =		
	1051	•		
shale	1076	T.D.		
	clay/gravel shale lime shale	clay/gravel 35 shale 38 lime 48 shale 248 lime 292 shale 314 lime 360 shale 428 lime 482 shale 505 lime 514 shale 618 lime 644 shale 649 lime 672 shale 834 lime 865 shale 923 lime 954 shale 970 lime 977 shale 1002 lime 1006 shale 1044 oil sand 1051	soil 7 clay/gravel 35 shale 38 lime 48 shale 248 lime 360 shale 428 lime 482 shale 505 lime 514 shale 532 lime 607 shale 618 lime 644 shale 649 lime 672 shale 834 lime 865 shale 923 lime 954 shale 970 lime 977 shale 1002 lime 1002 lime 1006 shale 1044 oil sand 1051 good show	clay/gravel 35 shale 38 lime 48 shale 248 lime 292 shale 314 lime 360 se shale 428 ran lime 482 cem shale 505 lime 514 shale 607 shale 618 lime 607 shale 644 shale 649 lime 672 shale 834 lime 865 shale 923 lime 954 shale 970 lime 977 shale 997 shale 1006 shale 1002 lime 1006 shale 1044 oil sand 1051 good show

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

18.00

18.00 P PL CPMP 540.00 P BAG CPPC

MONARCH PALLET PORTLAND CEMENT-94#

SHP L UM

(TEM4

Customar e: 00000357

Customer PO: DESCRIPTION

Orace By: All Price/Uom 16,0000 PL

PRICE 16.0000

(786) 448-6995

[785] 448-4985 NOT FOR HOUSE USE Ship To: ROGER KENT

Due Date: 12/08/15 Invoice Date: 11/02/15 Time: 10:46:44 Ship Date: 11/02/15

SoluTo: ROGER KENT

GARNETT, KS 66032

Sale rep. I: MIKE

indirudions :

Specul Page: 1

PLEASE REFER TO INVOICE NUMBER ON ALL CORRESPONDENCE	INVOICE	Statement Copy

Invoice: 10230490

Special Page: 1

instructions :

SOUTH ROGER KENT

GARNETT, KS 66032 22082 NE NEOSHO FID

1785) 448-6805 NOT FOR HOUSE USE

Ship To: ROGER KENT April 100 code

> D 18 9

Invoice

2

Salengin: WAYNE WAYNE STANLEY

Customer #: 0000357

Owner PO:

Order By

(785) 448-6005

	1		 00	
497.81	\$6222.60		288.00 5934.80	EXTENSION
			24,00 10,00 17,00	ORDER
			 24.00 P PC 17.00 P PC 17.00 P PC	04FIS
	1		 888	r um
X NA SHE	Audollia		SPF24102 SPF24122 SPF26122	
Cusponer Pax-up RECEND COSPETION PROCESSAUIGN	CHECKERY WAS STREET, AND STREET, OF	190 a	4-SO-#82 2 x 4 x 10' 4-SO-#82 2 x 4 x 12' 4-SO SPRUCE-#2 2 x 6 x 12'	DESCRIPTION
Tamble 299	31	. Description	 673,5667 668,7500 665,8333	Alt Price/Llo

SHIP VIA ANDERSON COUNTY

RECOVED CONNETS AND MISCORD CONDINON

Taxablo Morriexelfie Tax 8

6222.60 0.00 Tax

TOTAL

\$6720.41

3 - Statement Copy

Tax #

TBF: 444 Weight: 755 lbs.

3 - Statement Copy

LITTED DA

CHECONDRY DATE SHIPTED BRACE

Sales total

Garnett, KS 66032 {785} 448-7106 FAX (785) 448-7135

GARNETT TRUE VALUE HOMECENTER
410 N Maple