Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1369138

Form ACO-1 November 2016 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.:
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? ☐ Yes ☐ No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
☐ Dual Completion         Permit #:	Location of fluid diapocal if hould offsito:
EOR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec 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 ☐ Drill Stem Tests Received
Geologist Report / Mud Logs Received
UIC Distribution
ALT I II III Approved by: Date:

Page Two



Operator Name:				Lease	Name: _			Well #:	
SecTwp	pS. R		East West	County	/:				
	, flowing and shu	ut-in pressures,	whether shut-in	n pressure read	hed stati	c level, hydrosta	itic pressures, bo		rval tested, time tool erature, fluid recovery,
Final Radioactivit files must be sub						ogs must be ema	ailed to kcc-well-	logs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests T			Yes No	0	L		on (Top), Depth		Sample
Samples Sent to	Geological Surv	vey	Yes No	0	Nam	е		Тор	Datum
Cores Taken Electric Log Run Geolgist Report /	_		Yes No Yes No Yes No	0					
List All E. Logs R	un:								
				SING RECORD	Ne	ew Used ermediate, product	ion, etc.		
Purpose of Str		e Hole rilled	Size Casing Set (In O.D.)	Wei	ght	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
	Di	illed	Set (III O.D.)	LDS.	/ I L.	Берит	Cement	Oseu	Additives
Purpose:	D	epth				JEEZE RECORD	T	Danis and Additions	
Perforate	Тор	Bottom	Type of Cement	# Sacks	SUsed		Type and	Percent Additives	
Protect Ca	TD								
Plug Off Zo	one								
Did you perform	a hydraulic fractur	ring treatment on	this well?			Yes	No (If No, s	skip questions 2 ar	nd 3)
2. Does the volume		•	ŭ			_		kip question 3)	-44- 400 4)
3. Was the hydrauli					e registry?	Yes	No (If No, f	ill out Page Three	of the ACO-1)
Date of first Production:	ction/Injection or R	Resumed Producti	on/ Producing  Flowin		ng 🗌	Gas Lift (	Other (Explain)		
Estimated Produc	tion	Oil Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gravity
Per 24 Hours									
DISPO	OSITION OF GAS:	:		METHOD OF	COMPLE	ETION:		PRODUCTION Top	ON INTERVAL: Bottom
		d on Lease	Open Hole	Perf.			mmingled mit ACO-4)	ТОР	Bottom
,	d, Submit ACO-18.)								
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plu Set At	ıg	Acid	Fracture, Shot, C (Amount and Kil	ementing Squeeze and of Material Used	
TUBING RECORE	D: Size:	Se	et At:	Packer At:					

Form	ACO1 - Well Completion
Operator	RJ Energy, LLC
Well Name	MURROW 2-A
Doc ID	1369138

### Casing

Purpose Of String		Size Casing Set	Weight	Setting Depth	Cement		Type and Percent Additives
Surface	9.875	7	17	20	portland	5	
Production	5.625	2.875	6.5	685	portland	75	



# RJ Energy

22082 NE Neosho Rd Garnett, Kansas 66032

## Murrow 2-A

				Start 8-17-17
2	soil	2		Finish 8-21-17
4	clay/rock	6		
101	lime	107		
161	shale	268		
<b>27</b>	lime	<b>295</b>		
<b>58</b>	shale	353		
32	lime	385		
40	shale	425		set 20' of 7" 5sxs
21	lime	446		ran 685.3' of 2 $\%$
7	shale	453		cemented to surface 75sxs
7	lime	460		
92	shale	<b>552</b>		
3	lime	555		
85	shale	640		
15	sandy shale	655	$\mathbf{odor}$	
4	oil sand	659	$\mathbf{show}$	
31	shale	690	T.D	

### HAMMERSON CORPORATION

PO BOX 189 GAS, KS 66742

## Invoice

Date	Invoice #
8/28/2017	11228

Bill To

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

P.O. No.	Terms	Project
	Due on receipt	

Total

\$705.56

Quantity	Description	Rate	Amount
	WELL MUD (\$8.00 PER SACK) COFFEY COUNTY SALES TAX (WELL MUD) TRUCKING (\$50 PER HOUR) COFFEY COUNTY SALES TAX WELL - MURROW 2A	8.00 6.50% 50.00 6.50%	600.0 39.0 62.5 4.0