



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1273624
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: _____

1273624

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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Ingwerson 5-A

Start 1-6-16

Finish 1-28-16

7	soil	7	
33	clay/gravel	40	
4	shale	44	
12	lime	56	
186	shale	242	
45	lime	287	
13	shale	300	
53	lime	353	
68	shale	421	
59	lime	480	
26	shale	506	
10	lime	516	
17	shale	533	
90	lime	623	
4	shale	627	
31	lime	658	
3	shale	661	
20	lime	681	
151	shale	832	
29	lime	861	
57	shale	918	
32	lime	950	
16	shale	966	
5	lime	971	
16	shale	987	
5	lime	992	
7	shale	999	
4	lime	1003	
39	shale	1042	
8	oil sand	1050	good show
1	Dk sand	1051	show
31	shale	1082	T.D.

set 40' of 7"
ran 1077.3' of 2 7/8
cemented to surface
108 sxs total

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7106 FAX (785) 448-7135

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

Page: 1 Invoice: 10231146

Special :
Weborder :
Ship to : MIKE
Ship Date: 11/18/15
Invoice Date: 11/18/15
Del Date: 12/08/15
Add to order:
Ship to: ROGER KENT
22082 NE NEOSHO RD
GARNETT, KS 66032
Ship to: ROGER KENT
(785) 448-0915 NOT FOR HOUSE USE
Customer #: 0000357 Company No: Order By:

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	Alt Priced Unit	PRICE	EXTENSION
18.00	P	PL	CPMP	MONARCH PALLET	18.0000 PL	16.0000	288.00	
540.00	P	BAG	CPPC	PORTLAND CEMENT-94#	10.9500 BAG	10.8000	5934.00	
						Sales Total	\$9222.00	
						Tax	497.81	
						TOTAL	\$9720.41	

FILED BY: CHECKED BY: DATE SHIPPED: DRIVER:

SHIP VIA: ANDERSON COUNTY
RECEIVED COMPLETE WITH 6000 COUPON

Taxable: \$9222.00
Non-taxable: 0.00
Tax: 497.81

1 - Merchant Copy

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7106 FAX (785) 448-7135

Statement Copy
INVOICE
PLEASE REFER TO INVOICE NUMBER
OR ALL CORRESPONDENCE

Page: 1 Invoice: 10231242

Special :
Weborder :
Ship to : MIKE
Ship Date: 11/20/15
Invoice Date: 11/20/15
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22082 NE NEOSHO RD
GARNETT, KS 66032
Ship to: ROGER KENT
(785) 448-0915 NOT FOR HOUSE USE
Customer #: 0000357 Company No: Order By:

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	Alt Priced Unit	PRICE	EXTENSION
660.00	P	BAG	CPFA	FLY ASH MIX 80 LBIS PER BAG	7.4900 BAG	7.4900	4194.40	
14.00	P	PL	CPMP	MONARCH PALLET	16.0000 PL	16.0000	224.00	
						Sales Total	\$4418.40	
						Tax	363.48	
						TOTAL	\$4771.88	

FILED BY: CHECKED BY: DATE SHIPPED: DRIVER:

SHIP VIA: ANDERSON COUNTY
RECEIVED COMPLETE WITH 6000 COUPON

Taxable: \$4418.40
Non-taxable: 0.00
Tax: 363.48

3 - Statement Copy