

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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# McGOWN DRILLING, INC.

Moun

620.22

Well #
<b>McGown Drilling, Inc. Dennis Crotts #81</b>

Casing			
Surface		Longstrin	
<b>Size:</b>	<b>7 "</b>	<b>Size:</b>	<b>2 7/8</b>
<b>Tally:</b>	<b>43.8 '</b>	<b>Tally:</b>	<b>1044.0</b>
<b>Cement:</b>	<b>5 sx</b>	<b>Bit:</b>	<b>5 7/8</b>
<b>Bit:</b>	<b>9 "</b>	<b>Date:</b>	<b>11/13/23</b>

<b>API #:</b>		<b>S-T-R:</b>	
<b>County</b>	<b>Coffey</b>	<b>Date:</b>	<b>11/10/2023</b>

Top	Base	Formation	Top	Base	Formation
0	2	soil			
2	17	clay			
17	24	gravel& sand			
24	206	shale			
206	250	lime			
250	338	shale			
338	354	lime			
354	364	blk shale			
364	370	lime			
370	375	shale			
375	379	lime			
379	390	shale			
390	470	lime			
470	525	shale			
525	531	lime			
531	533	shale			
533	611	lime			
611	616	shale	<b>Float Equipment</b>		
616	636	lime	<b>Qty</b>	<b>Size</b>	
636	828	shale	1	2 7/8	Float Shoe
828	847	lime		2 7/8	Aluminum Baffle
847	896	shale	3	2 7/8	Centralizers
896	901	lime	1	2 7/8	Casing clamp
901	1015	shale			
1015	1016	lime	<b>Sand / Core Detail</b>		
1016	1018	shale	<b>Core #1:</b>		<b>Core #2:</b>
1018	1020	lime	<b>Core #3:</b>		<b>Core #4:</b>
1020	1029	sand	1020	1024	good odr fair bleed, lamiated
1029		sandy shale			
			1024	1026	good odor,blk sand, slight bleed in s
			1026	1029	blk sand, no odor

HAMMERSON CORPORATION

# Invoice

PO BOX 189  
Gas, KS 66742

Date	Invoice #
11/22/2023	23543

<b>Bill To</b>
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 Kittle 9I/10I Ticket #23543	9.60	1,536.00T
1.25	Hour Rate	65.00	81.25T
1	Fuel Surcharge	35.00	35.00T
130	Well Mud Dennis Crotts 8I Ticket #23549	9.60	1,248.00T
1	Hour Rate	65.00	65.00T
1	Fuel Surcharge	35.00	35.00T
160	Well Mud Roselle Lease Ticket #23550	9.60	1,536.00T
1.25	Hour Rate	65.00	81.25T
1	Fuel Surcharge	35.00	35.00T
160	Well Mud Kittle 20I/23I Ticket #23554	9.60	1,536.00T
1	Hour Rate	65.00	65.00T
1	Fuel Surcharge	35.00	35.00T
160	Well Mud Kittle Lease Ticket #23556	9.60	1,536.00T
2	Hour Rate	65.00	130.00T
1	Fuel Surcharge	35.00	35.00T
130	Well Mud Dennis Crotts 6A Ticket #23559	9.60	1,248.00T
1	Hour Rate	65.00	65.00T
1	Fuel Surcharge	35.00	35.00T
160	Well Mud Kittle Lease Ticket #23560	9.60	1,536.00T
1	Hour Rate	65.00	65.00T
1	Fuel Surcharge <sup>13A</sup>	35.00	35.00T
160	Well Mud Kittle <del>20</del> 21/22I Ticket #23580	9.60	1,536.00T
1.25	Hour Rate	65.00	81.25T
1	Fuel Surcharge	35.00	35.00T
130	Well Mud Dennis Crotts 10I Ticket #23584	9.60	1,248.00T
0.75	Hour Rate	65.00	48.75T
1	Fuel Surcharge	35.00	35.00T
	SALES TAX	6.50%	907.24

Thank you for your business.

**Total**

\$14,864.74