



KANSAS CORPORATION COMMISSION 1067649
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 #: _____

08/23/2011	08/24/2011	08/24/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25129-00-00

Spot Description: _____
NW NW NE NW Sec. 18 Twp. 21 S. R. 21 East West
5115 Feet from North / South Line of Section
3663 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Anderson

Lease Name: Hill Well #: 19

Field Name: Bush City Shoestring

Producing Formation: Squirrel

Elevation: Ground: 1028 Kelly Bushing: 1028

Total Depth: 657 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 Garrison Date: 11/16/2011



1067649

Operator Name: Kent, Roger dba R J Enterprises Lease Name: Hill Well #: 19
 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>sandy shale</td> <td>632</td> <td></td> </tr> <tr> <td>bkn sand</td> <td>657</td> <td></td> </tr> </table>	Name	Top	Datum	sandy shale	632		bkn sand	657	
Name	Top	Datum								
sandy shale	632									
bkn sand	657									

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
20	615.0 - 630.0		

TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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)</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 68032
(785) 448-7108 FAX (785) 448-7135

Merchant Copy
INVOICE

THIS COPY IS NOT VALID AT
THE CHECKOUT REGISTER

Page: 1 Invoice: 10178340

Special: _____ Time: 18:30:03
 Instructions: _____ Ship Date: 08/18/11
 Date rep #: MIKE Add rep code: _____ Invoice Date: 08/18/11
 Due Date: 08/06/11

Sold To: ROGER KENT Ship To: ROGER KENT
 2808 NE HESBRO RD (785) 448-8906 NOT FOR HOUSE USE
 GARNETT, KS 68032 (785) 448-8906

Customer #: 000057 Customer Pch: _____ Order By: _____

ORDER	SHIP	L	UOM	ITEM#	DESCRIPTION	AR Price/Uom	PRICE	EXTENSION
800.00	800.00	P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	8.0000 bag	8.0000	8418.40
-18.00	-18.00	P	PL	CPMP	MONARCH PALLET	14.0000 pl	14.0000	-252.00
					Credited from Invoice 10171878			
840.00	840.00	P	BAG	CPPO	PORTLAND CEMENT-94#	8.4000 bag	8.4000	4584.00

SALES BY	ORDERED BY	DATE SHIPPED	DRIVER	Sales total	67788.00
SHIP VIA	ANDERSON COUNTY			Taxable	7788.00
	RECEIVED COMPLETE AND IN GOOD CONDITION			Non-taxable	0.00
X				Sales tax	602.00
				TOTAL	68391.00

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GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 68032
(785) 448-7108 FAX (785) 448-7135

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INVOICE

THIS COPY IS NOT VALID AT
THE CHECKOUT REGISTER

Page: 1 Invoice: 10178782

Special: _____ Time: 18:37:00
 Instructions: _____ Ship Date: 08/26/11
 Date rep #: MIKE Add rep code: _____ Invoice Date: 08/26/11
 Due Date: 08/06/11

Sold To: ROGER KENT Ship To: CEMENT
 2808 NE HESBRO RD (785) 448-8906 NOT FOR HOUSE USE
 GARNETT, KS 68032 (785) 448-8906

Customer #: 000057 Customer Pch: _____ Order By: _____

ORDER	SHIP	L	UOM	ITEM#	DESCRIPTION	AR Price/Uom	PRICE	EXTENSION
800.00	800.00	P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	8.0000 bag	8.0000	8418.40
-8.00	-8.00	P	PL	CPMP	MONARCH PALLET	14.0000 pl	14.0000	-252.00
					Credited from Invoice 10171878			
840.00	840.00	P	BAG	CPPO	PORTLAND CEMENT-94#	8.4000 bag	8.4000	4584.00

SALES BY	ORDERED BY	DATE SHIPPED	DRIVER	Sales total	67823.00
SHIP VIA	ANDERSON COUNTY			Taxable	7823.00
	RECEIVED COMPLETE AND IN GOOD CONDITION			Non-taxable	0.00
X				Sales tax	618.15
				TOTAL	68441.15

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