



KANSAS CORPORATION COMMISSION 1067655
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 #: _____
08/16/2011 08/17/2011 08/17/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-003-25130-00-00
Spot Description: _____
NE NE NW NW Sec. 18 Twp. 21 S. R. 21 East West
5115 Feet from North / South Line of Section
3994 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: Hill Well #: 20
Field Name: Bush City Shoestring
Producing Formation: Squirrel
Elevation: Ground: 1031 Kelly Bushing: 1031
Total Depth: 658 Plug Back Total Depth: 651
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: 651 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 Garrisor Date: 11/16/2011



1067655

Operator Name: Kent, Roger dba R J Enterprises Lease Name: Hill Well #: 20
 Sec. 18 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>dk sand</td> <td>632</td> <td></td> </tr> <tr> <td>shale</td> <td>658</td> <td></td> </tr> </table>	Name	Top	Datum	dk sand	632		shale	658	
Name	Top	Datum								
dk sand	632									
shale	658									

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	651		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 (Amount and Kind of Material Used)	Depth
11	613.0 - 618.0		
20	619.0 - 629.0		

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) 448-7155

Merchant Copy
INVOICE
THIS COPY MAY BE REPRINTED
MERCHANT AT ALL TIMES

Page 1 Invoice: **10178340**

Special Instructions: Time: 10:00:02
Ship Date: 08/16/11
Invoice Date: 08/15/11
Due Date: 09/06/11

Sale rep to: MIKE Add rep code: _____
Ship To: ROGER KENT
8008 NE HOGSHO RD (785) 448-9900 NOT FOR HOUSE USE
GARNETT, KS 66032 (785) 448-9900

Customer #: 000087 Customer PG: _____ Order By: _____

ORDER	QTY	UOM	ITEM#	DESCRIPTION	UNIT PRICE	PRICE	EXTENSION
890.00	890.00	P BAG	OPFA	FLY ASH MIX 80 LBS PER BAG	8.0000	8.0000	8410.40
-18.00	-18.00	P PL	OPMP	MONARCH PALLET	14.0000	14.0000	-884.00
840.00	840.00	P BAG	OPPO	Credited from Invoice 10171678 PORTLAND CEMENT-84#	8.4900	8.4900	4584.00

FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION Taxable 7789.00 Non-taxable 0.00 Tax # _____ X	Sales total 87789.00 Sales tax 608.58 TOTAL 88397.58
--	---

1 - Merchant Copy

THIS COPY MAY BE REPRINTED MERCHANT AT ALL TIMES

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7155

Merchant Copy
INVOICE
THIS COPY MAY BE REPRINTED
MERCHANT AT ALL TIMES

Page 1 Invoice: **10178752**

Special Instructions: Time: 10:07:00
Ship Date: 08/25/11
Invoice Date: 08/25/11
Due Date: 09/05/11

Sale rep to: MIKE Add rep code: _____
Ship To: ROGER KENT
8008 NE HOGSHO RD (785) 448-9900 NOT FOR HOUSE USE
GARNETT, KS 66032 (785) 448-9900

Customer #: 000087 Customer PG: _____ Order By: _____

ORDER	QTY	UOM	ITEM#	DESCRIPTION	UNIT PRICE	PRICE	EXTENSION
890.00	890.00	P BAG	OPFA	FLY ASH MIX 80 LBS PER BAG	8.0000	8.0000	8410.40
-5.00	-5.00	P PL	OPMP	MONARCH PALLET	14.0000	14.0000	-70.00
840.00	840.00	P BAG	OPPO	Credited from Invoice 10171678 PORTLAND CEMENT-84#	8.4900	8.4900	4584.00

FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION Taxable 7588.00 Non-taxable 0.00 Tax # _____ X	Sales total 87825.00 Sales tax 618.18 TOTAL 88443.18
--	---

1 - Merchant Copy

THIS COPY MAY BE REPRINTED MERCHANT AT ALL TIMES