



KANSAS CORPORATION COMMISSION 1065963  
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 #: \_\_\_\_\_

<u>06/27/2011</u>	<u>06/28/2011</u>	<u>06/28/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30199-00-00

Spot Description: \_\_\_\_\_  
NE NW SE SE Sec. 34 Twp. 23 S. R. 21  East  West  
1235 Feet from  North /  South Line of Section  
691 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Allen

Lease Name: NORMAN UNIT Well #: 14-N

Field Name: Davis-Bronson

Producing Formation: Bartlesville

Elevation: Ground: 962 Kelly Bushing: 962

Total Depth: 671 Plug Back Total Depth: 661

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: 661 w/ 66 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: 10/25/2011



1065963

Operator Name: Kent, Roger dba R J Enterprises Lease Name: NORMAN UNIT Well #: 14-N  
 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 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>dk sand</td> <td>638</td> <td></td> </tr> <tr> <td>shale</td> <td>671</td> <td></td> </tr> </table>	Name	Top	Datum	dk sand	638		shale	671	
Name	Top	Datum								
dk sand	638									
shale	671									

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	66	
production	5.625	2.875	10	661		66	

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
9	610.0 - 613.0		
9	617.0 - 620.0		
20	621.0 - 631.0		

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**GARNETT TRUE VALUE HOMECENTER**

410 N Maple  
Garnett, MO 64032  
(785) 448-7105 FAX (785) 448-7155

Merchant Copy  
**INVOICE**  
TO BE PAID BY CHECK

Page: 1 Invoice: 10172755

Special: \_\_\_\_\_ Term: 15/90/30  
Invoicing: \_\_\_\_\_ Ship Date: 08/07/11  
Sales rep to: MCE And rep order: \_\_\_\_\_ Invoice Date: 08/07/11  
Due Date: 07/08/11

Bill To: ROGER KENT Ship To: ROGER KENT  
2202 N WOODS RD (785) 448-6900 NOT FOR HOUSE USE  
GARNETT, MO 64032 (785) 448-6900

Customer #: 000057 Customer Pk: \_\_\_\_\_ Order By: \_\_\_\_\_

ORDER	QTY	UOM	ITEM	DESCRIPTION	AS Price/Unit	PRICE	EXTENSION
540.00	540.00	BAG	OPFA	FLY ASH MIX 80 LBS PER BAG	8.0000 ea	8.0000	8410.40
7.00	7.00	PL	OPNP	MONARCH PALLET	14.0000 PL	14.0000	98.00
540.00	540.00	BAG	OPPO	PORTLAND CEMENT-94	8.4000 ea	8.4000	4534.80

  

PAID BY	ORDERED BY	DATE SHIPPED	DRIVER	Sales total	8908.00
SHIP VIA	ANDERSON COUNTY			Taxable	8908.00
	RECEIVED COMPLETE AND IN GOOD CONDITION			Non-taxable	0.00
				Tax @	0.00
				Sales tax	631.28
				<b>TOTAL</b>	<b>9774.28</b>

1 - Merchant Copy

UNLESS SPECIFICALLY INDICATED ALL GOODS ARE TO BE DELIVERED TO THE CUSTOMER'S LOCATION AND ARE TO BE KEPT IN GOOD CONDITION

**GARNETT TRUE VALUE HOMECENTER**

410 N Maple  
Garnett, MO 64032  
(785) 448-7105 FAX (785) 448-7155

Merchant Copy  
**INVOICE**  
TO BE PAID BY CHECK

Page: 1 Invoice: 10173300

Special: \_\_\_\_\_ Term: 15/90/30  
Invoicing: \_\_\_\_\_ Ship Date: 08/04/11  
Sales rep to: JCE And rep order: \_\_\_\_\_ Invoice Date: 08/04/11  
Due Date: 07/08/11

Bill To: ROGER KENT Ship To: ROGER KENT  
2202 N WOODS RD (785) 448-6900 NOT FOR HOUSE USE  
GARNETT, MO 64032 (785) 448-6900

Customer #: 000057 Customer Pk: \_\_\_\_\_ Order By: \_\_\_\_\_

ORDER	QTY	UOM	ITEM	DESCRIPTION	AS Price/Unit	PRICE	EXTENSION
2.00	2.00	PL	428000	70018 GLV ROLL VALLEYEYERINSOFT	43.9000 PL	43.9000	87.80

  

PAID BY	ORDERED BY	DATE SHIPPED	DRIVER	Sales total	87.80
SHIP VIA	Customer Pick up			Taxable	87.80
	RECEIVED COMPLETE AND IN GOOD CONDITION			Non-taxable	0.00
				Tax @	0.00
				Sales tax	7.81
				<b>TOTAL</b>	<b>95.61</b>

1 - Merchant Copy

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