Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1369233

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 & L	EASE	

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	
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: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas DH EOR	Total Vertical Depth: Plug Back Total Depth:
GG GSW	Amount of Surface Pipe Set and Cemented at: Feet
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
	If Alternate II completion, cement circulated from:
Operator: Well Name:	feet depth to: w/ sx cmt.
	w/ 3X cm.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Conv. to SWD Plug Back Liner Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec. Twp. S. 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 III Approved by: Date:					

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Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INSTRUCTIONS: Show important tops of formations penetrated	Detail all cores Benort all final	conies of drill stems tests giving interval tested, time tool

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			Yes	No			Log	Formatio	n (Top), Dep	th and Datum	I	Sample
Samples Sent to	Geological Su	rvey	Yes	No		Nan	ne			Тор		Datum
Cores Taken Electric Log Run Geolgist Report	-		YesYesYes	No No No								
List All E. Logs R	Run:											
			Report		G RECORD			Jsed , productio	on, etc.			
Purpose of St		ze Hole Drilled		Casing n O.D.)	Wei Lbs.			tting epth	Type of Cement			Type and Percent Additives
				ADDITIONA		NG / SQ	UEEZE F	ECORD				
Purpose: Perforate		Depth Bottom	Type of Cement		# Sacks	# Sacks Used		Type and Percent Additives				
Protect Ca	то											
Plug Off Zo	one											
1. Did you perform	a hydraulic fractu	uring treatment	on this well	?				Yes	No (If N	o, skip questior	ns 2 an	d 3)
 Does the volume Was the hydraul 		-		-		-		Yes Yes		o, skip questior o, fill out Page		of the ACO-1)
Date of first Produc Injection:	ction/Injection or	Resumed Produ	uction/ F	Producing Me	thod:	ng	Gas Lift	0	ther <i>(Explain)</i> _			
Estimated Produc Per 24 Hours		Oil Bbl	ls.	Gas	Mcf	Wa	iter	Bb	ls.	Gas-Oil Ra	tio	Gravity
DISPO	OSITION OF GAS	S:			METHOD OF	COMPL	ETION:				UCTIO	N INTERVAL: Bottom
Vented	Sold Use	ed on Lease	Ор	en Hole	Perf.		ly Comp. hit ACO-5)		mingled	Тор		Bottom
(If vente	ed, Submit ACO-18	R.)				(Subin	III ACC-3)	(Subil	III ACO-4)			
Shots Per Foot	Perforation Top	Perforatio Bottom		idge Plug Type				ure, Shot, Cementing Squeeze Record mount and Kind of Material Used)				

Packer At:

TUBING RECORD:

Size:

Set At:

Form	ACO1 - Well Completion
Operator	RJ Energy, LLC
Well Name	MURROW 1-A
Doc ID	1369233

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	20	portland	5	
Production	5.625	2.875	6.5	678	portland	75	

HAMMERSON CORPORATION

PO BOX 189 GAS, KS 66742

Invoice

 Date
 Invoice #

 9/4/2017
 11267

Bill To R.J. ENERGY LLC 22082 NE NEOSHO RD

22082 NE NEOSHO RD GARNETT, KS 66032

		P.O. No.	Terms	Project
			Due on receipt	
Quantity	Description		Rate	Amount
75	WELL MUD (\$8.00 PER SACK) COFFEY COUNTY SALES TAX (WELL MUD) TRUCKING (\$50 PER HOUR) COFFEY COUNTY SALES TAX WELL - MURROW 1A			8.00 600.00 50% 39.00 50.00 50.00 50% 3.25

RJ Energy

22082 NE Neosho Rd Garnett, Kansas 66032

Murrow 1-A

				Start	8-30-17
3	soil	3		Finish	8-31-17
6	clay/rock	9			
93	lime	102			
168	shale	270			
20	lime	290			
65	shale	355			
32	lime	387			
39	shale	426		Set 20'	of 7"
20	lime	446		Ran 67	8.1' 2 1/8
8	shale	454		cemen	ted to surface 75sxs
6	lime	460			
96	shale	556			
2	lime	558			
88	shale	646			
3	sandy shale	649	show		
3	bkn sand	652	good show		
3	oil sand	655	good show		
6	dk sand	661	good show		
30	shale	691	T.D		