KOLAR Document ID: 1436630

Confiden	tiality Re	quested:
Yes	No	

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION Form ACO-1 January 2018 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:	
Address 2:	Feet from Dorth / 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:
	Total Vertical Depth: Plug Back Total Depth:
OG GSW CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	Dewatening method used.
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	Quarter Sec TwpS. R East West
Spud Date or Date Reached TD Completion Date or Recompletion Date 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 Nam	ne:			Lease Name:	_ Well #:
Sec	Twp	S. R	East West	County:	

Page Two

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 Taken (Attach Additional Sh	acate)	Y	′es 🗌 No			og Formatio	n (Top), Depth a	and Datum	Sample
			⁄es 🗌 No	1	Name	Э		Тор	Datum
Samples Sent to Geological Survey Cores Taken Electric Log Run Geologist Report / Mud Logs List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c		Ne	w Used rmediate, productio	on, etc.		
Purpose of String	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
ADDITIONAL CEM					SQU	EEZE RECORD			
Purpose:	Depth Top Bottom	Туре	e of Cement	# Sacks Used			Type and	Percent Additives	
Protect Casing Plug Back TD Plug Off Zone									
 Did you perform a hydra Does the volume of the Was the hydraulic fracture 	total base fluid of the	hydraulic fr	acturing treatment		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	tion/ Producing Method:						
Estimated Production Per 24 Hours	Oil	Bbls.	Gas Mcf			Water Bbls. Gas-Oil Ratio Gr			
DISPOSITIO	N OF GAS:		METHOD OF			TION:		PRODUCTION INTERVAL:	
Vented Sold (If vented, Subn	Used on Lease		Open Hole Perf.		Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)			Тор	Bottom
	foration Perform Top Botto		Bridge Plug Type	Bridge Plug Set At				ementing Squeezend of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	RJ Energy, LLC
Well Name	MURROW 17-A
Doc ID	1436630

Casing

	Size Hole Drilled	Size Casing Set	U U	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	20	portland	4	
Production	5.625	2.875	6.5	638	portland	62	



Mound City, KS 620.224.7406

		Wel	1#					Ca	sing	620.224.7406
		Murrov		١	1			Surface	1	Longstring
		RJ Ener	gy, LLO	-			Size:	7 "	Size:	2 7/8 "
							Tally:	20 '	Tally:	638.4 '
API #:		7-25296	S-T-R:				Cement:		Bit:	5.875 "
County:	Linn C	.o., KS	Date:	10.24.2018			Bit:	9.875 "	Date:	10.25.2018
Тор	Base	1				Тор	Base	Formation		
0	2	Soil								
2	6	Clay								
6	12	Lime								
12	17	Shale								
17	37	Lime								
37	39	Bl. Shale								
39	45	Lime								
45	49	Shale								
49	71	Lime								
71	235	Shale								
235	237	Lime								
237	256	Shale		Limey						
256	320	Shale								
320	336	Lime								
336	345	Shale								
345	351	Lime								
351	392	Shale								
392	411	Lime								
411	422	Shale								
422	426	Lime								
426	525	Shale								
525	527	Lime								
527	600	Shale								
600	611	Shale		White, muddy						
611	623	Sand		trince, maday				Sand / Core D	etail	
623	642	Shale				Core #1:		Core #2		
642	072	TD				611	612	Laminated sand, s		1
072						612	623	Soft brown sand;		
						012	025	Soft brown sand,		bieed
				_						
				Total Depth:	6	42				



HURRICANE SERVICES INC

Customer	RJ Enterprises		Lease & Well #	Lease & Well # Murrow 17A				Date	10/:	25/2018
Service District	Game	ett, Ks	County & State	Linn, Ks	Legals S/T/R			Job #	IC.	T 1501
Job Type	Longstring	PROD		SWD	New Well?	√YES	No	Ticket #		ICT 1501
Equipment #	Driver			Job Safety An	alysis - A Discuss	ion of Hazards	& Safety Pro	cedures		
	Garrett	✓Hard hat		Gloves		Lockout/Tag	out	Warning Signs	& Flagging	
	Seth	H2S Monitor		✓ Eye Protection		Required Per	mits	Fall Protection		
77	Jake H	Safety Footwe	ear	Respiratory Pro	tection	Slip/Trip/Fall	Hazards	Specific Job Se	quence/Expe	ctations
	Kevin	FRC/Protectiv	ve Clothing	Additional Cher	nical/Acid PPE	Overhead Hazards Muster Point/Medical L				ions
		Hearing Prote	ection	Fire Extinguishe	r	Additional co	oncerns or iss	ues noted below		
					Com	nments				
Product/ Service Code		Deso	cription		Unit of Measure	Quantity				Net Amount
c001	Heavy Equip. One				mi	30.00				
c002	Light Equip. One				mi	30.00				
c020	Cement Pump				ea	1.00				
c004	Minimum Ton Mile	Charge			ea	1.00				
cp014	Thixatropic				sack	62.00				
cp032	Mud Flush				gal	[:] 500.00				
cp046	Rubber Plug 2 7/8	i"			ea	2.00				
	_									
								All a second reality		
in Contraction and a						the backwork wards	distant in such			
Custo	omer Section: On t	ne following scale	how would you rate	Hurricane Services	Inc.?				Net:	
	and on this is h		would recommend		-2	Total Taxable	\$ -	Tax Rate:		< -
	inlikely 1 2	3 4 5	would recommend		e <i>f</i> xtremely Likely	Services relies on	to be sales tax the customer p to make a dete	exempt. Hurricane	Sale Tax: Total:	<u>\$</u>
	. –									<u>\$</u> 3
						HSI Represe	entative:	Jake Hea	rd	

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 ½% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attrimety to affect the collection. Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Whou discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. <u>DISCLAIMER NOTICE</u>: Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

CUSTOMER AUTHORIZATION SIGNATURE