



KANSAS CORPORATION COMMISSION 1066895
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>08/04/2011</u>	<u>08/08/2011</u>	<u>08/08/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25110-00-00
Spot Description: _____
NE SE SW SE Sec. 30 Twp. 22 S. R. 19 East West
526 Feet from North / South Line of Section
1337 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: MARTIN Well #: 5-A
Field Name: Colony Welda
Producing Formation: Squirrel
Elevation: Ground: 1083 Kelly Bushing: 1083
Total Depth: 910 Plug Back Total Depth: 904
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: 904 w/ 90 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 Gantner Date: 11/09/2011



1066895

Operator Name: Kent, Roger dba R J Enterprises Lease Name: MARTIN Well #: 5-A
 Sec. 30 Twp. 22 S. R. 19 East West County: Anderson

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>870</td> <td></td> </tr> <tr> <td>shale</td> <td>910</td> <td></td> </tr> </table>	Name	Top	Datum	dk sand	870		shale	910	
Name	Top	Datum								
dk sand	870									
shale	910									

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	90	
production	5.625	2.875	10	904		90	

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	832.0 - 842.0		
20	844.0 - 854.0		

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 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 64646
(785) 448-7188 FAX (785) 448-7188

Merchant Copy
INVOICE
10174348

Page 1 Invoice: 10174348

Special: _____ Date: 10/09/11
 Subst: _____ Ship Date: 07/19/11
 Subst: _____ Ship Date: 07/19/11
 Subst: _____ Ship Date: 08/02/11

Ship to: ROGER KENT 410 N. Maple
 2000 N. HIGHWAY RD GARNETT, MO 64646
 Ship to: ROGER KENT 410 N. Maple
 2000 N. HIGHWAY RD GARNETT, MO 64646
 Ship to: ROGER KENT 410 N. Maple
 2000 N. HIGHWAY RD GARNETT, MO 64646

Customer: 000067

QTY	PRICE	SHIP	L	LINE	ITEM	DESCRIPTION	AS ORDERED	PRICE	EXTENSION
18.00	4.50			P	PC	SPF110	SPF110-8 X 4 X 12	814.000	14.670
4.00	4.50			P	PC	SPF110	SPF110-8 X 6 X 12	180.000	18.000
							Subtotal	1150.01	
							Weight	106.01	
							Non-taxable	0.00	
							Tax	0.00	
							TOTAL	1150.01	

1 - Merchant Copy

PLEASE PRINT CLEARLY WITH INK ON THIS COPY FOR YOUR RECORDS. THIS COPY IS NOT VALID FOR RETURNS OR REFUND.

GARNETT TRUE VALUE HOMECENTER

410 N. Maple
Garnett, MO 64646
(785) 448-7188 FAX (785) 448-7188

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Customer: 000067

QTY	PRICE	SHIP	L	LINE	ITEM	DESCRIPTION	AS ORDERED	PRICE	EXTENSION
80.00	0.00			P	BAG	OPFA	FLY ASH MIX 80 LBS PER BAG	0.000	0.000
8.00	0.00			P	PL	OPMP	MONARCH PALLET	14.000	112.000
840.00	0.00			P	BAG	OPPO	PORTLAND CEMENT-940	0.490	411.600
							Subtotal	527.00	
							Weight	937.00	
							Non-taxable	0.00	
							Tax	0.00	
							TOTAL	527.00	

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