

KANSAS CORPORATION COMMISSION
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 ORIGINAL
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:

- 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 #: _____

February 18, 2011	February 23, 2011	February 25, 2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 003-24813-00-00

Spot Description: _____

E2 E2 NW NW Sec. 18 Twp. 21 S. R. 20 East West

4,620 Feet from North / South Line of Section

4,050 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Anderson

Lease Name: Sobba Well #: 1

Field Name: Bush City Shoestring

Producing Formation: Squirrel

Elevation: Ground: 1082 est. Kelly Bushing: n/a

Total Depth: 825 ft. Plug Back Total Depth: 818.3 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: 818.3 ft. w/ 84 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: 280 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: May 18, 2011

KCC Office Use ONLY

Letter of Confidentiality Received

Date: _____ RECEIVED MAY 20 2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: Dog Date: 5/31/11

KCC WICHITA

Operator Name: Roger Kent dba R J Enterprises Lease Name: Sobba Well #: 1
 Sec. 18 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	<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"		818.3'	Portland	84 sxs	

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 perfs	766.0 - 776.0		
21 perfs	778.0 - 788.0		

TUBING RECORD: Size: <u>none</u> 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	<table style="width:100%; border: none;"> <tr> <td style="border: none;">Oil Bbls.</td> <td style="border: none;">Gas Mcf</td> <td style="border: none;">Water Bbls.</td> <td style="border: none;">Gas-Oil Ratio</td> <td style="border: none;">Gravity</td> </tr> </table>	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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RECEIVED
MAY 20 2011
KCC WICHITA

GARNETT TRUE VALUE HOMECENTER
410 N Maple
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7185

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

Page: 1 Invoice: **10167438**

Special Instructions: Time: 18:12:33
Ship Date: 01/08/11
Invoice Date: 01/02/11
Due Date: 02/08/11

Sale rep #: MIKE Add rep code:

Sold To: **ROGER KENT** Ship To: **ROGER KENT**
2508 NE NEGOSH RD (785) 448-8988 NOT FOR HOUSE USE
GARNETT, KS 66038 (785) 448-8988

Customer #: 0000357 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Um	PRICE	EXTENSION
-2.00	-2.00	P	PL	CPMP	MONARCH PALLET	14.0000 PL	14.0000	-28.00
270.00	270.00	P	BAG	OPPC	Credited from Invoice 10166838 PORTLAND CEMENT-048	6.4900 BAG	6.4900	2562.00

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

SHIP VIA: ANDERSON COUNTY
RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 2534.00
Non-taxable: 0.00
Tax #: _____

Sales tax: 197.67

TOTAL: \$2731.97

1 - Merchant Copy



GARNETT TRUE VALUE HOMECENTER
410 N Maple
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7185

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

Page: 1 Invoice: **10168051**

Special Instructions: Time: 18:49:29
Ship Date: 01/24/11
Invoice Date: 01/24/11
Due Date: 02/08/11

Sale rep #: MIKE Add rep code:

Sold To: **ROGER KENT** Ship To: **ROGER KENT**
2508 NE NEGOSH RD (785) 448-8988 NOT FOR HOUSE USE
GARNETT, KS 66038 (785) 448-8988

Customer #: 0000357 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Um	PRICE	EXTENSION
19.00	19.00	P	EA	5716Z	7/16" Z BAR GALV	4.9500 EA	4.9500	94.91

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

SHIP VIA: ANDERSON COUNTY
RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 94.91
Non-taxable: 0.00
Tax #: _____

Sales tax: 7.40

TOTAL: \$102.31

1 - Merchant Copy



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

Sobba 1

Start 2-18-11

Finish 2-23-11

1	soil	1	
22	lime	23	
163	shale	186	
32	lime	218	
34	shale	252	
13	lime	267	
13	shale	280	
9	lime	289	
5	shale	294	
40	lime	334	
12	shale	346	
22	lime	368	
4	shale	372	
16	lime	388	
175	shale	563	
24	lime	587	
61	shale	648	
27	lime	675	
20	shale	695	
11	lime	706	
14	shale	720	
8	lime	728	
6	shale	734	
8	lime	741	
17	shale	758	
5	sandy shale	763	odor
25	bkn sand	788	good show
3	dk sand	791	show
34	shale	825	T.D.

set 20' 7"
ran 818.3' 2 7/8
cemented
to surface 84 sxs

RECEIVED
MAY 20 2011
KCC WICHITA