KOLAR Document ID: 1835254

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:	SecTwpS. R East West			
Address 2:	Feet from North / South Line of Section			
City:	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. xx.xxxxxx) (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	Total Vertical Depth: Plug Back Total Depth:			
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet			
CM (Coal Bed Methane)	Multiple Stage Cementing Collar Used? Yes No			
Cathodic Other (Core, Expl., etc.):				
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 Total Depth:				
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan			
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)			
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls			
Dual Completion Permit #:	Dewatering method used:			
SWD Permit #:	Location of fluid disposal if hauled offsite:			
EOR Permit #:	Location of haid disposal in hadica offsite.			
GSW Permit #:	Operator Name:			
	Lease Name: License #:			
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West			
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:				
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 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		
l lop Bottom		pe of Cement	f Cement # Sacks Used Type and Percent Additives					
Perforate Protect Casii Plug Back TI								
Plug Off Zon								
1. Did you perform a hydraulic fracturing treatment on this well? 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? 3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, skip questions 2 and 3) No (If No, skip question 3) No (If No, fill out Page Three of the ACO-1)								
Date of first Production/Injection or Resumed Production/ Injection: Producing Method: Gas Lift Other (Explain)								
Estimated Production Per 24 Hours	Estimated Production Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio			Gravity				
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL:								
					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	JB GEORGE 1
Doc ID	1835254

Casing

Purpose Of String		Size Casing Set	Weight	Setting Depth	Cement		Type and Percent Additives
Surface	9.875	7	17	40	portland	5	
Production	5.625	2.875	6.5	909	portland	120	

RJ Energy, LLC Drill Log - Cement Log

Lease: JB George Start: 1/2/2025 Surface: 7" 40' 5 Sacks

Well# 1 **Finish:** 1/3/2025

API# 15-207-30010 **Longstring:** 2.875 " 909 ' 120 Sacks

Span	Formation	Depth	Notes	Pumped 120 sacks
4	Top Soil	4		and circulated to the top
20	Clay & Gravel	24		using company tools.
39	Shale	63		
43	Lime	106		
80	Shale	186		
102	Lime	288		
42	Shale	330		
150	Lime	480		
177	Shale	657		
18	Lime	675		
65	Shale	740		
30	Lime	770		
14	Shale	784		
14	Lime	798		
9	Shale	807		
9	Lime	816		
6	Shale	822		
4	Lime	826		
39	Shale	865		
10	Broken Sand	875	Good Show	
44	Shale	919	TD	