

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 NE 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: n/a
Purchaser: n/a

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #: _____
August 19, 2010 September 3, 2010 September 3, 2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 003-24836-00-00
Spot Description: _____
SW SW NW NE Sec. 15 Twp. 21 S. R. 20 East West
4,015 Feet from North / South Line of Section
2,495 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: Ware Well #: 15-1
Field Name: Bush City Shoestring
Producing Formation: Squirrel
Elevation: Ground: 1,189' (est.) Kelly Bushing: _____
Total Depth: 875 ft. Plug Back Total Depth: 868.3 ft.
Amount of Surface Pipe Set and Cemented at: 20 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: 868.3 ft. w/ 90 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: Danna Shanda
Title: Agent Date: November 23, 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: Dg
RECEIVED
NOV 23 2010
KCC WICHITA
12/2/10

Operator Name: Roger Kent dba R J Enterprises Lease Name: Ware Well #: 15-1
 Sec. 15 Twp. 21 S. R. 20 East West County: Anderson

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 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 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
--	--

CASING RECORD <input checked="" 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'	Portland	90	Fly Ash
Production		2-7/8"		868.3'			

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 (Amount and Kind of Material Used)	Depth
21	830.0 - 840.0		
21	842.0 - 852.0		

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 Bbbs.	Gas Mcf	Water Bbbs. 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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	--	--

R. J. Enterprises
 22082 NE Neosho Rd
 Garnett, KS 66032

Ware 15-I

Start 8-19-10
 Finish 9-3-10

2	soil	2	
2	clay & rock	4	
14	lime	18	
15	shale	33	
40	lime	73	
162	shale	235	
31	lime	266	
35	shale	301	set 20' 7"
4	lime	305	ran 868.3' 2 7/8
29	shale	334	cemented
10	lime	344	to surface 90 sxs
6	shale	350	
42	lime	392	
5	shale	397	
26	lime	423	
5	shale	428	
14	lime	442	
165	shale	607	
23	lime	630	
59	shale	689	
29	lime	718	
29	shale	742	
9	lime	751	
20	shale	771	
6	lime	777	
13	shale	790	
7	lime	797	
15	shale	812	
3	sandy shale	815	odor
14	sandy shale	829	good show
25	bk sand	854	good show
6	dk sand	860	good show
15	shale	875	T.D.

RECEIVED
 NOV 23 2010
 KCC WICHITA

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

Statement Copy
INVOICE
 PLEASE REFER TO INVOICE NUMBER
 ON ALL CORRESPONDENCE

Page: 1 Invoice: **10161041**

Special : Time: 15:22:37
 Instructions : Ship Date: 07/08/10
 Invoice Date: 07/08/10
 Due Date: 08/08/10

Sale rep #: JIM 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
280.00	280.00	P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	6.0900 BAG	6.0900	1705.20
-6.00	-6.00	P	PL	CPMP	MONARCH PALLET	14.0000 PL	14.0000	-84.00

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$1621.20
SHIP VIA ANDERSON COUNTY				Taxable	1621.20
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X				Sales tax	126.45
				TOTAL	\$1747.65

3 - Statement Copy



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: **10161416**

Special : Time: 10:47:18
 Instructions : Ship Date: 07/18/10
 Invoice Date: 07/18/10
 Due Date: 08/08/10

Sale rep #: MARILYN 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
20.00	20.00	P	PC	T21212	PRESSURE TREATED-#2 2 X 12 X 12'	1168.2500 MCF	27.9900	559.80
15.00	15.00	P	PC	T5518	PRESSURE TREATED-#2 6 X 6 X 18' CCA	899.7000 MCF	29.9900	449.85
1.00	1.00	P	EA	681856	24QT Victory Cooler	24.9900 EA	24.9900	24.99

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$1034.64
SHIP VIA Customer Pick up				Taxable	1034.64
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X <i>Roger</i>				Sales tax	85.88
				TOTAL	\$1120.52

1 - Merchant Copy



RECEIVED
 NOV 23 2010
 KCC WICHITA