



1369224

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](mailto: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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No<br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

| 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<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone |                  |                |              |                            |
|                                                                                                                                                                  |                  |                |              |                            |

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
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)*

|                                                                     |                                                                                                                                                                                |         |             |                       |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|-----------------------|
| Date of first Production/Injection or Resumed Production/Injection: | Producing Method:<br><input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____ |         |             |                       |
| Estimated Production Per 24 Hours                                   | Oil Bbls.                                                                                                                                                                      | Gas Mcf | Water Bbls. | Gas-Oil Ratio Gravity |

|                                                                                                                                                                   |                                                                                                                                                                                                              |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| DISPOSITION OF GAS:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5) (Submit ACO-4)</i> | PRODUCTION INTERVAL:<br>Top Bottom |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|

| Shots Per Foot | Perforation Top | Perforation Bottom | Bridge Plug Type | Bridge Plug Set At | Acid, Fracture, Shot, Cementing Squeeze Record<br><i>(Amount and Kind of Material Used)</i> |
|----------------|-----------------|--------------------|------------------|--------------------|---------------------------------------------------------------------------------------------|
|                |                 |                    |                  |                    |                                                                                             |
|                |                 |                    |                  |                    |                                                                                             |
|                |                 |                    |                  |                    |                                                                                             |
|                |                 |                    |                  |                    |                                                                                             |

|                |       |         |            |  |
|----------------|-------|---------|------------|--|
| TUBING RECORD: | Size: | Set At: | Packer At: |  |
|----------------|-------|---------|------------|--|





# *RJ Energy*

22082 NE Neosho Rd Garnett, Kansas 66032

## *Murrow 2-1*

|     |             |     |                           |
|-----|-------------|-----|---------------------------|
|     |             |     | <b>Start</b> 8-29-17      |
|     |             |     | <b>Finish</b> 8-30-17     |
| 2   | soil        | 2   |                           |
| 4   | clay/rock   | 6   |                           |
| 92  | lime        | 98  |                           |
| 168 | shale       | 266 |                           |
| 16  | lime        | 282 |                           |
| 66  | shale       | 348 |                           |
| 32  | lime        | 380 |                           |
| 42  | shale       | 422 | set 20' of 7" 5sxs        |
| 16  | lime        | 438 | ran 671' of 2 7/8         |
| 5   | shale       | 443 | cemented to surface 80sxs |
| 10  | lime        | 453 |                           |
| 99  | shale       | 552 |                           |
| 2   | lime        | 554 |                           |
| 79  | shale       | 633 |                           |
| 5   | sandy shale | 638 |                           |
| 10  | oil sand    | 648 | good show                 |
| 4   | limey sand  | 652 |                           |
| 3   | dk sand     | 655 |                           |
| 22  | shale       | 677 | T.D                       |

HAMMERSON CORPORATION

PO BOX 189  
GAS, KS 66742

# Invoice

|          |           |
|----------|-----------|
| Date     | Invoice # |
| 9/4/2017 | 0&11261   |

|                                                            |
|------------------------------------------------------------|
| <b>Bill To</b>                                             |
| R.J. ENERGY LLC<br>22082 NE NEOSHO RD<br>GARNETT, KS 66032 |

|          |                |         |
|----------|----------------|---------|
| P.O. No. | Terms          | Project |
|          | Due on receipt |         |

| Quantity                  | Description                        | Rate  | Amount   |
|---------------------------|------------------------------------|-------|----------|
| 160                       | WELL MUD (\$8.00 PER SACK)         | 8.00  | 1,280.00 |
|                           | COFFEY COUNTY SALES TAX (WELL MUD) | 6.50% | 83.20    |
| 2.25                      | TRUCKING (\$50 PER HOUR)           | 50.00 | 112.50   |
|                           | COFFEY COUNTY SALES TAX            | 6.50% | 7.31     |
| <i>Murrow 6A &amp; 2I</i> |                                    |       |          |

Thank you for your business.

**Total**

\$1,483.01

|  |
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|--|