



KANSAS CORPORATION COMMISSION 1065973  
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 #: \_\_\_\_\_

|                                   |                   |   |
|-----------------------------------|-------------------|---|
| <u>06/28/2011</u>                 | <u>06/29/2011</u> | <u>06/29/2011</u>                       |
| Spud Date or<br>Recompletion Date | Date Reached TD   | Completion Date or<br>Recompletion Date |

API No. 15 - 15-001-30196-00-00

Spot Description: \_\_\_\_\_

NW NE SE SE Sec. 34 Twp. 23 S. R. 21  East  West

1235 Feet from  North /  South Line of Section

441 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 #: 15-N

Field Name: Davis-Bronson

Producing Formation: Bartlesville

Elevation: Ground: 981 Kelly Bushing: 981

Total Depth: 668 Plug Back Total Depth: 661

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: 661 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: Deanne Garrison Date: 10/25/2011



1065973

Operator Name: Kent, Roger dba R J Enterprises Lease Name: NORMAN UNIT Well #: 15-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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If no, Submit Copy)</i><br><br>List All E. Logs Run:<br><br>Gamma Ray/Neutrol/CCL | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br><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>650</td> <td></td> </tr> <tr> <td>shale</td> <td>668</td> <td></td> </tr> </table> | Name  | Top | Datum | dk sand | 650 |  | shale | 668 |  |
| Name  | Top  | Datum |     |       |         |     |  |       |     |  |
| dk sand   | 650  |       |     |       |         |     |  |       |     |  |
| shale   | 668  |       |     |       |         |     |  |       |     |  |

| 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                | 662           |                | 66           |                            |
|   |                   |                           |                   |               |                |              |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD  |                  |                |              |                            |
|--|------------------|----------------|--------------|----------------------------|
| Purpose:   | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone | -                |                |              |                            |
|  | -                |                |              |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|----------------|---|---|-------|
| 20             | 622.0 - 632.0   |   |       |
| 20             | 633.0 - 643.0   |   |       |
|                |   |   |       |
|                |   |   |       |

|   |           |   |                                   |
|---|-----------|---|-----------------------------------|
| 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:<br><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:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i><br><input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL:<br>_____<br>_____ |
|---|--|--|

**GARNETT TRUE VALUE HOMECENTER**  
 410 N Maple  
 Garnett, MO 64633  
 (786) 448-7108 FAX (786) 448-7198

Merchant Copy  
**INVOICE**  
 TELETYPE UNIT

Page 1 Invoice# 10178788

Order # 000087 Customer PO# Order By

Buyer: ROBERT KENT  
 2808 N.E. HICKING RD  
 GARNETT, MO 64633

Seller: ROBERT KENT  
 410 N MAPLE  
 GARNETT, MO 64633

Ship Date: 08/27/11  
 Invoice Date: 08/27/11  
 Ship Date: 07/08/11

| ORDER  | QTY    | UOM    | ITEM# | DESCRIPTION                | ALPHABET   | PRICE   | EXTENSION   |                |
|--|--------|--------|-------|----------------------------|------------|---------|-------------|----------------|
| 880.00   | 880.00 | PL BAG | OPPA  | PLY ASH MIX 60 LBS PER BAG | 8.8000 PL  | 8.8000  | 8416.80     |                |
| 7.00   | 7.00   | PL     | OPSP  | SKAWSON PALLET             | 14.0000 PL | 14.0000 | 98.00       |                |
| 848.00   | 848.00 | PL BAG | OPPC  | PORTLAND CEMENT-94         | 8.4800 PL  | 8.4800  | 4384.80     |                |
| ORDER BY: _____ CHECKED BY: _____ DATE: 8/27/11<br>SHIP VIA: AMERSON COUNTY<br>1 X |        |        |       |                            |            |         | Subtotal    | 9008.80        |
|  |        |        |       |                            |            |         | Taxable     | 9008.80        |
|  |        |        |       |                            |            |         | Non-Taxable | 0.00           |
|  |        |        |       |                            |            |         | Tax @       | 901.88         |
| <b>TOTAL</b>   |        |        |       |                            |            |         |             | <b>9910.68</b> |

1 - Merchant Copy



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 Garnett, MO 64633  
 (786) 448-7108 FAX (786) 448-7198

Merchant Copy  
**INVOICE**  
 TELETYPE UNIT

Page 1 Invoice# 10178800

Order # 000087 Customer PO# Order By

Buyer: ROBERT KENT  
 2808 N.E. HICKING RD  
 GARNETT, MO 64633

Seller: ROBERT KENT  
 410 N MAPLE  
 GARNETT, MO 64633

Ship Date: 08/24/11  
 Invoice Date: 08/24/11  
 Ship Date: 07/08/11

| ORDER  | QTY  | UOM | ITEM# | DESCRIPTION                   | ALPHABET   | PRICE   | EXTENSION   |               |
|--|------|-----|-------|-------------------------------|------------|---------|-------------|---------------|
| 8.00   | 8.00 | PL  | 48888 | 70012 GLV FOLL VALLEY1250C0PT | 48.8800 PL | 48.8800 | 391.04      |               |
| ORDER BY: _____ CHECKED BY: _____ DATE: 8/27/11<br>SHIP VIA: AMERSON COUNTY<br>1 X |      |     |       |                               |            |         | Subtotal    | 391.04        |
|  |      |     |       |                               |            |         | Taxable     | 391.04        |
|  |      |     |       |                               |            |         | Non-Taxable | 0.00          |
|  |      |     |       |                               |            |         | Tax @       | 7.81          |
| <b>TOTAL</b>   |      |     |       |                               |            |         |             | <b>398.85</b> |

1 - Merchant Copy

