

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1364385
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: _____

1364385



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

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

DRILLING, INC.

Operator:
RJ Energy, LLC
Garnett, KS

Martin #16-A
Anderson Co, KS
30-22-19E
API #003-26593-00-00

Spud Date:	6/26/2017	Surface Bit:	9.875"
Surface Casing:	7.0"	Drill Bit:	5.875"
Surface Length:	21'	Longstring:	905.95'
Surface Cement:	4 sx	Longstring Date:	6/27/2017
Longstring:	2 7/8 EUE		

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	10	Clay	
10	32	Lime	
32	39	Shale	
39	52	Lime	
52	147	Shale	
147	160	Lime	
160	165	Shale	
165	169	Lime	
169	187	Shale	
187	193	Lime	
193	229	Shale	
229	266	Lime	
266	277	Shale	
277	279	Lime	
279	281	Shale	
281	285	Lime	
285	289	Shale	
289	300	Lime	
300	325	Shale	
325	327	Lime	
327	332	Shale	
332	405	Lime	
405	407	Shale	

Martin #16-A
Anderson, Co, KS

407	437	Lime	
437	440	Shale	
440	447	Lime	
447	448	Shale	
448	450	Lime	
450	623	Shale	
623	657	Lime	
657	721	Shale	
721	749	Lime	
749	755	Shale	
755	773	Lime	
773	791	Shale	
791	799	Lime	
799	806	Shale	
806	808	Lime	
808	810	Shale	
810	816	Lime	
816	822	Shale	
822	831	Sandy shale	Odor
831	838	Sand	Good odor, good bleed, broken sand, mostly sand
838	844	Sandy shale	No bleed to pit, fair odor, slight bleed in samples
844	854	Sand	Good bleed, good odor, broken sand, very shaley
854	858	Sand	Good bleed, good odor, slightly broken, mostly sand
858	864	Sand	Black sand
864	911	Shale	
909		TD	

HAMMERSON CORPORATION

Invoice

PO BOX 189
GAS, KS 66742

Date	Invoice #
7/3/2017	10993

Bill To
MCGOWN DRILLING, INC. P.O. BOX K MOUND CITY, KS 66056

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
100	WELL MUD (\$8.00 PER SACK)	8.00	800.00
	ANDERSON COUNTY SALES TAX (WELL MUD)	8.00%	64.00
1	TRUCKING (\$50 PER HOUR)	50.00	50.00
	ANDERSON COUNTY SALES TAX	8.00%	4.00
	WELL MARTIN 16A		

Thank you for your business.

Total

\$918.00



PAID 7/5/17
Cl# 2093
Lease

Hammerson Ready Mix

1300 2200 Rd.
Gas, KS 66742
620-365-7200

PLANT 01	TIME 15:28	DATE 06/26/17	ACCOUNT MCGOWN	TRUCK 111	DRIVER ETHAN	TICKET 10993
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CUSTOMER NAME MCGOWN DRILLING P.O. BOX K MOUND CITY, KS 66056	DELIVERY ADDRESS WELL MARTIN 16A
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PURCHASE ORDER	SALES ORDER 597	TAX ANDERSON C	CREDIT	SLUMP 8.00 in
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LOAD QTY.	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
10.00 yd	WELL MUD	WELL (10 SACKS PER YARD)	10.00	10.00		
10.00 ea	HAUL & MI	HAUL & MIX	10.00	10.00		

LOADED 3:50	ARRIVE JOB SITE 4:20	START DISCHARGE 4:33	FINISH DISCHARGE :	ARRIVE PLANT :
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SUB TOTAL
DISCOUNT
TAX
TOTAL
PREVIOUS TOTAL
GRAND TOTAL

This batch of concrete is mixed with the proper amount of water. If additional water is desired, please instruct the driver.	ADDITIONAL WATER ADDED ON JOB →	Gallons	By
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UNLOADING TIME ALLOWED 30 MINUTES PER TRIP EXTRA CHARGE FOR OVER 30 MINUTES →
RECEIVED IN GOOD CONDITION BY X

CAUTION: Freshly mixed cement, mortar, grout or concrete may cause skin irritation. Avoid direct contact where possible and wash exposed skin areas promptly with water. If any cementitious material gets into the eye, rinse immediately and repeatedly with water and get prompt medical attention.
KEEP OUT OF REACH OF CHILDREN

Purchaser waives all claims for personal or property damage caused by seller's truck when delivery is made beyond street curb line. If not paid as agreed, this credit agreement provides for your payment of reasonable costs of collection, including, but not limited to, court costs, attorney fees and/or collection agency fees.