



KANSAS CORPORATION COMMISSION 1067645  
 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 #:

08/24/2011	08/26/2011	08/26/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25128-00-00  
 Spot Description:  
 NE NW NE NW Sec. 18 Twp. 21 S. R. 21  East  West  
 5115 Feet from  North /  South Line of Section  
 3333 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Anderson  
 Lease Name: Hill Well #: 18

Field Name: Bush City Shoestring

Producing Formation: Squirrel

Elevation: Ground: 1024 Kelly Bushing: 1024

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



1067645

Operator Name: Kent, Roger dba R J Enterprises Lease Name: Hill Well #: 18  
 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>633</td> <td></td> </tr> <tr> <td>shale</td> <td>657</td> <td></td> </tr> </table>	Name	Top	Datum	dk sand	633		shale	657	
Name	Top	Datum								
dk sand	633									
shale	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
<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 (Amount and Kind of Material Used)	Depth
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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**GARNETT TRUE VALUE HOMECENTER**

410 N Maple  
Garnett, KS 66032  
(785) 448-7108 FAX (785) 448-7185

Merchant Copy  
**INVOICE**  
THE GARNETT TRUE VALUE HOMECENTER

Page: 1 Invoice: 10178340

Special Instructions: Time: 18:00:02  
Ship Date: 08/18/11  
Invoice Date: 08/18/11  
Date Date: 08/08/11

Sale rep to: MIKE And rep name: Add rep name

Sold To: ROGER KENT 8208 NE HICKSH RD GARNETT, KS 66032  
Ship To: ROGER KENT (785) 448-8208 NOT FOR HOUSE USE  
Order By: (785) 448-8208

Customer #: 0000387 Customer PG: Order By:

ORDER	SHIP	L	UOM	ITEM#	DESCRIPTION	UNIT PRICE/UM	PRICE	EXTENSION
880.00	880.00	P	BAG	OPFA	FLY ASH MIX 80 LBS PER BAG	8.0900 BAG	8.0900	8418.40
-18.00	-18.00	P	PL	OPMP	MONARCH PALLET	14.0000 PL	14.0000	-70.00
					Credited from Invoice 10171878			
840.00	840.00	P	BAG	OPPO	PORTLAND CEMENT-84#	8.4900 BAG	8.4900	4584.00

  

PAID BY	CHECKED 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 #	002.88
				<b>TOTAL</b>	<b>8831.88</b>

1 - Merchant Copy



**GARNETT TRUE VALUE HOMECENTER**

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Garnett, KS 66032  
(785) 448-7108 FAX (785) 448-7185

Merchant Copy  
**INVOICE**  
THE GARNETT TRUE VALUE HOMECENTER

Page: 1 Invoice: 10178782

Special Instructions: Time: 18:07:00  
Ship Date: 08/23/11  
Invoice Date: 08/23/11  
Date Date: 08/08/11

Sale rep to: MIKE And rep name: Add rep name

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PAID BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	87828.00
SHIP VIA	ANDERSON COUNTY	RECEIVED COMPLETE AND IN GOOD CONDITION		Taxable	7828.00
X				Non-taxable	0.00
				Tax #	018.18
				<b>TOTAL</b>	<b>8849.18</b>

1 - Merchant Copy

