Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1369234

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: 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.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:				
□ Oil □ WSW □ SWD	Producing Formation:				
Gas DH EOR	Elevation: Ground: Kelly Bushing:				
☐ OG ☐ GSW	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)				
Committed at Provider	Chloride content: ppm Fluid volume: bbls				
☐ Commingled 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:				
<u> </u>	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West				
Recompletion Date Recompletion Date	County: Permit #:				

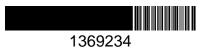
AFFIDAVIT

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 Yes Electric Log Run Yes			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 9-I
Doc ID	1369234

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	

HAMMERSON CORPORATION

PO BOX 189 GAS, KS 66742

Invoice

Date	Invoice #		
9/11/2017	11304-11305		

Bill To

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

P.O. No.	Terms	Project
	Due on receipt	

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 61 PLUGGING 91	8.00 6.50% 50.00 6.50%	1,000.00 65.00 75.00 4.88	
ank you for yo	our business.	Total		

Total

\$1,144.88



RJ Energy

22082 NE Neosho Rd Garnett, Kansas 66032

Murrow 9-I

				Start 8-31-17
1	soil	1		Finish 9-1-17
5	clay/rock	6		
90	lime	96		
168	shale	264		
21	lime	285		
63	shale	348		
30	\mathbf{lime}	378		
43	shale	421		Set 20' of 7"
20	\mathbf{lime}	441		Plugged 9-5-2017
7	shale	448		Ran to 800' pumped 10sxs
6	lime	454		pulled up to 600' pumped 10sxs
97	shale	551		pulled up to 250' pumped 30sxs
2	\mathbf{lime}	553		brought cement to surface
72	shale	625		50sxs total
26	sandy shale	651	odor	00000
159	\mathbf{shale}	810	T.D	