

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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WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 3728		API # 15-031-2457	
Operator: RJ Energy LLC		Lease: Bolen	
Address: 2202 NE Neosho Rd, Garnett, Ks 66032		Well # 15A	
Phone: 785-448-4101		Spud Date: 9/02/2022	Completed: 9/4/2022
Contractor License: 33900		Location: Sec: 15	TWP: 23s R: 16e
T.D. 1030	Bite Size: 5.875	3034' FSL	
Surface Pipe Size: 7"	Surface Depth: 45.5'	3976' FEL	
Kind of Well: oil		County: Coffey	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	8			
Clay	8	22	Shale	851	858
Sand & gravel	22	31	Lime	858	877
Shale	31	138	Shale	877	886
Lime	138	164	Lime	886	890
Shale	164	169	Shale	890	939
Lime	169	183	Lime	939	942
Shale	183	186	Shale	942	975
Lime	186	210	Lime cap	975	976
Shale	210	234	Brkn Oil Sand	976	979
Lime	234	254	Oil Sand	979	988
Shale	254	260	Brkn oil Sand	988	991
Lime	260	272	Shale	991	1030
Shale	272	284			
Lime	284	338			
Shale	338	351	TD 1030		
Lime	351	381			
Shale	381	444	Ran 2-7/8" Pipe to 1006		
Lime	444	463			
Shale	463	471	Cemented Surface With		
Lime	471	546	10 Sacks		
Shale	546	580			
Lime	580	597			
Shale	597	760			
Lime	760	766			
Shale	766	784			
Lime	784	795			
Shale	795	848			
Lime	848	851			



CEMENT TREATMENT REPORT

Customer: **RJ Energy**
 City, State: **Garnett, KS**
 Field Rep: **Jason Kent**

Well: **Bolen 15A**
 County: **CF, KS**
 S-T-R: **15-23-16**

Ticket: **EP5877**
 Date: **9/8/2022**
 Service: **Longstring**

Downhole Information

Hole Size: **5 5/8 in**
 Hole Depth: **1030 ft**
 Casing Size: **2 7/8 in**
 Casing Depth: **1007 ft**
 Tubing / Liner: **in**
 Depth: **ft**
 Tool / Packer:
 Tool Depth: **ft**
 Displacement: **5.83 bbls**

Calculated Slurry - Lead

Blend: **Econobond 1# PS**
 Weight: **13.61 ppg**
 Water / Sk: **7.12 gal / sk**
 Yield: **1.56 ft³ / sk**
 Annular Bbls / Ft.: **bbls / ft.**
 Depth: **ft**
 Annular Volume: **0.0 bbls**
 Excess:
 Total Slurry: **28.62 bbls**
 Total Sacks: **103 sks**

Calculated Slurry - Tail

Blend:
 Weight: **PPG**
 Water / Sk: **gal / sk**
 Yield: **ft³ / sk**
 Annular Bbls / Ft.: **bbls / 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	

10:00 AM			-	-	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 103 sks Econobond cement with 1# PhenoSeal per sk, cement to surface
	1.0		-	-	flushed pump clean
	1.0		-	-	pumped two 2 7/8" rubber plugs to casing TD with 5.83 bbls fresh water
			-	-	pressured to 800 PSI, well held pressure
	4.0		-	-	released pressure to set float valve
			-	-	washed up equipment
11:00 AM			-	-	left location

CREW		UNIT
Cementer:	Casey Kennedy	931
Pump Operator:	Garrett Scott	209
Bulk:	Trevor Glasgow	248
H2O:	Keith Detwiler	124

SUMMARY		
Average Rate	Average Pressure	Total Fluid
3.1 bpm	psi	bbls