



KANSAS CORPORATION COMMISSION 1065986  
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 #: \_\_\_\_\_

<u>06/14/2011</u>	<u>06/15/2011</u>	<u>06/15/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30202-00-00  
Spot Description: \_\_\_\_\_  
SE SW NW SE Sec. 34 Twp. 23 S. R. 21  East  West  
1537 Feet from  North /  South Line of Section  
2163 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 #: 19-N  
Field Name: Davis-Bronson  
Producing Formation: Bartlesville  
Elevation: Ground: 949 Kelly Bushing: 949  
Total Depth: 726 Plug Back Total Depth: 720  
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: 720 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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Gattico</u> Date: <u>10/25/2011</u>



1065986

Operator Name: Kent, Roger dba R J Enterprises Lease Name: NORMAN UNIT Well #: 19-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>697</td> <td></td> </tr> <tr> <td>shale</td> <td>726</td> <td></td> </tr> </table>	Name	Top	Datum	oil sand	697		shale	726	
Name	Top	Datum								
oil sand	697									
shale	726									

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	720		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 <i>(Amount and Kind of Material Used)</i>	Depth
13	691.0 - 697.0		

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

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 65039  
 (785) 448-7108 FAX (785) 448-7185

Merchant Copy  
**INVOICE**  
 10178758

Page 1 Invoice: 10178758

Order #	100000	Year	1999
Invoice #		Ship Date	08/27/11
Order Date	08/27/11	Invoice Date	08/27/11
Ship to #	MOCKE	Ship Date	07/28/11

Ship to: ROBERT KENT  
 8000 N WILSON RD  
 GARNETT, MO 65039

Ship to: ROBERT KENT  
 (785) 448-6888 NOT FOR HOUSE USE

Customer # 000087 Customer PO

QTY	UNIT	DESCRIPTION	PRICE	EXTENSION
648.00	648.00	FLY ASH MIX 80 LBS PER BAG	8.9500	5799.60
7.00	7.00	MONARCH PALLET	14.0000	98.00
648.00	648.00	PORTLAND CEMENT-94	8.4800	5494.80

Subtotal	\$6083.00
Tax	681.85
<b>TOTAL</b>	<b>\$6764.85</b>

1 - Merchant Copy

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**GARNETT TRUE VALUE HOMECENTER**  
 410 N Maple  
 Garnett, MO 65039  
 (785) 448-7108 FAX (785) 448-7185

Merchant Copy  
**INVOICE**  
 10178800

Page 1 Invoice: 10178800

Order #	100000	Year	1999
Invoice #		Ship Date	08/24/11
Order Date	08/24/11	Invoice Date	08/24/11
Ship to #	JOE	Ship Date	07/28/11

Ship to: ROBERT KENT  
 8000 N WILSON RD  
 GARNETT, MO 65039

Ship to: ROBERT KENT  
 (785) 448-6888 NOT FOR HOUSE USE

Customer # 000087 Customer PO

QTY	UNIT	DESCRIPTION	PRICE	EXTENSION
6.00	6.00	70018 GLV ROLL VALLEY BIRCH	48.9500	293.70

Subtotal	\$293.70
Tax	7.81
<b>TOTAL</b>	<b>\$301.51</b>

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