



KANSAS CORPORATION COMMISSION 1066001
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 (Corr, 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>06/22/2011</u> | <u>06/23/2011</u> | <u>06/23/2011</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-001-30205-00-00
Spot Description: _____
NE SW SE SE Sec. 34 Twp. 23 S. R. 21 East West
336 Feet from North / South Line of Section
703 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: NORMAN UNIT Well #: 22-N
Field Name: Davis-Bronson
Producing Formation: Bartlesville
Elevation: Ground: 989 Kelly Bushing: 989
Total Depth: 690 Plug Back Total Depth: 684
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: 684 w/ 66 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 Gantior Date: 10/25/2011



1066001

Operator Name: Kent, Roger dba R J Enterprises Lease Name: NORMAN UNIT Well #: 22-N
 Sec. 34 Twp. 23 S. R. 21 East West County: Allen

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>654</td> <td></td> </tr> <tr> <td>shale</td> <td>690</td> <td></td> </tr> </table> | Name | Top | Datum | dk sand | 654 | | shale | 690 | |
| Name | Top | Datum | | | | | | | | |
| dk sand | 654 | | | | | | | | | |
| shale | 690 | | | | | | | | | |

| 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 | 66 | |
| production | 5.625 | 2.875 | 10 | 684 | | 66 | |
| | | | | | | | |

| 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 |
|----------------|---|--|-------|
| 13 | 605.0 - 611.0 | | |
| 20 | 619.0 - 629.0 | | |
| 20 | 630.0 - 640.0 | | |
| | | | |

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes 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-1B.)</i> | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" 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: _____ _____ |
|---|--|--|

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, MO 65038
(785) 448-7108 FAX (785) 448-7188

Merchant Copy

INVOICE

Page 1

Invoice 10172783

Order # _____ Year 100000
 Invoice # _____ Ship Date 08/27/11
 Order # MICE Audit up date Invoice Date 08/27/11
 Ship Date 07/28/11

Ship To: ROBERT HENRY 8000 N. HIGHWAY RD GARNETT, MO 65038
 Ship To: ROBERT HENRY 8000 N. HIGHWAY RD GARNETT, MO 65038
 (785) 448-0888 NOT FOR HOUSE USE (785) 448-0888

Customer # 000087 Customer PO# _____ Order # _____

| QTY | UNIT | PRICE | AMOUNT | DESCRIPTION | UNIT PRICE | AMOUNT | EXTENSION |
|--------|--------|-------|--------|----------------------------|--------------|---------|----------------|
| 888.00 | 888.00 | FL | OPPA | FLY ASH MIX 80 LBS PER BAG | 8.0000 | 8.0000 | 8418.40 |
| 7.00 | 7.00 | FL | OPND | MERCHAND PALLEY | 14.0000 | 14.0000 | 98.00 |
| 840.00 | 840.00 | FL | OPPO | PORTLAND CEMENT-94 | 8.4000 | 8.4000 | 4884.80 |
| | | | | ALLEGY CHECKED BY _____ | Subtotal | | 8908.00 |
| | | | | SHIP VIA ANDERSON COUNTY | Taxable | | 8908.00 |
| | | | | _____ | Tax 0.00 | | 8908.00 |
| | | | | X | Sales tax | | 881.88 |
| | | | | | TOTAL | | 9789.88 |

1 - Merchant Copy



GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, MO 65038
(785) 448-7108 FAX (785) 448-7188

Merchant Copy

INVOICE

Page 1

Invoice 10175800

Order # _____ Year 100000
 Invoice # _____ Ship Date 08/27/11
 Order # JOE Audit up date Invoice Date 08/27/11
 Ship Date 07/28/11

Ship To: ROBERT HENRY 8000 N. HIGHWAY RD GARNETT, MO 65038
 Ship To: ROBERT HENRY 8000 N. HIGHWAY RD GARNETT, MO 65038
 (785) 448-0888 NOT FOR HOUSE USE (785) 448-0888

Customer # 000087 Customer PO# _____ Order # _____

| QTY | UNIT | PRICE | AMOUNT | DESCRIPTION | UNIT PRICE | AMOUNT | EXTENSION |
|------|------|-------|--------|------------------------------|--------------|---------|--------------|
| 8.00 | 8.00 | FL | 488008 | 7018 GLV FOLL VALLEY 1800GPT | 48.0000 | 48.0000 | 87.80 |
| | | | | ALLEGY CHECKED BY _____ | Subtotal | | 87.80 |
| | | | | SHIP VIA _____ | Taxable | | 87.80 |
| | | | | _____ | Tax 0.00 | | 87.80 |
| | | | | | Sales tax | | 7.81 |
| | | | | | TOTAL | | 95.61 |

1 - Merchant Copy

