



KANSAS CORPORATION COMMISSION 1067677
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>8/22/2011</u>	<u>08/23/2011</u>	<u>08/23/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25133-00-00

Spot Description: _____

SW SW SE SW Sec. 7 Twp. 21 S. R. 21 East West
165 Feet from North / South Line of Section
3657 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Anderson

Lease Name: Hill Well #: 25

Field Name: Bush City Shoestring

Producing Formation: Squirrel

Elevation: Ground: 1029 Kelly Bushing: 1029

Total Depth: 655 Plug Back Total Depth: 649

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: 649 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: Daanna Garfior Date: 11/16/2011



1067677

Operator Name: Kent, Roger dba R J Enterprises Lease Name: Hill Well #: 25
 Sec. 7 Twp. 21 S. R. 21 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 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>bkn sand</td> <td>628</td> <td></td> </tr> <tr> <td>shale</td> <td>655</td> <td></td> </tr> </table>	Name	Top	Datum	bkn sand	628		shale	655	
Name	Top	Datum								
bkn sand	628									
shale	655									

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	649		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
20	614.0 - 628.0		

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: _____ _____
---	--	--

GARNETT TRUE VALUE HOMECENTER

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

Merchant Copy
INVOICE
THE GARNETT COMPANY

Page: 1 Invoice: 10178340

Special : Time: 18:00:00
Instructions : Ship Date: 08/18/11
Sales rep: MIKE Add rep code: Invoice Date: 08/18/11
Due Date: 09/06/11

Bill To: ROGER KENT Ship To: ROGER KENT
8008 NE NEGOSH RD (785) 448-8998 NOT FOR HOUSE USE
GARNETT, KS 66032 (785) 448-8998

Customer #: 000057 Customer PO: Order By:

ORDER	QTY	U	UOM	ITEM#	DESCRIPTION	AR Price/Unit	PRICE	EXTENSION
500.00	500.00	P	BAG	OPFA	FLY ASH MIX 80 LBS PER BAG	8.0900	8.0900	8410.40
-18.00	-18.00	P	PL	OPMP	MONARCH PALLET	14.0000	14.0000	-486.00
					Credited from Invoice 10171878			
540.00	540.00	P	BAG	OPPC	PORTLAND CEMENT-84#	8.4900	8.4900	4584.80
FILLED BY: ORDERED BY: DATE SHIPPED: DRIVER:						Sales total		87728.00
SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION						Taxable	7728.00	
X						Non-taxable	0.00	
						Tax #		502.50
						TOTAL		88251.50

1 - Merchant Copy



GARNETT TRUE VALUE HOMECENTER

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

Merchant Copy
INVOICE
THE GARNETT COMPANY

Page: 1 Invoice: 10178782

Special : Time: 18:07:00
Instructions : Ship Date: 08/23/11
Sales rep: MIKE Add rep code: Invoice Date: 08/23/11
Due Date: 09/07/11

Bill To: ROGER KENT Ship To: GEMENT
8008 NE NEGOSH RD (785) 448-8998 NOT FOR HOUSE USE
GARNETT, KS 66032 (785) 448-8998

Customer #: 000057 Customer PO: Order By:

ORDER	QTY	U	UOM	ITEM#	DESCRIPTION	AR Price/Unit	PRICE	EXTENSION
500.00	500.00	P	BAG	OPFA	FLY ASH MIX 80 LBS PER BAG	8.0900	8.0900	8410.40
-5.00	-5.00	P	PL	OPMP	MONARCH PALLET	14.0000	14.0000	-70.00
					Credited from Invoice 10171878			
540.00	540.00	P	BAG	OPPC	PORTLAND CEMENT-84#	8.4900	8.4900	4584.80
FILLED BY: ORDERED BY: DATE SHIPPED: DRIVER:						Sales total		87825.00
SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION						Taxable	7825.00	
X						Non-taxable	0.00	
						Tax #		616.18
						TOTAL		88441.18

1 - Merchant Copy

