Confidentiality Requested:

Yes No

#### Kansas Corporation Commission Oil & Gas Conservation Division

1369232

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 🔲 East 🗌 West				
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	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.xxxxxx) (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: Feet  Amount of Surface Pipe Set and Cemented at: Feet				
OG GSW					
CM (Coal Bed Methane)					
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)				
Committee Downsite #1	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #:  Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
EOR Permit #:	Location of fluid disposal if fladied offsite.				
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West				
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 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	# Sacks Used		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	DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL:							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 10-A
Doc ID	1369232

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	20	portland	5	
Production	5.625	2.875	6.5	681	portland	75	

## HAMMERSON CORPORATION

PO BOX 189 GAS, KS 66742

## Invoice

Date	Invoice #
9/18/2017	11338

Bill To

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

		P.O. No.	Terms	Pr	oject
		Due on reco			
Quantity	Description	<u> </u>	Rate		Amount
75	WELL MUD (\$8.00 PER SACK) LINN COUNTY SALES TAX (WELL MUD) TRUCKING (\$50 PER HOUR) LINN COUNTY SALES TAX  WELL MURROW 10A			8,00 6.50% 50.00 6.50%	600.0x 39.0x 75.0x 4.8x
hank you for y			Total		5718



# RJ Energy

22082 NE Neosho Rd Garnett, Kansas 66032

# Murrow 10-A

				Start	9-5-17
2	soil	2		Finish	9-6-17
3	clay/rock	5			
97	lime	102			
168	shale	<b>270</b>			
<b>20</b>	lime	290			
<b>65</b>	shale	355			
31	lime	386			
<b>42</b>	shale	428		<b>Set 20'</b>	of 7"
<b>20</b>	lime	448		Ran 68	1.7' 2 1/8
6	shale	<b>454</b>		cement	ted to surface 75sxs
8	lime	462			
98	shale	<b>560</b>			
2	lime	562			
77	shale	639			
8	sandy shale	<b>647</b>	$\mathbf{good}\ \mathbf{show}$		
3	bkn sand	650	good show		
3	dk sand	653			
<b>34</b>	shale	687	T.D		