KOLAR Document ID: 1378397

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: 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 III Approved by: Date:				

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### Page Two

Operator Name:					Lease Name	e:			_ Well #:		
Sec Tw	rp	S. R		st West	County:						
open and closed	l, flowing a	nd shut-in pr	essures, w		ssure reached	static lev	el, hydrostat	ic pressures, bo		val tested, time tool erature, fluid recovery,	
				eophysical Data a er AND an image f			nust be ema	iled to kcc-well-le	ogs@kcc.ks.go	v. Digital electronic log	
Drill Stem Tests		5)		Yes No		Log	Formatio	n (Top), Depth a		Sample	
Samples Sent to	Geologica	al Survey		Yes No		lame			Тор	Datum	
Cores Taken Electric Log Run Geolgist Report List All E. Logs F	/ Mud Logs	S		Yes No Yes No Yes No							
			Re	CASING eport all strings set-c	RECORD	New [	Used	on, etc.			
Purpose of St	tring	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 /	SQUEEZ	E RECORD				
Purpose: Perforate		Depth Top Bottom	Ту	rpe of Cement	# Sacks Used			Type and	Type and Percent Additives		
Protect Casing Plug Back TD											
Plug Off Z	one										
	e of the tota	l base fluid of t	he hydraulic	s well? fracturing treatment mitted to the chemic		_	Yes Yes Yes	No (If No, si	kip questions 2 ar kip question 3) Il out Page Three		
Date of first Produ	ıction/Injection	on or Resumed	l Production/	Producing Meth	nod:	Gas	Lift $\square$ O	ther <i>(Explain)</i>			
			Mcf Water Bbls. Gas-Oil Ratio				Gravity				
DISPOSITION OF GAS: METHOD OF COMPLETION:							PRODUCTION Top	DN INTERVAL: Bottom			
Vented	_ Sold <u> </u>	Used on Lea	se	Open Hole	_	ually Com Ibmit ACO		nmingled nit ACO-4)			
,											
Shots Per Foot	Perforat Top		foration ottom	Bridge Plug Type	Bridge Plug Set At		Acid,	Fracture, Shot, Ce (Amount and Kin	menting Squeeze  d of Material Used)		
TUBING RECOR	D:	Size:	Set A	At:	Packer At:						
L											

Form	ACO1 - Well Completion
Operator	RJ Energy, LLC
Well Name	AJ BRADLEY 8-I
Doc ID	1378397

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth			Type and Percent Additives
Surface	9.875	7	17	20	portland	5	
Production	5.625	2.875	6.5	668	portland	75	

## HAMMERSON CORPORATION

PO BOX 189 GAS, KS 66742

## Invoice

Date	Invoice #
10/9/2017	11487

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	
75 WELL. LINN C	Description MUD (\$8.00 PER SACK) OUNTY SALES TAX (WELL MUD) ING (\$50 PER HOUR) OUNTY SALES TAX BRADLEY 81	8.00 6.50% 50.00 6.50%	Amount 600.00 39.00 75.00 4.8	
ank you for your busine	SS.	Total	6710	

Total

\$718.88



# RJ Energy

22082 NE Neosho Rd Garnett. Kansas 66032

# AJ Bradley 8-I

			Start 10-4-17
1	soil	1	Finish 10-5-17
5	clay/gravel	6	
<b>70</b>	lime	<b>76</b>	
169	shale	245	
17	lime	262	
66	shale	328	
<b>30</b>	lime	358	
<b>39</b>	shale	397	
21	lime	418	
8	shale	426	. 001 6 711 /5
6	lime	432	set 20' of 7" w/5sxs Ran 668.3' 2 ¾
96	shale	528	cemented to surface 75 sxs
2	lime	530	centented to surface 70 sas
<b>72</b>	shale	602	
18	sands shale	620	
11	bkn sand	631	good show
3	dk sand	634	show
39	shale	673	TD