



KANSAS CORPORATION COMMISSION 1065464
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
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3728
Name: Kent, Roger dba R J Enterprises
Address 1: 22082 NE Neosho Rd
Address 2:
City: GARNETT State: KS Zip: 66032 + 1918
Contact Person: Roger Kent
Phone: (785) 448-6995
CONTRACTOR: License # 3728
Name: Kent, Roger 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 #:

06/07/2011	06/08/2011	06/08/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-011-23797-00-00
Spot Description:
NE NE NW SW Sec. 2 Twp. 24 S. R. 21 East West
2475 Feet from North / South Line of Section
3987 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Bourbon
Lease Name: Stewart Well #: 4-A
Field Name: Davis-Bronson
Producing Formation: Bartlesville
Elevation: Ground: 1025 Kelly Bushing: 1025
Total Depth: 722 Plug Back Total Depth: 716
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: 0
feet depth to: 716 w/ 72 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite:
Operator Name:
Lease Name: License #:
Quarter Sec. Twp. S. R. East West
County: Permit #:

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.

Submitted Electronically

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: Deanna Garrison Date: 10/19/2011



1065464

Operator Name: Kent, Roger dba R J Enterprises Lease Name: Stewart Well #: 4-A
 Sec. 2 Twp. 24 S. R. 21 East West County: Bourbon

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 checked="" 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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>sand</td> <td>681</td> <td></td> </tr> <tr> <td>shale</td> <td>722</td> <td></td> </tr> </table>	Name	Top	Datum	sand	681		shale	722	
Name	Top	Datum								
sand	681									
shale	722									

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	9.875	7	10	20	portland	72	
production	5.625	2.875	10	716.1		72	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ 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
13	666.0 - 672.0		
7	677.0 - 680.0		

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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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GARNETT TRUE VALUE HOMECENTER
410 N Maple
Garnett, KS 66036
(785) 448-7188 FAX (785) 448-7185

Merchant Copy
INVOICE
THIS COPY IS NOT VALID AT ALL

Page: 1 Invoice: 10172785

Special: _____ Year: 10/29/08
Instructor: _____ Ship Date: 08/27/11
Sales rep to: MIKE _____ Invoice Date: 08/27/11
_____ Assn rep code: _____ Date Recd: 07/08/11

Sold To: ROGER KENT Ship To: ROGER KENT
3202 N WINDING RD (785) 448-0000 NOT FOR HOUSE USE
GARNETT, KS 66036
(785) 448-0000

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

QTY	UNIT	PRICE	EXTENSION
800.00	800.00	8.00	6400.00
7.00	7.00	14.0000	98.00
840.00	840.00	8.4000	7056.00

QTY	UNIT	PRICE	EXTENSION
800.00	800.00	8.0000	6400.00
7.00	7.00	14.0000	98.00
840.00	840.00	8.4000	7056.00

SALES TAX	681.55
TOTAL	14185.55

1 - Merchant Copy



GARNETT TRUE VALUE HOMECENTER
410 N Maple
Garnett, KS 66036
(785) 448-7188 FAX (785) 448-7185

Merchant Copy
INVOICE
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Page: 1 Invoice: 10172800

Special: _____ Year: 10/29/08
Instructor: _____ Ship Date: 08/24/11
Sales rep to: JOE _____ Invoice Date: 08/24/11
_____ Assn rep code: _____ Date Recd: 07/08/11

Sold To: ROGER KENT Ship To: ROGER KENT
3202 N WINDING RD (785) 448-0000 NOT FOR HOUSE USE
GARNETT, KS 66036
(785) 448-0000

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

QTY	UNIT	PRICE	EXTENSION
8.00	8.00	48.8900	391.12

SALES TAX	7.91
TOTAL	400.03

1 - Merchant Copy

