KOLAR Document ID: 1726235

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: Z	′ip:+	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. xxx.xxxxx) (e.gxxx.xxxxxx)
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 ☐ GSW		Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)		Amount of Surface Pipe Set and Cemented at: Feet
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
Operator:		If Alternate II completion, cement circulated from:
Well Name:		feet depth to:w/sx cmt.
Original Comp. Date: Original 1	Fotal Depth:	
Deepening Re-perf. Conv. to E	EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to 0	GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
		Chloride content: ppm Fluid volume: bbls
		Dewatering method used:
		Location of fluid disposal if bouled office.
		Location of fluid disposal if hauled offsite:
	_	Operator Name:
		Lease Name: License #:
Spud Date or Date Reached TD	Completion Date or	Quarter Sec TwpS. R
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	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: Depth Top Bottom			pe of Cement	# Sacks Used	d Type and Percent Additives				
Perforate Protect Casing Plug Back TD									
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 COMPLET					LETION:			ON INTERVAL:	
			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, Cementing Squeeze Record (Amount and Kind of Material Used)			Record	
TUBING RECORD:	Size:	Set /	At:	Packer At:					
. 5513 1200 10.	5120.		···	. 30.0.71					

Form	ACO1 - Well Completion			
Operator	RJ Energy, LLC			
Well Name	WARE 4-A			
Doc ID	1726235			

Casing

Purpose Of String		Size Casing Set	Weight	Setting Depth	''		Type and Percent Additives
Surface	9.875	7	17	20	portland	10	
Production	5.625	2.875	6.5	877	portland	84	