KOLAR Document ID: 1847363

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 I II Approved by: Date:							

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#### Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	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 (Attach Additional Sheets)			Ye	es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name	)		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Y€  Y€	es No						
			Repo		RECORD [	Nev	w Used rmediate, producti	on. etc.		
Purpose of St		ze Hole Orilled	Siz	e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[	Depth	Typo		# Sacks Use		EEZE RECORD	Typo a	ad Paraant Additivas	
Perforate Top Bottom Protect Casing Plug Back TD		Type of Cement		# Sacks Useu		Type and Percent Additives				
Plug Off Z										
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 Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)		
Estimated Production Oil Bbls.		le.	Flowing Pumping  Gas Mcf			Gas Lift Other (Explain)  Water Bbls.		Gas-Oil Ratio	Gravity	
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL						N INTERVAL:				
Vented     ☐ Sold     ☐ Used on Lease     ☐ Open Hole     ☐ Perf.						nmingled	Тор	Bottom		
(If vented, Submit ACO-18.) (Submit ACO-5) (Submit ACO-4)										
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type			Record			
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	RJ Energy, LLC
Well Name	JB GEORGE 4W
Doc ID	1847363

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	23	40	portland	8	
Production	5.625	2.875	6.5	901	portland	80	

# RJ Energy, LLC **Drill Log - Cement Log**

Lease: Surface: JB George Start: 2/14/2025 7" 40' 8 Sacks Well# Longstring: 2.875 " Finish: 4W 2/17/2025 901' 80 Sacks

Perfs: 15-207-30060 851' 861' 2 Per Foot

Span	Formation	Depth	Notes	Pumped 80 sacks
4	Top Soil	4		and circulated to the top
16	Clay & Gravel	20		using company tools.
70	Shale	90		
31	Lime	121		
49	Shale	170		
105	Lime	275		
42	Shale	317		
151	Lime	468		
190	Shale	658		
9	Lime	667		
60	Shale	727		
32	Lime	759		
13	Shale	772		
11	Lime	783		
11	Shale	794		
8	Lime	802		
7	Shale	809		
5	Lime	814		
4	Lime	818		
31	Shale	849		
13	<b>Broken Sand</b>	862	Good Show	
329	Shale	1191		
12	Lime	1203		

Oil

TD

API#

18

9

Lime Break

Lime

1221

1230