

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

API No. 15 - 001-30162-00-00
Spot Description: _____
E2 E2 SE NW Sec. 34 Twp. 23 S. R. 21 East West
3,300 Feet from North / South Line of Section
2,650 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: Stanley Well #: 5-1
Field Name: Davis-Bronson
Producing Formation: Bartlesville
Elevation: Ground: 997 ft. Kelly Bushing: n/a
Total Depth: 752 ft. Plug Back Total Depth: 746.2 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: 746.2 ft. w/ 72 sx cmt.

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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 #: _____
April 19, 2011 April 20, 2011 April 22, 2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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: July 1, 2011

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Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dlg Date: 7/13/11

Operator Name: Roger Kent dba R J Enterprises Lease Name: Stanley Well #: 5-1
 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'	Portland	72 sxs	
Production		2-7/8"		746.2'			

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	733.0 - 737.0		

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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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
GARNETT TRUE VALUE

Page: 1		Invoice: 10170745	
Special Instructions	Time: 12:59:38	Ship Date: 04/19/11	Invoice Date: 04/19/11
Order rep #: MIKE	Acct rep code:	Due Date: 05/08/11	
Sold To: ROGER KENT 82692 NE NEOSHO RD GARNETT, KS 66032		Ship To: ROGER KENT (785) 448-6996 NOT FOR HOUSE USE	
Customer #: 0000387		Customer PO:	

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7135

Statement Copy
INVOICE
PLEASE REFER TO INVOICE NUMBER
ON ALL CORRESPONDENCE

Page: 1		Invoice: 10170755	
Special Instructions	Time: 18:42:47	Ship Date: 04/19/11	Invoice Date: 04/19/11
Order rep #: MIKE	Acct rep code:	Due Date: 05/08/11	
Sold To: ROGER KENT 82692 NE NEOSHO RD GARNETT, KS 66032		Ship To: ROGER KENT (785) 448-6996 NOT FOR HOUSE USE	
Customer #: 0000387		Customer PO:	

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
0.00	0.00	P	PO	T8818	PRESSURE TREATED-28 S X 8 X 18 OCA	959.7010 msp	01.9900	95.87

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	955.87
SHIP VIA Customer Pick up				Taxable	95.87
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X				Sales tax	7.87
TAX# 100				TOTAL	1053.84

1 - Merchant Copy



ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
-2.00	-2.00	P	PL	OPMP	MONARCH PALLET	14.0000 PL	14.0000	-28.00
840.00	840.00	P	BAG	OPPO	Portland Cement-64#	8.4900 bag	8.4900	4684.80

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	8456.80
SHIP VIA ANDERSON COUNTY				Taxable	4566.80
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X				Sales tax	355.41
				TOTAL	9418.61

3 - Statement Copy



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