



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1320149  
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: \_\_\_\_\_

1320149

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 <i>(Attach Additional Sheets)</i>	<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:				

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:  
 Flowing     Pumping     Gas Lift     Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# RJ Energy

22082 NE Neosho Rd Garnett, Kansas 66032

## Eastburn 16-A

Start 8-9-16

Finish 8-11-16

3	soil	3	
5	clay/rock	8	
7	lime	15	
71	shale	86	
8	lime	94	
7	shale	101	
42	lime	143	
6	shale	149	set 20' of 7"
16	lime	165	ran 651.1' of 2 7/8
6	shale	171	cemented to surface 76sxs
22	lime	193	
176	shale	369	
15	lime	384	
53	shale	437	
34	lime	471	
28	shale	499	
14	lime	513	
11	shale	524	
7	lime	531	
10	shale	541	
6	lime	547	
22	shale	569	
3	limey	572	
28	sand	600	odor
12	oil sand	612	good show
4	Dk sand	616	show
41	shale	657	T.D.

HAMMERSON CORPORATION

PO BOX 189  
GAS, KS 66742

# Invoice

Date	Invoice #
8/14/2016	10229

<b>Bill To</b>
R.J. ENTERPRISES 22082 NE NEOSHO RD GARNETT, KS 66032

P.O. No.	Terms	Project
EASTBURN 16A	Due on receipt	

Quantity	Description	Rate	Amount
70	WELL MUD (\$8.00 PER SACK)	8.00	560.00
	ANDERSON COUNTY SALES TAX (WELL MUD)	8.00%	44.80
1.25	TRUCKING (\$50 PER HOUR)	50.00	62.50
	ANDERSON COUNTY SALES TAX	8.00%	5.00
Thank you for your business.		<b>Total</b>	\$672.30

**GARNETT TRUE VALUE HOMECENTER**

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

Statement Copy  
**INVOICE**  
PLEASE PRINT TO VERIFY ITEMS  
ON ALL CREDIT PURCHASES

Page: 1

Invoice: 10235739

Serial :  
Description :  
Sales rep : MIRE  
Sales To: ROGER KENT  
25982 NE HICSHO RD  
GARNETT, KS 66623  
Customer #: 0000057

Buy Date: 04/04/15  
Invoice Date: 04/04/15  
Ship Date: 05/08/15

Buy To: ROGER KENT  
(785) 448-8995 NOT FOR HOUSE USE  
(785) 448-8995

Customer PO: 034015

ORDER#	SHIP L UM	ITEM#	DESCRIPTION	AM	PRICE	EXTENSION	
18 00	P PL	CRAP	MONARCH-PALLET	18.0000 m	11.4900	206.80	
540 00	P BAO	CPYC	PORTLAND CEMENT 94#	11.4900 94#	11.4900	131.40	
				<b>Sales Total</b>		<b>\$1482.80</b>	
ORDERED BY: ANDERSON COUNTY SHIP TO: ANDERSON COUNTY ADDRESS: 10000 S. WILSON AVENUE, ANDERSON, MO 64401 TAX #				Taxable Non-taxable Tax #	1482.80 0.00 0.00	Sales Total Tax TOTAL	\$1482.80 \$19.41 \$1502.21

3 - Statement Copy



**GARNETT TRUE VALUE HOMECENTER**

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

Statement Copy  
**CREDIT INVOICE**  
PLEASE PRINT TO VERIFY ITEMS  
ON ALL CREDIT PURCHASES

Page: 1

Invoice: 10235740

Serial :  
Description :  
Sales rep : MIRE  
Sales To: ROGER KENT  
25982 NE HICSHO RD  
GARNETT, KS 66623  
Customer #: 0000057

Buy Date: 04/04/15  
Invoice Date: 04/04/15  
Ship Date: 05/08/15

Buy To: ROGER KENT  
(785) 448-8995 NOT FOR HOUSE USE  
(785) 448-8995

Customer PO: 034015

ORDER#	SHIP L UM	ITEM#	DESCRIPTION	AM	PRICE	EXTENSION	
-21 00	P PL	CRAP	MONARCH-PALLET	18.0000 m	11.4900	-206.80	
				<b>Sales Total</b>		<b>\$-326.00</b>	
ORDERED BY: ANDERSON COUNTY SHIP TO: ANDERSON COUNTY ADDRESS: 10000 S. WILSON AVENUE, ANDERSON, MO 64401 TAX #				Taxable Non-taxable Tax #	-326.00 0.00 0.00	Sales Total Tax TOTAL	\$-326.00 -21.88 \$-347.88

3 - Statement Copy

