

Confidentiality Requested:

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD

Gas DH EOR

OG GSW

CM (Coal Bed Methane)

Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

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: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. 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).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	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 / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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HAMMERSON CORPORATION

Invoice

PO BOX 189
Gas, KS 66742

Date	Invoice #
4/15/2021	18174

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
145	WELL MUD (\$8.00 PER SACK) Bedwell 1I Ticket #18174 & #18175	8.00	1,160.00T
2.5	TRUCKING (\$50 PER HOUR)	50.00	125.00T
160	WELL MUD (\$8.00 PER SACK) Bedwell 4I Ticket #18186 & #18187	8.00	1,280.00T
1.5	TRUCKING (\$50 PER HOUR)	50.00	75.00T
160	WELL MUD (\$8.00 PER SACK) Bedwell 2A Ticket #18189 & #18190	8.00	1,280.00T
1.75	TRUCKING (\$50 PER HOUR)	50.00	87.50T
125	WELL MUD (\$8.00 PER SACK) Bedwell 6A Ticket #18224 & #18225	8.00	1,000.00T
1.75	TRUCKING (\$50 PER HOUR)	50.00	87.50T
120	WELL MUD (\$8.00 PER SACK) Bedwell 7I Ticket #18240 & #18241	8.00	960.00T
1	TRUCKING (\$50 PER HOUR)	50.00	50.00T
	SALES TAX	6.50%	396.83
<p><i>Cemented wells to Surface with Company Tools</i></p>			

Thank you for your business.

Total \$6,501.83

McGOWAN

DRILLING, INC.

Mound City, KS
620.224.7406

Well #				Casing			
Bedwell #71				Surface		Longstring	
RJ ENERGY, LLC				Size:	7.0 "	Size:	2 7/8 "
				Tally:	40 '	Tally:	998 '
API #:	15-031-24489	S-T-R:	11-23-16E	Cement:	8 sx	Bit:	5.875 "
County:	Coffey	Date:	4/7/2021	Bit:	9.875 "	Date:	4/9/2021
Top	Base	Formation	Top	Base	Formation		
0	2	Soil					
2	19	Clay					
19	26	Sand & Gravel					
26	100	Shale					
100	108	Lime					
108	132	White Sand					
132	150	Lime					
150	155	Shale					
155	179	Lime					
179	251	Shale					
251	395	Lime					
395	413	Shale					
413	421	Limey Shale					
421	443	Shale					
443	515	Lime					
515	522	Shale					
522	543	Lime					
543	548	Shale					
548	570	Lime					
570	755	Shale					
755	758	Limey Shale					
758	763	Shale					
763	773	Lime					
773	826	Shale					
826	828	Lime					
828	832	Shale					
832	847	Lime					
847	860	Shale					
860	864	Lime					
864	907	Shale					
907	914	Lime					
914	953	Shale					
953	954	Lime					
954	968	Sand					
968		Sandy Shale					
998		TD					
				Sand / Core Detail			
				Core #1:		Core #2:	
				951	955	Sandy shale & sand, slight odor, slight bleed in samples.	
				955	956	Lime	
				956	961	Sand, good odor, good bleed in samples, laminated.	
				961	968	Good odor, fair bleed to pit, laminated.	
				Total Depth: 998'			