

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) (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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McGOWAN

DRILLING, INC.

Mound City, KS

620.224.7406

Well #				Casing					
Bartlett Freeman # 1 I				Surface		Longstring			
RJ ENERGY, LLC				Size:	7.0 "	Size:	2 7/8 "		
				Tally:	43 '	Tally:	994.85 '		
API #:	15-031-24498	S-T-R:	3-23-16E	Cement:	8 sx	Bit:	5.875 "		
County:	Coffey	Date:	12/10/2021	Bit:	9.875 "	Date:	12/14/2021		
Top	Base	Formation	Top	Base	Formation				
0	2	Soil							
2	16	Clay							
16	25	Sand & Gravel							
25	136	Shale							
136	143	Lime							
143	159	White Sand Hard							
159	218	Lime							
218	312	Shale							
312	326	Lime							
326	340	Shale							
340	382	Lime							
382	387	Shale							
387	431	Lime							
431	473	Shale							
473	483	Lime							
483	494	Shale							
494	541	Lime							
541	548	Shale							
548	566	Lime							
566	574	Shale							
574	578	Lime							
578	585	Shale							
585	593	Lime							
593	764	Shale							
764	794	Lime							
794	845	Shale							
845	855	Lime							
855	876	Shale							
876	880	Lime							
880	895	Shale							
895	898	Lime							
898	966	Shale							
966	967	Lime							
967	969	Sandy shale&sand							
969	983	Sand							
983		Sandy shale							
999		TD							
Total Depth:			999'						

Sand / Core Detail		
Core #1:	Core #2:	
969	970	Good odor, fair bleed to pit, laminated.
970	976	Good odor, good bleed to pit, slightly laminated.
976	978	Slight bleed, good odor, very laminated.
978	983	Good odor, fair bleed, slightly laminated.

HAMMERSON CORPORATION

Invoice

PO BOX 189
Gas, KS 66742

Date	Invoice #
12/22/2021	20384

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
160	WELL MUD (\$8.50 PER SACK) Wakefield 9A Ticket #20384	8.50	1,360.00T
2	TRUCKING (\$50 PER HOUR)	50.00	100.00T
160	WELL MUD (\$8.50 PER SACK) Bartlett II Ticket #20393	8.50	1,360.00T
1	TRUCKING (\$50 PER HOUR)	50.00	50.00T
160	WELL MUD (\$8.50 PER SACK) Wakefield 6I Ticket #20394	8.50	1,360.00T
2	TRUCKING (\$50 PER HOUR)	50.00	100.00T
160	WELL MUD (\$8.50 PER SACK) Wakefield 5A Ticket #20399	8.50	1,360.00T
2.25	TRUCKING (\$50 PER HOUR)	50.00	112.50T
140	WELL MUD (\$8.50 PER SACK) Crofts 6I Ticket #20405	8.50	1,190.00T
1.25	TRUCKING (\$50 PER HOUR)	50.00	62.50T
160	WELL MUD (\$8.50 PER SACK) Wakefield 7I Ticket #20406	8.50	1,360.00T
1.25	TRUCKING (\$50 PER HOUR)	50.00	62.50T
160	WELL MUD (\$8.50 PER SACK) Wakefield Lease Ticket #20415	8.50	1,360.00T
1.7	TRUCKING (\$50 PER HOUR)	50.00	85.00T
	SALES TAX	6.50%	644.96

*Cemented to Surface
Using Company Tools*

Thank you for your business.	Total	\$10,567.46
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