

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)</i> <i>(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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Invoice

HAMMERSON CORPORATION

PO BOX 189
Gas, KS 66742

Date	Invoice #
11/16/2023	23479

Bill To
R.J. ENERGY LLC 22082 NE NEOSHO RD GARNETT, KS 66032

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
160	Well Mud Roselle Lease Ticket #23479	9.60	1,536.00
1.75	Hour Rate	65.00	113.75
1	Fuel Surcharge	35.00	35.00
160	Well Mud Roselle 13A/16I Ticket #23480	9.60	1,536.00
1.25	Hour Rate	65.00	81.25
1	Fuel Surcharge	35.00	35.00
160	Well Mud Roselle Lease Ticket #23492	9.60	1,536.00
1.5	Hour Rate	65.00	97.50
1	Fuel Surcharge	35.00	35.00
160	Well Mud Roselle Lease Ticket #23507	9.60	1,536.00
1	Hour Rate	65.00	65.00
1	Fuel Surcharge	35.00	35.00
140	Well Mud Dennis Crofts 13I Ticket #23511	9.60	1,344.00
1	Hour Rate	65.00	65.00
1	Fuel Surcharge	35.00	35.00
160	Well Mud Kittle 6A/8I Ticket #23521	9.60	1,536.00
1.25	Hour Rate	65.00	81.25
1	Fuel Surcharge	35.00	35.00
130	Well Mud Dennis Crofts 11I Ticket #23532	9.60	1,248.00
1	Hour Rate	65.00	65.00
1	Fuel Surcharge	35.00	35.00
160	Well Mud Roselle Lease Ticket #23533	9.60	1,536.00
1.5	Hour Rate	65.00	97.50
1	Fuel Surcharge	35.00	35.00
	SALES TAX	6.50%	82.00

Thank you for your business.

Total \$13,500.00

McGOWN DRILLING, INC.

Moun

620.22

Well #
McGown Drilling, Inc. Dennis Crotts # 111

Casing			
Surface		Longstrin	
Size:	7 "	Size:	2 7/8
Tally:	43.0 '	Tally:	1061.9
Cement:	5 sx	Bit:	5 7/8
Bit:	9 "	Date:	11/9/20

API #:		S-T-R:	
County	Coffey	Date:	11/7/2023

Top	Base	Formation	Top	Base	Formation
0	2	soil			
2	17	clay			
17	25	gravel & sand			
25	212	shale			
212	256	lime			
256	345	shale			
345	362	lime			
362	373	blk hale			
373	413	lime			
413	415	shale			
415	472	lime			
472	487	shale			
487	490	lime			
490	529	shale			
529	538	lime			
538	540	shale			
540	589	lime			
589	595	shale			
Float Equipment					
595	608	lime	Qty	Size	
608	613	shale	1	2 7/8	Float Shoe
613	614	lime		2 7/8	Aluminum Baffle
614	620	shale	3	2 7/8	Centralizers
620	641	lime	1	2 7/8	Casing clamp
641	824	shale			
824	841	lime			
Sand / Core Detail					
841	856	shale	Core #1:		Core #2:
856	859	lime	Core #3:		Core #4:
859	897	shale	1021	1022	sandy shale slight odor
897	904	lime			
904	1017	shale	1022	1024	good odor, good bleed, lamiated
1017	1018	lime			
1018	1020	shale	1024	1028	good odor, good bleed in samples
1020	1021	lime			
1021	1030	sand	1028	1030	good odor, slight bleed in samples r