



KANSAS CORPORATION COMMISSION 1065983
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 SLOW
 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 #: _____

06/21/2011	06/22/2011	06/22/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30201-00-00
Spot Description: _____
SW SW NW SE Sec. 34 Twp. 23 S. R. 21 East West
1504 Feet from North / South Line of Section
2475 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 #: 18-N
Field Name: Davis-Bronson
Producing Formation: Bartlesville
Elevation: Ground: 959 Kelly Bushing: 959
Total Depth: 736 Plug Back Total Depth: 729
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: 729 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: 10/25/2011



1065983

Operator Name: Kent, Roger dba R J Enterprises Lease Name: NORMAN UNIT Well #: 18-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>oil sand</td> <td>704</td> <td></td> </tr> <tr> <td>shale</td> <td>736</td> <td></td> </tr> </table>	Name	Top	Datum	oil sand	704		shale	736	
Name	Top	Datum								
oil sand	704									
shale	736									

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	729		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 <i>(Amount and Kind of Material Used)</i>	Depth
13	697.0 - 703.0		

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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Oil</td> <td style="width:10%;">Bbls.</td> <td style="width:10%;">Gas</td> <td style="width:10%;">Mcf</td> <td style="width:10%;">Water</td> <td style="width:10%;">Bbls.</td> <td style="width:10%;">Gas-Oil Ratio</td> <td style="width:10%;">Gravity</td> </tr> </table>	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
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-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 65038
 (785) 448-7105 FAX (785) 448-7185

Merchant Copy
INVOICE
 TRUCK PAYMENT ONLY

Page 1 Invoice 10172768

Order # 000087 Customer PO Order By

Ship To: **ROGER KENT**
 2892 NE HOSKINS RD
 GARNETT, MO 65038
 (785) 448-8286 NOT FOR HOUSE USE

Bill To: **ROGER KENT**
 2892 NE HOSKINS RD
 GARNETT, MO 65038
 (785) 448-8286

Item: 10/08/08
 Ship Date: 08/07/11
 Invoice Date: 08/07/11
 Due Date: 07/08/11

ORDER	QTY	UOM	ITEM	DESCRIPTION	AR Price/Unit	PRICE	EXTENSION	
880.00	800.00	P BAG	OFFA	FLY ASH MIX 80 LBS PER BAG	0.0000	0.0000	0410.00	
7.00	7.00	P PL	OPMP	SEARCH PALLET	14.0000	14.0000	98.00	
840.00	840.00	P BAG	OPPC	PORTLAND CEMENT-90	0.0000	0.0000	484.00	
PAID BY: CHECK BY: INTEREST: SALES TAX:							Subtotal	908.00
SHIP VIA: ANCHORAGE COUNTY TAXABLE: 0.00							Shipping	0.00
ORDER COMPLETE IN 30 DAYS TAX: 0.00							Subtotal	908.00
TOTAL							908.00	

1 - Merchant Copy

UNLESS SPECIFICALLY INDICATED OTHERWISE ALL QUANTITIES ARE IN POUNDS PER BAG

GARNETT TRUE VALUE HOMECENTER
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Page 1 Invoice 10173800

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 Ship Date: 08/04/11
 Invoice Date: 08/04/11
 Due Date: 07/08/11

ORDER	QTY	UOM	ITEM	DESCRIPTION	AR Price/Unit	PRICE	EXTENSION	
0.00	0.00	P PL	88008	70018 CLV HOLL VALLEY 28008FT	48.0000	48.0000	07.20	
PAID BY: CHECK BY: INTEREST: SALES TAX:							Subtotal	007.20
SHIP VIA: CUSTOMER PICK UP TAXABLE: 0.00							Shipping	0.00
ORDER COMPLETE IN 30 DAYS TAX: 0.00							Subtotal	007.20
TOTAL							007.20	

1 - Merchant Copy

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