



KANSAS CORPORATION COMMISSION 1067658
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 #: _____

08/15/2011	08/16/2011	08/16/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25131-00-00

Spot Description:
NW NE NW NW Sec. 18 Twp. 21 S. R. 21 East West
5115 Feet from North / South Line of Section
4325 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Anderson

Lease Name: Hill Well #: 21

Field Name: Bush City Shoestring

Producing Formation: Squirrel

Elevation: Ground: 1031 Kelly Bushing: 1031

Total Depth: 659 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



1067658

Operator Name: Kent, Roger dba R J Enterprises Lease Name: Hill Well #: 21
 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum sandy shale 642 shale 659
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	

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	619.0 - 629.0		

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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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GARNETT TRUE VALUE HOMECENTER

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

Merchant Copy
INVOICE
THE GREAT OUTDOORS

Page 1 Invoice: **10174348**

Special Instructions: _____ Time: 10:57:07
Ship Date: 07/18/11
Sales rep: MIKE And rep code: _____ Invoice Date: 07/18/11
Due Date: 08/08/11

Bill To: ROGER KENT Ship To: ROGER KENT
8808 NE HOSHO RD (785) 448-8908 NOT FOR HOUSE USE
GARNETT, KS 66032 (785) 448-8908

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

ORDER	SHIP	UOM	ITEM#	DESCRIPTION	AS Priced	PRICE	EXTENSION
18.00	18.00	PC	SPFB4102	SPRUCE-62 BX 4 X 10'	814.6907	6.4900	52.26
4.00	4.00	PC	SPFB8122	SPRUCE-62 BX 6 X 12'	490.1627	6.9900	33.98

PAID BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$108.61
SHIP VIA	ANDERSON COUNTY	RECEIVED COMPLETE AND IN GOOD CONDITION		Taxable	108.61
X				Non-taxable	0.00
				Tax #	5.90
				TOTAL	\$114.61

1 - Merchant Copy

WE GUARANTEE THE QUALITY OF OUR PRODUCTS AND SERVICES. IF YOU ARE NOT COMPLETELY SATISFIED, WE WILL REFUND YOUR MONEY OR REPLACE THE PRODUCT AT NO CHARGE.

GARNETT TRUE VALUE HOMECENTER

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

Merchant Copy
INVOICE
THE GREAT OUTDOORS

Page 1 Invoice: **10174378**

Special Instructions: _____ Time: 10:58:08
Ship Date: 07/18/11
Sales rep: MIKE And rep code: _____ Invoice Date: 07/18/11
Due Date: 08/08/11

Bill To: ROGER KENT Ship To: ROGER KENT
8808 NE HOSHO RD (785) 448-8908 NOT FOR HOUSE USE
GARNETT, KS 66032 (785) 448-8908

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

ORDER	SHIP	UOM	ITEM#	DESCRIPTION	AS Priced	PRICE	EXTENSION
880.00	880.00	P	CPFA	PLY ASH MIN 20 LBS PER BAG	8.0900	6.0900	5410.40
8.00	8.00	P	CPMP	MONARCH PALLET	14.0000	14.0000	48.00
840.00	840.00	P	CPPO	PORTLAND CEMENT-44#	5.4900	5.4900	4284.00

PAID BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$937.00
SHIP VIA	ANDERSON COUNTY	RECEIVED COMPLETE AND IN GOOD CONDITION		Taxable	937.00
X				Non-taxable	0.00
				Tax #	616.89
				TOTAL	\$937.00

1 - Merchant Copy

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