

Co	onfiden	tiality	/ Requested:
	Yes	N	lo

Kansas Corporation Commission Oil & Gas Conservation Division

1315119

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 North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	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:	W	ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:	
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
Plug Back	Conv. to G		(Data must be collected from to		
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls
Dual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite:	
ENHR	Permit #:				
GSW	Permit #:		Operator Name:		
			Lease Name:		
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	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 Approved by: Date:					



Operator Name:			Lease Name: _			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	ring and shut-in pressu	ormations penetrated. Eures, whether shut-in predict final chart(s). Attach	essure reached stati	c level, hydrosta	atic pressures, bott		
		otain Geophysical Data a or newer AND an image		ogs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional S		Yes No			on (Top), Depth an		Sample
Samples Sent to Geol	logical Survey	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	ew Used			
			conductor, surface, inte		ion, 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	JEEZE RECORD			
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Did you perform a hydrau	ulic fracturing treatment o	n this well?		Yes	No (If No, ski	p questions 2 aı	nd 3)
Does the volume of the to	otal base fluid of the hydr	aulic fracturing treatment ex	_	= :	No (If No, ski	p question 3) out Page Three	
Shots Per Foot	PERFORATIO Specify F	N RECORD - Bridge Plug ootage of Each Interval Per	s Set/Type forated		cture, Shot, Cement mount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or ENH	HR. Producing Meth		Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wate	er B	bls. G	as-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS:	Open Hole		Comp. Comp.	mmingled	PRODUCTIO	ON INTERVAL:
	bmit ACO-18.)	Other (Specify)	(Submit)	4CO-5) (Sub	omit ACO-4)		

Form	ACO1 - Well Completion
Operator	Kent, Roger dba R J Enterprises
Well Name	FREAR 9
Doc ID	1315119

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	20	portland	5	
Production	5.625	2.875	6.5	647	portland	65	

Frear 9

				Start	<i>7-22-</i> 16
2	soil	2		Finish	<i>7-26-16</i>
2	clay/rock	4			
11	lime	15			
81	shale	96			
8	lime	104			
11	shale	115			
<i>39</i>	lime	<i>154</i>			
5	shale	159		set	t 20' of 7"
5	lime	164		ran	647.7' of 2 %
2	shale	166		cem	ented to surface
28	lime	194			70sxs total
185	shale	<i>379</i>			
14	lime	<i>393</i>			
<i>54</i>	shale	<i>447</i>			
31	lime	<i>47</i> 8			
2 7	shale	<i>505</i>			
11	lime	516			
10	shale	526			
7	lime	<i>533</i>			
9	shale	<i>542</i>			
10	lime	<i>55</i> 2			
20	shale	<i>57</i> 2	_		
28	sandy shale	600	odor		
6	oil sand	606	show		
12	oil sand	618	good show		
4	Dk sand	622	show		
31	shale	653	T.D.		

HAMMERSON CORPORATION

Invoice

PO BOX 189 GAS, KS 66742

Date	Invoice #
7/31/2016	10199

Bill To	
R.J. ENTERPRISES 22082 NE NEOSHO RD GARNETT, KS 66032	

P.O. No. Terms Project FREAR 9 Due on receipt

Quantity	Description	Rate	Amount
70 W AN 1.25 TR	Description TELL MUD (\$8.00 PER SACK) NDERSON COUNTY SALES TAX (WELL MUD) RUCKING (\$50 PER HOUR) NDERSON COUNTY SALES TAX	8.00 8.00% 50.00 8.00%	Amount 560.0 44.8 62.5 5.0
ık you for your b	ousiness.	Total	\$672.3