

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 # 3728
Name: Roger Kent dba R J Enterprises
Address 1: 22082 Northeast Neosho Road
Address 2: _____
City: Garnett State: KS Zip: 66032 + 1918
Contact Person: Roger Kent
Phone: (785) 448-6995 or 448-7725
CONTRACTOR: License # 3728
Name: Roger Kent dba R J Enterprises
Wellsite Geologist: nn/a
Purchaser: n/a

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 #: _____

<u>April 28, 2010</u>	<u>April 29, 2010</u>	<u>April 29, 2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 001-30004-00-00

Spot Description: _____
S/2_N/2_NW Sec. 34 Twp. 23 S. R. 21 East West
4,290 Feet from North / South Line of Section
3,960 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Allen

Lease Name: Rife Well #: 4-I

Field Name: Davis-Bronson

Producing Formation: Mississippian

Elevation: Ground: 1005 Kelly Bushing: n/a

Total Depth: 766 ft. Plug Back Total Depth: 760.4 ft.

Amount of Surface Pipe Set and Cemented at: 20'-7" Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: surface

feet depth to: 760.4 ft. w/ 72 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: Drilled with fresh water - air dry

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Donna Thanda

Title: Agent Date: September 20, 2010

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: DJg Date: 9/27/10

Operator Name: Roger Kent dba R J Enterprises Lease Name: Rife Well #: 4-1
 Sec. 34 Twp. 23 S. R. 21 East West County: Allen

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 checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum See attached Log
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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
Surface		7"		20'-7"	Portland	72 sxs	
Production		2-7/8"		760.4'			

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				

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
9 perms	734.0 - 738.0 ft.		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 checked="" 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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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R. J. Enterprises
22082 NE Neosho Rd
Garnett, KS 66032

Rife 4-1

Start 4-28-10

Finish 4-29-10

1	soil	1	
7	clay & rock	8	
41	lime	49	
5	shale	54	
3	lime	57	
3	shale	60	
45	lime	105	
164	shale	269	
22	lime	291	
71	shale	362	
29	lime	391	
38	shale	429	
19	lime	448	
8	shale	456	
6	lime	462	
96	shale	558	
3	lime	561	
170	shale	731	
2	sand	733	odor
6	oil sand	739	good show
1	dk sand	740	
26	shale	766	T.D.

set 20' 7"
ran 760.4' 2 7/8
cemented
to surface 72 sxs

RECEIVED

SEP 22 2010

KCC WICHITA

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7108 FAX (785) 448-7135

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

Page: 1 Invoice: **10155886**

Special : Time: 13:29:59
 Instructions : Ship Date: 03/08/10
 Invoice Date: 03/08/10
 Due Date: 04/08/10

Sale rep #: MIKE Acct rep code:

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

Customer #: 0000357 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
6.00	6.00	P	PL	CPMP	MONARCH PALLET	14.0000 PL	14.0000	84.00
540.00	540.00	P	BAG	CPPO	PORTLAND CEMENT-94#	8.0900 BAG	8.0900	4388.60
FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION						Sales total	\$4452.60	
Taxable 4452.60 Non-taxable 0.00 Tax # _____						Sales tax	302.78	
						TOTAL	\$4755.38	

1 - Merchant Copy



RECEIVED

SEP 22 2010

KCC WICHITA

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7108 FAX (785) 448-7135

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

Page: 1 Invoice: **10156299**

Special : Time: 16:33:31
 Instructions : Ship Date: 03/18/10
 Invoice Date: 03/18/10
 Due Date: 04/08/10

Sale rep #: MIKE Acct rep code:

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

Customer #: 0000357 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
1.00	1.00	L	EA	AL162000AV/SEAL	AL 162000AV/SEAL PRIME BUTTON	8.9900 EA	8.9900	8.99
1.00	1.00	L	EA	AL159000SV/SERVICE KIT	AL159000SV/SERVICE KIT PRIME BUTTON	20.9900 EA	20.9900	20.99
1.00	1.00	P	EA	999	SHIPPING	5.1400 EA	5.1400	5.14
FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA Customer Pick up RECEIVED COMPLETE AND IN GOOD CONDITION						Sales total	\$35.12	
Taxable 35.12 Non-taxable 0.00 Tax # _____						Sales tax	2.57	
						TOTAL	\$37.69	

1 - Merchant Copy

