KOLAR Document ID: 1719006

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

Address 1:	OPERATOR: License #	API No.:
Address 2:	Name:	Spot Description:
City:	Address 1:	SecTwpS. R East West
Contact Person:	Address 2:	Feet from North / South Line of Section
Designate Type of Completion: Designate Type of Completion	City: State: Zip: +	Feet from _ East / _ West Line of Section
CONTRACTOR: License #	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name:	Phone: ()	□NE □NW □SE □SW
Name:	CONTRACTOR: License #	GPS Location: Lat: . Long:
Designate Type of Completion:	Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Purchaser:	Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Designate Type of Completion: New Well		County:
New Well		Lease Name: Well #:
Oil		Field Name:
Gas		Producing Formation:
OG		Elevation: Ground: Kelly Bushing:
GM (Coal Bed Methane)		Total Vertical Depth: Plug Back Total Depth:
Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No		
If Workover/Re-entry: Old Well Info as follows:		
Operator: Well Name: If Alternate II completion, cement circulated from:		
Well Name: Original Total Depth: feet depth to: w/ sx cmt. Original Comp. Date: Original Total Depth: feet depth to: w/ sx cmt. Deepening	•	
Original Comp. Date: Original Total Depth: Deepening	Operator:	
Deepening Re-perf. Conv. to EOR Conv. to SWD Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Commingled Permit #: Dual Completion Permit #: Dewatering method used: De	Well Name:	feet depth to: w/ sx cmt.
Plug Back Liner Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #:	Original Comp. Date: Original Total Depth:	
Commingled Permit #:	☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	
Dual Completion Permit #:	☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Dual Completion Permit #: Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: License #: License #: Quarter Sec Twp S. R East West	Commingled Parmit #	Chloride content: ppm Fluid volume: bbls
SWD Permit #:		Dewatering method used:
EOR Permit #: Operator Name:		Location of fluid disposal if hauled offsite:
GSW		Econion of haid disposal in fladied choice.
Spud Date or Date Reached TD Completion Date or Quarter Sec. Twp. S. R. East West		Operator Name:
Spud Date or Date Reached TD Completion Date or ———————————————————————————————————	<u> </u>	Lease Name: License #:
	Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
	- P	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	st West	County:				
	lowing 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	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample
Samples Sent to G	eological 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					
		Re			New Used	ion, etc.		
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l		
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used	Type and Percent Additives			
Protect Casii								
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:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>		
Estimated Production Oil Bbls. Per 24 Hours						Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS: METHOD OF COM					LETION:			ON INTERVAL:
	_	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 12.00 10.	5120.		···	. 30.0.71				

Form	ACO1 - Well Completion
Operator	Kent, Roger dba R J Enterprises
Well Name	WEST VAN WINKLE U-24
Doc ID	1719006

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	15	22	Portland	6	
Production	5.625	2.875	8	750	portland	66	