

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1328589  
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: \_\_\_\_\_

1328589

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
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<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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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**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  
Ship To: ROGER KENT  
25982 NE HICSHO RD  
GARNETT, KS 66032  
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	18 00 P	PL	CRAP	MONARCH-PALLET	18.0000 m	11.4900	206.80	
540 00	540 00 P	BA0	CPYC	PORTLAND CEMENT 94#	11.4900 94#	11.4900	131.40	
						<b>Taxable</b>	0.0000	0.00
						<b>Non-taxable</b>	0.0000	0.00
						<b>Subtotal</b>		\$348.20
						<b>Tax #</b>		519.41
						<b>TOTAL</b>		\$867.61

3 - Statement Copy



**GARNETT TRUE VALUE HOMECENTER**

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(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  
Ship To: ROGER KENT  
25982 NE HICSHO RD  
GARNETT, KS 66032  
Customer #: 0000057

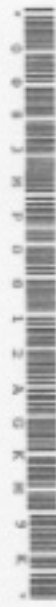
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ORDER#	SHIP	L	UM	ITEM#	DESCRIPTION	AM	PRICE	EXTENSION
-21 00	-21 00 P	PL	CRAP	MONARCH-PALLET	18.0000 m	11.4900	-206.80	
						<b>Taxable</b>	-0.0000	0.00
						<b>Non-taxable</b>	0.0000	0.00
						<b>Subtotal</b>		-\$206.80
						<b>Tax #</b>		-21.89
						<b>TOTAL</b>		-\$228.69

3 - Statement Copy



HAMMERSON CORPORATION

PO BOX 189  
GAS, KS 66742

# Invoice

Date	Invoice #
11/27/2016	10487

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

P.O. No.	Terms	Project
BADER 4I	Due on receipt	

Quantity	Description	Rate	Amount
110	WELL MUD (\$8.00 PER SACK)	8.00	880.00
	COFFEY COUNTY SALES TAX (WELL MUD)	6.50%	57.20
1.5	TRUCKING (\$50 PER HOUR)	50.00	75.00
	COFFEY COUNTY SALES TAX	6.50%	4.88

Thank you for your business.

**Total**

\$1,017.08

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# RJ Energy

22082 NE Neosho Rd Garnett, Kansas 66032

## Bader 4-1

Start 11-21-16

Finish 11-23-16

4	soil	4	
27	clay/gravel	31	
91	shale	122	
18	lime	140	
8	shale	148	
68	lime	216	
67	shale	283	
17	lime	300	
4	shale	304	
106	lime	410	
46	shale	456	
72	lime	528	
8	shale	536	
44	lime	580	
183	shale	763	
24	lime	787	
70	shale	857	
27	lime	884	
7	shale	891	
6	lime	897	
14	shale	911	
7	lime	918	
6	shale	924	
6	lime	930	
34	shale	964	
10	Bkn sand	974	good show
48	shale	1022	T.D.

set 40' of 7" w/10 sxs

ran 1016.8' of 2 7/8

cemented to surface 110 sxs