

1222289

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 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)*

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

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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R J Enterprises
22082 NE Neosho Rd
Garnett, KS 66032

Sobba 10-I

Start 6-3-14

Finish 6-6-14

1	soil	1	
5	clay/rock	6	
25	lime	31	
43	shale	74	
9	lime	83	
115	shale	198	
29	lime	227	
35	shale	262	
9	lime	271	
20	shale	291	
109	lime	400	
188	shale	588	
10	lime	598	
61	shale	659	
28	lime	687	
21	shale	708	
9	lime	717	
13	shale	730	
11	lime	741	
8	shale	749	
6	lime	755	
10	shale	765	
10	sandy shale	775	show
11	Bkn sand	786	good show
31	Shale	817	T.D.

set 20' 7"

ran 811.2 of 2 7/8

cemented to surface 84 sxs

GARNETT TRUE VALUE HOMECENTER
410 N Maple
Garnett, KS 66032
(785) 448-7106 FAX (785) 448-7135

Merchant Copy
INVOICE
THIS COPY MUST REMAIN AT
MERCHANT AT ALL TIMES!

Page: 1 Invoice: 10211450

Special :
Instructions :
Ship Date: 05/27/14
Invoice Date: 05/27/14
Due Date: 06/08/14
Acct rep code:

Sold To: **ROGER KENT**
22082 NE NEOSHO RD
GARNETT, KS 66032
Ship To: **ROGER KENT**
(785) 448-6995 NOT FOR HOUSE USE
(785) 448-6995

Customer #: 0000357 Customer PO:

BTX
1 138

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTENSION
2.00	2.00	P	EA	291302	16OZ Vinyl Protectant	6.8900 EA	13.98	
1.00	1.00	P	EA	164776	Legend 1/2GAL Jug	7.9900 EA	7.99	
1.00	1.00	P	EA	750607	9 Can RED Cooler	20.9900 EA	20.99	
1.00	1.00	P	EA	418957	2PK Tac Putty Stick	2.1900 EA	2.19	
1.00	1.00	P	EA	585762	6PK Rewritable Marker	4.9900 EA	4.99	
1.00	1.00	P	EA	802795	12PK Small Binder Clips	1.9900 EA	1.99	
1.00	1.00	P	EA	111611	Pro LG ANG Broom	12.4900 EA	12.49	
1.00	1.00	P	EA	566374	17" ALU Dust Pan	15.4900 EA	15.49	
1.00	1.00	P	EA	821627	Hand & Nail Brush	2.9900 EA	2.99	

FILLED BY: _____ CHECKED BY: DATE SHIPPED: DRIVER: _____

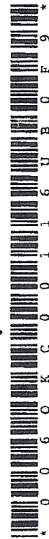
SHIP VIA: _____ CUSTOMER PICK UP: _____
RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 83.10
Non-taxable: 0.00
Sales tax: 6.78
Tax #:

Sales total: \$83.10
Sales tax: 6.78
TOTAL: \$89.88

Weight: 6 lbs.

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* 0 0 6 0 K C 0 0 1 1 6 U B 0 F 9 *

GARNETT TRUE VALUE HOMECENTER
410 N Maple
Garnett, KS 66032
(785) 448-7106 FAX (785) 448-7135

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INVOICE
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MERCHANT AT ALL TIMES!

Page: 1 Invoice: 10211485

Special :
Instructions :
Ship Date: 05/27/14
Invoice Date: 05/27/14
Due Date: 06/08/14
Acct rep code:

Sold To: **ROGER KENT**
22082 NE NEOSHO RD
GARNETT, KS 66032
Ship To: **ROGER KENT**
(785) 448-6995 NOT FOR HOUSE USE
(785) 448-6995

Customer #: 0000357 Customer PO:

BTX
1 101

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Um	PRICE	EXTENSION
9.00	9.00	P	PL	CPMP	MONARCH PALLET	15.0000 PL	135.00	
270.00	270.00	P	BAG	CPCC	PORTLAND CEMENT-94#	10.9900 BAG	2967.30	

FILLED BY: _____ CHECKED BY: DATE SHIPPED: DRIVER: _____

SHIP VIA: _____ ANDERSON COUNTY: _____
RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 3102.30
Non-taxable: 0.00
Sales tax: 237.33
Tax #:

Sales total: \$3102.30
Sales tax: 237.33
TOTAL: \$3339.63

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* 0 0 6 0 W 4 0 0 1 0 0 4 R R 3 C *