



KANSAS CORPORATION COMMISSION 1065993
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

API No. 15 - 15-001-30203-00-00
Spot Description: _____
SE NW SE SE Sec. 34 Twp. 23 S. R. 21 East West
943 Feet from North / South Line of Section
708 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 #: 20-N
Field Name: Davis-Bronson
Producing Formation: Bartlesville
Elevation: Ground: 977 Kelly Bushing: 977
Total Depth: 669 Plug Back Total Depth: 660
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: 660 w/ 66 sx cmt.

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 #: _____
06/24/2011 06/27/2011 06/27/2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

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 Gansor Date: 10/25/2011



1065993

Operator Name: Kent, Roger dba R J Enterprises Lease Name: NORMAN UNIT Well #: 20-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>dark sand</td> <td>653</td> <td></td> </tr> <tr> <td>shale</td> <td>669</td> <td></td> </tr> </table>	Name	Top	Datum	dark sand	653		shale	669	
Name	Top	Datum								
dark sand	653									
shale	669									

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	660		66	

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 <i>(Amount and Kind of Material Used)</i>	Depth
20	613.0 - 623.0		
20	624.0 - 634.0		

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 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: _____ _____
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GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, MO 64648
 (785) 448-7155 FAX (785) 448-7185

Merchant Copy
INVOICE
 10172785

Page 1 Invoice: 10172785

Order #	100000
Invoice #	0807711
Ship to: ASCI	Ship Date: 07/08/11
Bill to: ROBERT KENT 2000 NE HICKORY RD GARNETT, MO 64648	Bill Date: 07/08/11
Customer PO: 000007	Company: [blank]

QTY	UNIT PRICE	LINE	ITEM	DESCRIPTION	AMOUNT	TAX	EXTENSION
885.00	800.00	F BAG	OPPA	PLY ASH BKG 50 LBS PER BAG	8,000.00	0.0000	8,000.00
7.00	7.00	F PL	OPMP	MONARCH PALLET	14,000.00	14,000.00	98.00
840.00	840.00	F BAG	OPPC	PORTLAND CEMENT 94#	8,400.00	8,400.00	694.00
ORDER BY: [blank] CHECKED BY: [blank] DATE: 07/08/11 ORDER #					Subtotal:		16,498.00
SHIP VIA: AMERICAN SECURITY					Taxable		0.00
					Non-Taxable		0.00
					Tax 0		0.00
TOTAL:							16,504.00

1 - Merchant Copy

PLEASE PRINT NAME, ADDRESS, CITY, STATE, ZIP, PHONE, FAX, AND E-MAIL ADDRESS ON ORDER FORM

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, MO 64648
 (785) 448-7155 FAX (785) 448-7185

Merchant Copy
INVOICE
 10172800

Page 1 Invoice: 10172800

Order #	100000
Invoice #	0807711
Ship to: JCE	Ship Date: 07/08/11
Bill to: ROBERT KENT 2000 NE HICKORY RD GARNETT, MO 64648	Bill Date: 07/08/11
Customer PO: 000007	Company: [blank]

QTY	UNIT PRICE	LINE	ITEM	DESCRIPTION	AMOUNT	TAX	EXTENSION
0.00	0.00	F PL	00000	FOOTIE BLV ROLL VALLEY12000PT	48,000.00	48,000.00	0.00
ORDER BY: [blank] CHECKED BY: [blank] DATE: 07/08/11 ORDER #					Subtotal:		48,000.00
SHIP VIA: [blank]					Taxable		0.00
					Non-Taxable		0.00
					Tax 0		0.00
TOTAL:							48,000.00

1 - Merchant Copy

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