

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
--	---

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
---	--	------------------------------------

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:	
----------------	-------	---------	------------	--

WoCo Drilling LLC

1135 30th Rd
 Yates Center, Kansas 66783
 Steve 620-330-6328 Nick 620-228-2320

Operator License # 3728		API # 15-031-24630	
Operator: RJ Energy LLC		Lease: Bartlett Freeman	
Address: 2202 NE Neosho Rd, Garnett, Ks		Well # 14	
Phone: 785-448-4101		Spud Date: 8/29/2022	Completed: 9/01/2022
Contractor License: 33900		Location: Sec: 3	TWP: 23s R: 16e
T.D. 1040	Bite Size: 5.875	437 from south line	
Surface Pipe Size: 7"	Surface Depth: 45.5'	553 from east line	
Kind of Well: oil		County: Coffey	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	9	Lime	919	924
Clay	9	22	Shale	924	931
Sand & gravel	22	36	Lime	931	934
Shale	36	134	Shale	934	969
Lime	134	159	Lime Cap	969	970
Shale	159	171	Brkn Oil Sand	970	972
Lime	171	199	Oil Sand	972	975
Shale	199	312	Brkn Oil Sand	975	978
Lime	312	324	Oil Sand	978	984
Shale	324	336	Brkn Sand	984	987
Lime	336	446	Shale	987	1040
Shale	446	467			
Lime	467	568			
Shale	568	574	TD 1040		
Lime	574	597			
Shale	597	766	Ran 2-7/8" pipe to 1026'		
Lime	766	769			
Shale	769	777			
Lime	777	786	Cemented Surface with		
Shale	786	827	10 Sacks		
Lime	827	830			
Shale	830	847			
Lime	847	857			
Shale	857	873			
Lime	873	877			
Shale	877	891			
Lime	891	896			
Shale	896	919			



CEMENT TREATMENT REPORT

Customer: RJ Energy	Well: Bartlett Freeman 14	Ticket: EP5815
City, State: Garnett, KS	County: CF, KS	Date: 9/1/2022
Field Rep: Jason Kent	S-T-R: 3-23-16	Service: Longstring

Downhole Information	
Hole Size:	5 5/8 in
Hole Depth:	1040 ft
Casing Size:	2 7/8 in
Casing Depth:	1026 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	5.94 bbls

Calculated Slurry - Lead	
Blend:	Econobond 1# PS
Weight:	13.61 ppg
Water / Sk:	7.12 gal / sk
Yield:	1.56 ft ³ / sk
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	30.28 bbls
Total Sacks:	109 sks

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sk:	gal / sk
Yield:	ft ³ / sk
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	0 sks

TIME	RATE	PSI	STAGE	TOTAL	REMARKS
			BBLs	BBLs	
2:30 PM			-	-	on location, held safety meeting
			-	-	
	4.0		-	-	established circulation
	4.0		-	-	mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
	4.0		-	-	mixed and pumped 109 sks Econobond cement with 1# PhenoSeal per sk, cement to surface
	4.0		-	-	flushed pump clean
	1.0		-	-	pumped two 2 7/8" rubber plugs to casing TD with 5.94 bbls fresh water
	1.0		-	-	pressured to 800 PSI, well held pressure
			-	-	released pressure to set float valve
	4.0		-	-	washed up equipment
			-	-	
3:30 PM			-	-	left location
			-	-	
			-	-	
			-	-	
			-	-	
			-	-	
			-	-	
			-	-	
			-	-	
			-	-	
			-	-	
			-	-	
			-	-	
			-	-	
			-	-	
			-	-	

CREW		UNIT
Cementer:	Casey Kennedy	931
Pump Operator:	Garrett Scott	209
Bulk:	Trevor Glasgow	246
H2O:	Doug Gipson	110

SUMMARY		
Average Rate	Average Pressure	Total Fluid
3.1 bpm	- psi	- bbls