KOLAR Document ID: 1642314

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 #	API No.:
Name:	Spot Description:
Address 1:	
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:
	Producing Formation:
☐ Oil ☐ WSW ☐ 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
CM (Coal Bed Methane) 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
•	If Alternate II completion, cement circulated from:
Operator:	•
Well Name:	feet depth to: 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)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	·
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 Approved by: Date:

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Page Two

Operator Name: _				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	ast West	County:				
	flowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests Ta			Yes No		_	on (Top), Depth ar		Sample
Samples Sent to G	Geological Surv	ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		R			New Used	on, etc.		
Purpose of Strir		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / S	QUEEZE RECORD	I		
Purpose:		epth Ty	pe of Cement	# Sacks Used		Type and F	Percent Additives	
Protect Casi								
Plug Off Zon								
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three (,
Date of first Producti Injection:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			N INTERVAL: Bottom
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	, Submit ACO-18.)				· · · · · · · · · · · · · · · · · · ·			
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5213 (1200) 10.	JIEG.			. 30.0.71				

Form	ACO1 - Well Completion
Operator	RJ Energy, LLC
Well Name	BOLEN 12I
Doc ID	1642314

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	40	portland	8	n/a
Production	5.875	2.875	6.5	1008	portland	140	n/a

Bolen 12I

4	soil	4	start 4/1/2022
29	clay and gravel	33	finish 4/4/2022
110	shale	143	
65	lime	208	
35	shale	243	
38	lime	281	set 40' 7"
29	shale	310	ran 1008' 2 7/8
77	lime	387	hurricane cemented to surface
24	shale	411	
133	lime	544	
4	shale	548	
49	lime	597	
180	shale	727	
19	lime	796	
67	shale	863	
31	lime	894	
15	shale	909	
9	lime	918	
8	shale	826	
6	lime	932	
8	shale	940	
6	lime	946	
32	shale	978	
9	brkn sand	987	good show
4	sandy shale	991	show
27	shale	1018	td

MAMMERSON CORPORATION

PO BOX 189 Fast KS 66742 Invoice

Date	Invoice #
4/15/22	20844

Bill To

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

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Kate	Amount
•	Well Mud (\$8.80 Per Sack) Bolen 12I Ticket #20844	8.80	1.408.00
	Hour Rate	65.00	81.25
	Fuel Surcharge	35.00	35.00
	Well Mud (\$8.80 Per Sack) Boen 161 Ticket #20850	8.80	1,232.00
	Hour Kale	1 5.56	55.0
-	Fuel Surcharge	35.00	35.0
	Well Mud (\$8.80 Per Sack) Bolen 81 Ticket #20859	8.80	1,232.0
140		65.00	65.0
	Fuel Surcharge	35.00	35.0
	Well Mud (\$8.80 Per Sack) Cox Lease Ticket #20866	8.80	880.0
		65.00	65.0
	From Kane	35.00	35.0
1	Fuel Surcharge Well Mud (\$8.80 Per Sack) Bolen WSW 1 Ticket #20873	8.80	1,056.0
		65.00	65.0
1	Hour Rate	35.00	35.0
ı	Fuel Surcharge SALES TAX	6.50%	411.0
	Central to surface		

! hank you for your business.

Total

\$6.735.33