



KANSAS CORPORATION COMMISSION 1070274
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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 SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- 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 ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1070274

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise
22808 NE Neosho RD
Garnett, KS 66032

Ware 18-I

Start 10-4-2011

Finish 10-5-2011

3	soil	3	
11	clay	14	
44	lime	58	
168	shale	226	
32	lime	258	
67	shale	325	
10	lime	335	
6	shale	341	set 20' 7"
39	lime	380	ran 868.8' 2 7/8
20	shale	400	cemented to surface 90 sxs
14	lime	414	
8	shale	422	
13	lime	435	
165	shale	600	
22	lime	622	
58	shale	680	
29	lime	709	
23	shale	732	
11	lime	743	
17	shale	760	
6	lime	766	
8	shale	774	
6	lime	780	
10	shale	790	
8	sandy shale	798	odor
7	sandy shale	805	show
4	Bkn sand	809	show
3	Bkn sand	812	good show
4	sandy shale	816	show
5	Bkn sand	821	good show
8	sandy shale	829	show
16	Oil sand	845	good show
6	Dk sand	851	show
24	Shale	875	T.D.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7108 FAX (785) 448-7138

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INVOICE
 THIS COPY MAY BE REPRINTED AT WILLIAMSBURG, VA

Page 1 Invoice: 10178798
 Total: 18,090.48
 Ship Date: 08/27/11
 Invoice Date: 08/27/11
 Due Date: 10/08/11

Ship To: ROGER KENT
 2802 N WOODHO RD
 GARNETT, KS 66032
 (785) 448-8980 NOT FOR HOUSE USE

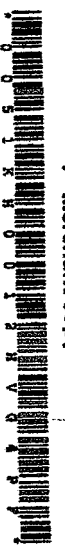
Order # 000387
 Customer PO: 000387
 Order By: [Blank]

ORDER #	SHIP TO	ITEM #	DESCRIPTION	ALL PRICED/UNIT	PRICE	EXTENSION
680,000	SHIP TO EA	CHPA	PLY ASH MILK 80 LBS PER BAG	0.0990 BAG	0.0990	3184.80
18,000	SHIP TO FL	CHPA	MOURARCH PALLET	18.0000 P.	18.0000	188.00
				Subtotal		33961.80
				Taxable		6391.80
				Non-taxable		0.00
				Tax #		282.83
				TOTAL		39246.03

ORDERED BY: DATE SHIPPED: DRIVER: [Blank]

SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE WITH GOOD CONDITION

FILED BY: [Blank]



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 Garnett, KS 66032
 (785) 448-7108 FAX (785) 448-7138

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Page 1 Invoice: 10178832
 Total: 18,090.16
 Ship Date: 08/27/11
 Invoice Date: 08/27/11
 Due Date: 10/08/11

Ship To: ROGER KENT
 2802 N WOODHO RD
 GARNETT, KS 66032
 (785) 448-8980 NOT FOR HOUSE USE

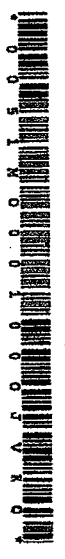
Order # 000387
 Customer PO: 000387
 Order By: [Blank]

ORDER #	SHIP TO	ITEM #	DESCRIPTION	ALL PRICED/UNIT	PRICE	EXTENSION
70,000	SHIP TO EA	EA	KYAKI BROWN 8 1/4 LAP	18.8600 EA	18.8600	809.30
				Subtotal		809.30
				Taxable		609.30
				Non-taxable		0.00
				Tax #		70.83
				TOTAL		1490.43

ORDERED BY: DATE SHIPPED: DRIVER: [Blank]

SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE WITH GOOD CONDITION

FILED BY: [Blank]



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