KOLAR Document ID: 1378395

Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

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:, (e.q. xx.xxxxxx)			
Name:	Datum: NAD27 NAD83 WGS84			
Wellsite Geologist:	County:			
Purchaser:	Lease Name: Well #:			
Designate Type of Completion:	Field Name:			
☐ New Well ☐ Re-Entry ☐ Workover	Producing Formation:			
Oil SWD	Elevation: Ground: Kelly Bushing:			
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:			
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet			
	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:	feet depth to:w/sx cmt.			
Well Name: Original Total Depth:	SX OIII.			
Deepening Re-perf. Conv. to EOR Conv. to SWD	Dalling Fleid Management Plan			
Plug Back Liner Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)			
	Chloride content: ppm Fluid volume: bbls			
Commingled Permit #:	Dewatering method used:			
Dual Completion Permit #:				
SWD 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. 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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#### Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	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. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).										
							Sample			
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name	9		Тор	Datum
Cores Taken Electric Log Run Geolgist Report List All E. Logs F	/ Mud Logs		<ul><li> Y€</li><li> Y€</li></ul>	es No						
o.,										
			Reno		RECORD [	Ne	w Used	on etc		
B (0)	· Siz	ze Hole		e Casing	Weight	e, iiile	Setting	Type of	# Sacks	Type and Percent
Purpose of St		Prilled		(In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
				ADDITIONAL	. CEMENTING	SQU	EEZE RECORD			
Purpose: Depth Top Bottom Perforate Protect Casing			Type of Cement		# Sacks Used			Type and Percent Additives		
Plug Back Plug Off Z										
2. Does the volume	1. Did you perform a hydraulic fracturing treatment on this well?  2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No (If No, skip question 3)  No (If No, skip question 3)						,			
Date of first Production/Injection or Resumed Production/ Producing Method:										
Injection:				Flowing	Pumping		Gas Lift C	ther (Explain) _		
Estimated Produc Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	r Bi	ols.	Gas-Oil Ratio	Gravity
DISPO	OSITION OF GAS	S:		N	METHOD OF CO	MPLE	TION:		PRODUCTIO	N INTERVAL:
					Bottom					
(If vented, Submit ACO-18.) (Submit ACO-4)										
Shots Per	Perforation	Perforation	n l	Bridge Plug	Bridge Plug		Δcid	Fracture Shot	Cementing Squeeze	Record
Foot	Тор	Bottom	,,,	Type	Set At		Acid,		Kind of Material Used)	Ticcord
TURING PEOOR	D: Size:		Sc+ A+.		Packer At					
TUBING RECOR	D. Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion			
Operator	RJ Energy, LLC			
Well Name	AJ BRADLEY 9-I			
Doc ID	1378395			

## 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	617	portland	75	

## HAMMERSON CORPORATION

PO BOX 189 GAS, KS 66742

## Invoice

Date	Invoice #			
10/23/2017	11566-11567			

Bill To

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

P.O. No.	Terms	Project
	Due on receipt	

	Description	Rate	Amount
	WELL MUD (\$8.00 PER SACK) LINN COUNTY SALES TAX (WELL MUD) TRUCKING (\$50 PER HOUR) LINN COUNTY SALES TAX  WELL - AJ BRADLEY 91 WELL - AJ BRADLEY 13A	8.00 6.50% 50.00 6.50%	1,000.00 65.00 125.00 8.13
Thank you for	your business.	Total	\$1,19



# RJ Energy

22082 NE Neosho Rd Garnett. Kansas 66032

# AJ Bradley 9-I

			Start 10-19-17
1	soil	1	Finish 10-20-17
3	clay/rock	4	
<b>49</b>	lime	53	
164	shale	217	
19	lime	236	
<b>67</b>	shale	303	
<b>30</b>	lime	333	
<b>40</b>	shale	373	
21	lime	394	
8	shale	402	. 001 (571) /5
8	lime	410	set 20' of 7" w/5sxs Ran 617.7' 2 ¾
93	shale	503	cemented to surface 75 sxs
2	lime	505	comented to surface 70 sas
87	shale	592	
4	bkn sand	596	good show
11	oil sand	607	good show
2	dk sand	609	good show
22	shale	631	TD