KOLAR Document ID: 1850712

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. REast _ West				
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	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:				
□ Oil □ WSW □ SWD	Producing Formation:				
Gas DH EOR	Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Feet  Amount of Surface Pipe Set and Cemented at: Feet				
□ og □ GSW					
CM (Coal Bed Methane)					
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No				
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)				
	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #:	Dewatering method used:				
☐ Dual Completion Permit #:  ☐ SWD Permit #:	Leasther of field diseased if headed offeite				
EOR Permit #:	Location of fluid disposal if hauled offsite:				
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West				
Recompletion Date  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 III Approved by: Date:						

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#### Page Two

Operator Name:					Lease Na	ame: _			Well #:	
SecTwp	oS.	R	East	West	County: _					
open and closed, and flow rates if g	flowing and s gas to surface y Log, Final L	hut-in pressu test, along wi ogs run to ob	res, whe ith final c tain Geo	ther shut-in prechart(s). Attach	essure reache extra sheet i and Final Elec	ed stati if more ctric Lo	c level, hydrosta space is neede	tic pressures, d.		val tested, time tool rature, fluid recovery, Digital electronic log
Drill Stem Tests Taken Yes No (Attach Additional Sheets)				es No		L	og Formatio	on (Top), Dept	Sample	
Samples Sent to	,	ırvey	Y	es 🗌 No		Nam	е		Тор	Datum
Cores Taken Electric Log Run Geologist Report List All E. Logs Ri	_		Y	es No es No es No						
			David		RECORD	☐ Ne				
	Qi	ize Hole	-	ze Casing	Weight		ermediate, product	Type of	# Sacks	Type and Percent
Purpose of Str		Drilled		t (In O.D.)	Lbs. / F		Depth	Cement	Used	Additives
	'			ADDITIONAL	. CEMENTING	3 / SQL	JEEZE RECORD	'	'	
Purpose:		Depth p Bottom	Туре	of Cement	# Sacks U	sed		Туре а	and Percent Additives	
Perforate Protect Cas Plug Back	sing	p Bottom								
Plug Off Zo										
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/ Producing Method: Injection: Pumping Cool iff Other (Finish)										
,				Flowing	Pumping			other (Explain) _		
Estimated Product Per 24 Hours	tion	Oil Bl	bls.	Gas	Mcf	Wate	er B	bls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS: METH				METHOD OF C	THOD OF COMPLETION: PRODUCTION					
Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled						Bottom				
(If vented	d, Submit ACO-1	8.)				(Submit	ACO-5) (SUD	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforati Botton				Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)				
TUBING RECORD	): Size:	:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	RJ Energy, LLC
Well Name	JB GEORGE 17W
Doc ID	1850712

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9.875	7	23	40	portland	8	
Production	5.625	2.875	6.5	912	portland	120	

# RJ Energy, LLC Drill Log - Cement Log

Lease:JB GeorgeStart:5/1/2025Surface:7 "40 '8 Sacks

Well# 17W Finish: 5/2/2025 Longstring: 2.875 " 912 ' 120 Sacks

**API#** 15-207-30079 **Waste:** 5/4/2025 **Perfs:** 864' 873'

Span	Formation	Depth	Notes
4	Top Soil	4	
20	Clay & Gravel	24	
18	Shale	42	
62	Lime	104	
87	Shale	191	
97	Lime	288	
53	Shale	341	
137	Lime	478	
187	Shale	665	
11	Lime	676	
63	Shale	739	
32	Lime	771	
14	Shale	785	
11	Lime	796	
13	Shale	809	
7	Lime	816	
8	Shale	824	
3	Lime	827	
37	Shale	864	
8	<b>Broken Sand</b>	872	<b>Good Show</b>
58	Shale	930	TD

Pumped 120 sacks and circulated to the top using company tools.