

Confidentiality Requested:  
 Yes  No

KANSAS CORPORATION COMMISSION 1315122  
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 Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

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: \_\_\_\_\_



1315122

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](mailto: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<br>(Attach Additional Sheets) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name                         | Top                              | Datum                           |
| 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:                                |  |                              |                                  |                                 |

| <b>CASING RECORD</b> <input type="checkbox"/> New <input type="checkbox"/> Used<br>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:<br><br><input type="checkbox"/> Perforate<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
|  |                  |                |              |                            |
|  |                  |                |              |                            |
|  |                  |                |              |                            |

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<br>Specify Footage of Each Interval Perforated |  |  | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|                |   |  |  |   |       |
|                |   |  |  |   |       |
|                |   |  |  |   |       |
|                |   |  |  |   |       |
|                |   |  |  |   |       |

TUBING RECORD: Size: Set At: Packer At: Liner Run:  Yes  No

|   |           |   |             |               |  |         |  |
|---|-----------|---|-------------|---------------|--|---------|--|
| Date of First, Resumed Production, SWD or ENHR. |           | Producing Method:<br><input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ |             |               |  |         |  |
| Estimated Production Per 24 Hours               | Oil Bbls. | Gas Mcf   | Water Bbls. | Gas-Oil Ratio |  | Gravity |  |

|   |  |  |  |  |                                     |  |
|---|--|--|--|--|-------------------------------------|--|
| DISPOSITION OF GAS:<br><br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4)<br><input type="checkbox"/> Other (Specify) _____ |  |  |  | PRODUCTION INTERVAL:<br><hr/> <hr/> |  |
|---|--|--|--|--|-------------------------------------|--|

|           |                                 |
|-----------|---------------------------------|
| Form      | ACO1 - Well Completion          |
| Operator  | Kent, Roger dba R J Enterprises |
| Well Name | FREAR 12                        |
| Doc ID    | 1315122                         |

Casing

| Purpose Of String | Size Hole Drilled | Size Casing Set | Weight | Setting Depth | Type Of Cement | Number of Sacks Used | Type and Percent Additives |
|-------------------|-------------------|-----------------|--------|---------------|----------------|----------------------|----------------------------|
| Surface           | 9.875             | 7               | 17     | 20            | portland       | 5                    |                            |
|                   |                   |                 |        |               |                |                      |                            |
|                   |                   |                 |        |               |                |                      |                            |
|                   |                   |                 |        |               |                |                      |                            |

## **Frear 12**

|            |                    |            | Start <b>7-28-16</b> |  |
|------------|--------------------|------------|----------------------|--|
|            |                    |            | Finish <b>8-1-16</b> |  |
| <b>2</b>   | <b>soil</b>        | <b>2</b>   |                      |  |
| <b>3</b>   | <b>clay/rock</b>   | <b>5</b>   |                      |  |
| <b>13</b>  | <b>lime</b>        | <b>18</b>  |                      |  |
| <b>81</b>  | <b>shale</b>       | <b>99</b>  |                      |  |
| <b>9</b>   | <b>lime</b>        | <b>108</b> |                      |  |
| <b>6</b>   | <b>shale</b>       | <b>114</b> |                      |  |
| <b>38</b>  | <b>lime</b>        | <b>152</b> |                      |  |
| <b>8</b>   | <b>shale</b>       | <b>160</b> |                      | <i>set 20' of 7"</i>                         |
| <b>5</b>   | <b>lime</b>        | <b>165</b> |                      | <i>Plugged 8-1-2016</i>                      |
| <b>5</b>   | <b>shale</b>       | <b>170</b> |                      | <i>Ran 1" to 700' pumped 10sxs</i>           |
| <b>30</b>  | <b>lime</b>        | <b>200</b> |                      | <i>Pulled up to 500' pumped 10sxs</i>        |
| <b>179</b> | <b>shale</b>       | <b>379</b> |                      | <i>Pulled up to 250' pumped 30sxs</i>        |
| <b>15</b>  | <b>lime</b>        | <b>394</b> |                      | <i>Brought cement to surface 50sxs total</i> |
| <b>53</b>  | <b>shale</b>       | <b>447</b> |                      |  |
| <b>31</b>  | <b>lime</b>        | <b>478</b> |                      |  |
| <b>26</b>  | <b>shale</b>       | <b>504</b> |                      |  |
| <b>12</b>  | <b>lime</b>        | <b>516</b> |                      |  |
| <b>11</b>  | <b>shale</b>       | <b>527</b> |                      |  |
| <b>8</b>   | <b>lime</b>        | <b>535</b> |                      |  |
| <b>8</b>   | <b>shale</b>       | <b>543</b> |                      |  |
| <b>4</b>   | <b>lime</b>        | <b>547</b> |                      |  |
| <b>160</b> | <b>shale</b>       | <b>707</b> |                      |  |
| <b>8</b>   | <b>sandy shale</b> | <b>715</b> | <b>odor</b>          |  |
| <b>6</b>   | <b>shale</b>       | <b>721</b> |                      | <b>T.D. Dry hole</b>                         |

**GARNETT TRUE VALUE HOMECENTER**

Statement Copy

**INVOICE**

(785) 448-7106 FAX (785) 448-7135

NUMBER 10235739

Page: 1

Invoice: 10235739

Item: 10235739

Page: 1

Invoice: 10235740

Item: 10235740

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