



KANSAS CORPORATION COMMISSION 1065953
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>06/29/2011</u>	<u>06/30/2011</u>	<u>06/30/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30198-00-00
Spot Description: _____
SW SE NE SE Sec. 34 Twp. 23 S. R. 21 East West
1509 Feet from North / South Line of Section
457 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 #: 13-N
Field Name: Davis-Bronson
Producing Formation: Bartlesville
Elevation: Ground: 977 Kelly Bushing: 977
Total Depth: 661 Plug Back Total Depth: 654
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: 654 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



1065953

Operator Name: Kent, Roger dba R J Enterprises Lease Name: NORMAN UNIT Well #: 13-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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:60%;">Name</th> <th style="width:20%;">Top</th> <th style="width:20%;">Datum</th> </tr> <tr> <td>dark sand</td> <td>639</td> <td></td> </tr> <tr> <td>shale</td> <td>661</td> <td></td> </tr> </table>	Name	Top	Datum	dark sand	639		shale	661	
Name	Top	Datum								
dark sand	639									
shale	661									

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	654		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 <i>(Amount and Kind of Material Used)</i>	Depth
13	617.0 - 623.0		
20	624.0 - 634.0		

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) 448-7105 FAX (785) 448-7185

Merchant Copy
INVOICE
THIS COPY NOT VALID

Page: 1 Invoice: **10172756**

Special : _____ Time: 10:59:29
Instructions : _____ Ship Date: 06/27/11
Sales rep to: **NRCE** Add rep code: _____ Invoice Date: 06/27/11
Due Date: 07/08/11

Bill To: **ROGER KENT** Ship To: **ROGER KENT**
2325 N HOSBRO RD (785) 448-8888 NOT FOR HOUSE USE
GARNETT, KS 66032 (785) 448-8888

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

ORDER	SHIP	QTY	UOM	ITEM	DESCRIPTION	AR Price/Unit	PRICE	EXTENSION
890.00	890.00	F	BAG	CPFA	FLY ASH MIX 60 LBS PER BAG	0.0000 ea	0.0000	0410.40
7.00	7.00	F	PL	CPMP	MONARCH PALLET	14.0000 ea	14.0000	98.40
840.00	840.00	F	BAG	CPFC	PORTLAND CEMENT-94	0.4900 ea	0.4900	4884.00

FILES BY	ENTERED BY	DATE SHIPPED	SHIP	Sales total	8900.00
SHIP VIA	ANDERSON COUNTY	RECEIVED COMPLETE AND IN GOOD CONDITION	Customer Pick up	Taxable	8900.00
X				Non-Taxable	0.00
				Tax #	
				Sales tax	691.55
				TOTAL	9591.55

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1 GARNETT TRUE VALUE HOMECENTER 410 N MAPLE GARNETT, KS 66032 (785) 448-7105 FAX (785) 448-7185

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7105 FAX (785) 448-7185

Merchant Copy
INVOICE
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Page: 1 Invoice: **10173500**

Special : _____ Time: 12:07:09
Instructions : _____ Ship Date: 06/24/11
Sales rep to: **JOE** Add rep code: _____ Invoice Date: 06/24/11
Due Date: 07/08/11

Bill To: **ROGER KENT** Ship To: **ROGER KENT**
2325 N HOSBRO RD (785) 448-8888 NOT FOR HOUSE USE
GARNETT, KS 66032 (785) 448-8888

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

ORDER	SHIP	QTY	UOM	ITEM	DESCRIPTION	AR Price/Unit	PRICE	EXTENSION
8.00	8.00	F	RL	482006	70018 GLV ROLL VALLEY1BINKSOFT	48.8000 ea	48.8000	87.60

FILES BY	ENTERED BY	DATE SHIPPED	SHIP	Sales total	87.60
SHIP VIA	Customer Pick up	RECEIVED COMPLETE AND IN GOOD CONDITION	Customer Pick up	Taxable	87.60
				Non-Taxable	0.00
				Tax #	
				Sales tax	7.91
				TOTAL	95.51

1 - Merchant Copy

1 GARNETT TRUE VALUE HOMECENTER 410 N MAPLE GARNETT, KS 66032 (785) 448-7105 FAX (785) 448-7185