

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: n/a
Purchaser: n/a
Designate Type of Completion:

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- 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 #: _____

December 7, 2010	December 7, 2010	December 9, 2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 003-24947-00-00
Spot Description: _____
SW SE SW SE Sec. 7 Twp. 21 S. R. 20 East West
60 Feet from North / South Line of Section
1,793 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: SP Johnson Well #: 4-1
Field Name: Bush City Shoestring
Producing Formation: Squirrel
Elevation: Ground: 1097 est. Kelly Bushing: n/a
Total Depth: 849 ft. Plug Back Total Depth: 843.3 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: 843.3 ft. w/ 84 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: n/a ppm Fluid volume: n/a 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: March 4, 2011

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 Date: 3/10/11

Operator Name: Roger Kent dba R J Enterprises Lease Name: SP Johnson Well #: 4-1
 Sec. 7 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 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; Drillers Log	<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'			
Production		2-7/8"		843.3'	Monarch	84	

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
21	793.0 - 803.0		
13	807.0 - 813.0		

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 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

S.P. Johnson 4-1

Start 12-7-10

Finish 12-9-10

1	soil	1	
5	clay & rock	6	
31	lime	37	
159	shale	196	
31	lime	227	set 20' 7"
37	shale	264	ran 843.3' 2 7/8
10	lime	274	cemented
18	shale	292	to surface 84 sxs
11	lime	303	
5	shale	308	
39	lime	347	
19	shale	366	
15	lime	381	
4	shale	385	
17	lime	402	
170	shale	572	
25	lime	597	
61	shale	658	
27	lime	685	
21	shale	706	
22	lime	728	
3	shale	731	
10	lime	741	
11	shale	752	
7	lime	759	
10	shale	769	
8	sandy shale	777	odor
10	sandy shale	787	good show
5	shale	792	
15	bk sand	807	good show
6	oil sand	813	good show
4	dk sand	817	
32	shale	849	T.D.

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CASING MECHANICAL INTEGRITY TEST

DOCKET # E-03098

Disposal Enhanced Recovery:

SW SE SW SE , Sec 7 , T 21 S, R 20 E/XX

NW-OP

Repressuring

Flood

Tertiary

Date injection started

API #15 -003 - 24,947

60 Feet from South Section Line

1793 Feet from East Section Line

Lease SP Johnson

Well # 4-I

County Anderson

Operator: R J Enterprises

Operator License # 03728

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Name &

Address 22082 NE Neosho Rd

Contact Person Roger Kent

MAR 04 2010

Garnett, Kansas 66032

Phone 785-448-7725

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Max. Auth. Injection Press. _____ psi; Max. Inj. Rate _____ bbl/d;

If Dual Completion - Injection above production _____ Injection below production _____

Size	Conductor	Surface	Production	Liner	Size	Tubing
		<u>7"</u>	<u>2 7/8"</u>			
Set at		<u>20'</u>	<u>843.3'</u>		Set at	
Cement Top		<u>circ</u>	<u>circ</u>		Type	
" Bottom		<u>20'</u>	<u>843.3'</u>			

DV/Perf. _____ TD (and plug back) _____ 849 ft. depth

Packer type _____ Size _____ Set at _____

Zone of injection _____ ft. to ft. _____ Perf. or open hole _____

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 10 Min. 20 Min. 30 Min.

I 3:50

E Pressures: 820 800 800 Set up 1 | System Pres. during test _____

L 4:20 Set up 2 | Annular Pres. during test _____

D _____ Set up 3 | Fluid loss during test _____ bbls.

D _____

A _____

T Tested: Casing or Casing - Tubing Annulus

A _____

The bottom of the tested zone is shut in with Pressure Test (Rubber Plug)

Test Date 12/15/2010 Using Midwest Surveys, Inc. Company's Equipment

The operator hereby certifies that the zone between 0 feet and 843.3 feet

was the zone tested *Scott Christy* Contractor
Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent *L. Ho* Title PIRT Witness: Yes _____ No

REMARKS: Pressured Casing up to 820# Well Not Perforated Yet

Origin. Conservation Div.; KDHE/T; Dist. Office;

Computer Update

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

Merchant Copy
INVOICE
 THE GARNETT COMPANY

Page: 1 Invoice: **10188480**

Special: _____ Time: 12:19:48
 Instructions: _____ Ship Date: 12/01/10
 Invoice Date: 12/01/10
 Date Date: 01/08/11

Sale rep to: JOE Add rep code: _____
 Ship To: ROGER KENT Ship To: ROGER KENT
 28988 NE NIOSHO RD (785) 448-8888 NOT FOR HOUSE USE
 GARNETT, KS 66032 (785) 448-8888

Customer #: 000087 Customer PO: _____ Order By: _____

ORDER	SHIP	LT	LT/M	ITEM#	DESCRIPTION	AR Price/Unit	PRICE	EXTENSION
10.00	10.00	P	PO	784121	PRESSURE TREATED-81 2 X 4 X 12'	748.7800	8.9000	88.80
8.00	8.00	L	EA	0876	6X125 DBL BUBBLE POLI INSULATION	255.9900	288.9900	811.88
FILLED BY: _____ CHECKED BY: _____ DATE SHIPPED: _____ DRIVER: _____ SHIP VIA: Customer Pick up RECEIVED COMPLETE AND IN GOOD CONDITION Taxable: 571.88 Non-taxable: 0.00 Sales tax: 47.47 Tax # _____						Sales total		671.88
						TOTAL		819.88

1 - Merchant Copy

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 KCC-WIC-111A

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

Merchant Copy
INVOICE
 THE GARNETT COMPANY

Page: 1 Invoice: **10188491**

Special: _____ Time: 12:20:29
 Instructions: _____ Ship Date: 12/01/10
 Invoice Date: 12/01/10
 Date Date: 01/08/11

Sale rep to: MIKE Add rep code: _____
 Ship To: ROGER KENT Ship To: ROGER KENT
 28988 NE NIOSHO RD (785) 448-8888 NOT FOR HOUSE USE
 GARNETT, KS 66032 (785) 448-8888

Customer #: 000087 Customer PO: _____ Order By: _____

ORDER	SHIP	LT	LT/M	ITEM#	DESCRIPTION	AR Price/Unit	PRICE	EXTENSION
-18.00	-18.00	P	PL	CPMP	MONARCH PALLET	14.0000	14.0000	-252.00
840.00	840.00	P	BAG	CPPC	Credited from Invoice 10188271 PORTLAND CEMENT-84#	8.0900	8.0900	4888.80
FILLED BY: _____ CHECKED BY: _____ DATE SHIPPED: _____ DRIVER: _____ SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION Taxable: 4118.80 Non-taxable: 0.00 Sales tax: 321.10 Tax # _____						Sales total		4437.70
						TOTAL		4437.70

1 - Merchant Copy

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