Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1362706

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		
Address 2:			Feet	from \square North / \square South Line of Section		
City: St	ate: Ziŗ	D:+	Feet	from East / West Line of Section		
Contact Person:			Footages Calculated from Ne	arest Outside Section Corner:		
Phone: ()			□ NE □ NW	□ SE □ SW		
CONTRACTOR: License #			GPS Location: Lat:	, Long:		
Name:				. xx.xxxxx) (e.gxxx.xxxxx)		
Wellsite Geologist:			Datum: NAD27 NAD27			
Purchaser:			County:			
Designate Type of Completion:			Lease Name:	Well #:		
New Well Re-	·Fntrv	Workover	Field Name:			
	_		Producing Formation:			
☐ Oil ☐ WSW	SWD	☐ SIGW	Elevation: Ground:	Kelly Bushing:		
☐ Gas ☐ D&A ☐ OG	☐ ENHR	☐ SIGW	Total Vertical Depth:	Plug Back Total Depth:		
CM (Coal Bed Methane)	G3W	Temp. Abd.	Amount of Surface Pipe Set a	and Cemented at: Feet		
Cathodic Other (Core	Expl etc.)		Multiple Stage Cementing Co			
If Workover/Re-entry: Old Well Inf				Feet		
Operator:				nent circulated from:		
Well Name:			, ,	w/sx cmt.		
Original Comp. Date:			loot doparto.	W,		
	_	NHR Conv. to SWD				
Deepening Re-perf. Plug Back	Conv. to GS		Drilling Fluid Management F (Data must be collected from the			
Commingled	Permit #:		Chloride content:	ppm Fluid volume: bbls		
Dual Completion	Permit #:		Dewatering method used:			
SWD	Permit #:		Location of fluid disposal if ha	uled offsite:		
☐ ENHR	Permit #:		On a water Manage			
GSW	Permit #:			L'acces II		
				License #:		
Spud Date or Date Rea	iched TD	Completion Date or		TwpS. R		
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 III Approved by: Date:					

1262706

136270

Operator Name:				_ Lease Na	ame:			Well #:			
Sec Twp	S. R	East	West	County:							
open and closed, flow	ow important tops of for ing and shut-in pressu to surface test, along w	ires, whether	shut-in pre	ssure reache	ed statio	e level, hydros	static pressures				
	g, Final Logs run to ob d in LAS version 2.0 o					gs must be er	nailed to kcc-w	vell-logs@kcc.ks	.gov. Dig	ital electronic lo	
Drill Stem Tests Taken (Attach Additional S		Yes	No		L		ation (Top), Dep	oth and Datum		Sample	
Samples Sent to Geol	logical Survey	Yes	No		Name	Э		Тор		Datum	
Cores Taken Electric Log Run		Yes Yes	☐ No ☐ No								
List All E. Logs Run:											
		Report all	CASING		Ne	w Used	uction etc				
Purpose of String	Size Hole	Size Cas		Weigh		Setting	Type o	f # Sack	s Ty	Type and Percent	
Fulpose of String	Drilled	Set (In C	D.D.)	Lbs. / F	t.	Depth	Cemer	t Used		Additives	
		A.F.	DITIONAL	OFMENTING	2 / 0011						
Purpose:	Depth					EEZE RECOR		and Darsont Addit			
Perforate	Top Bottom	Type of Ce	ement	# Sacks U	Jsea		туре	and Percent Addit	ives		
Protect Casing Plug Back TD											
Plug Off Zone											
	ulic fracturing treatment or					Yes		No, skip questions			
	otal base fluid of the hydra ing treatment information	_			-	Yes Yes	_	No, skip question 3 No, fill out Page Th		ACO 1)	
vvas trie riyuraulic fractur	ing treatment information	Submitted to the	e chemical c	iisciosure regi	Suy!	ies		vo, iiii out rage Tii		400-1)	
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Ty Specify Footage of Each Interval Perforated							ement Squeeze Re If of Material Used)	∍cord	Depth		
							•	·			
TUDING DECORD	Cize	Co+ A+.		Do-lin A		Line: D:					
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:	Yes	No			
Date of First, Resumed	Production, SWD or ENH	IR. Pro	ducing Meth	od:							
,	,		Flowing	Pumping		Gas Lift	Other (Explain)				
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio)	Gravity	
DIODOGITI	ON OF CAS:			IETHOD OF O		TION		DDODU	CTION INT	ED\/AL:	
	ON OF GAS:	Open	_	IETHOD OF C	OMPLE Dually		Commingled	PRODU	CTION INT	EHVAL:	
Vented Sold					Submit A		ubmit ACO-4)				
(II verilea, Sul	JIIII ACO-10.)	Other	(Specify)								

Form	ACO1 - Well Completion			
Operator	RJ Energy, LLC			
Well Name	SUTHERLAND #2 2-A			
Doc ID	1362706			

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	40	portland	10	
Production	5.875	2.875	6.5	1052	portland	130	

HAMMERSON CORPORATION

PO BOX 189 GAS, KS 66742

Invoice

Date	Invoice #
5/15/2017	10786-10787

Bill To

R.J. ENERGY LLC 22082 NE NEOSHO RD GARNETT, KS 66032

P.O. No.	Terms	Project
	Due on receipt	

Rate	Amount
8.00 6.50% 50.00 6.50%	1,040.00 67.60 50.00 3.25
	\$1,160.85
	8.00 6.50% 50.00



RJ Energy

22082 NE Neosho Rd Garnett, Kansas 66032

Sutherland 2-A

			Start 5-8-17
4	soil	4	Finish 5-10-17
38	clay/shale	42	
3	lime	45	
192	shale	237	
43	lime	280	
13	shale	293	
50	lime	343	
9	shale	352	set 40' of 7" w/ 10sxs
173	lime	525	ran 1052.7' of 2 $\frac{7}{8}$
19	shale	544	cemented to surface
80	lime	624	130sxs
8	shale	632	
22	lime	654	
4	shale	658	
26	lime	684	
173	shale	857	
23	lime	880	
54	shale	934	
35	lime	969	
13	shale	982	
8	lime	990	
11	shale	1001	
6	lime	1007	
6	shale	1013	
4	lime	1017	
6	shale	1023	
2	sandy shale	1025	odor
9	Bkn sand	1034	good show
23	shale	1057	T.D.