



KANSAS CORPORATION COMMISSION 1066874
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 Naosho 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 (Corr, 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 #: _____

07/27/2011	07/29/2011	07/29/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25111-00-00
Spot Description: _____
SW SE SE NE Sec. 30 Twp. 22 S. R. 19 East West
2805 Feet from North / South Line of Section
485 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: MARTIN Well #: 1-A
Field Name: Colony Welda
Producing Formation: Squirrel
Elevation: Ground: 1087 Kelly Bushing: 1087
Total Depth: 912 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 Gantzer Date: 11/07/2011



1066874

Operator Name: Kent, Roger dba R J Enterprises Lease Name: MARTIN Well #: 1-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>Bkn sand</td> <td>876</td> <td></td> </tr> <tr> <td>shale</td> <td>912</td> <td></td> </tr> </table>	Name	Top	Datum	Bkn sand	876		shale	912	
Name	Top	Datum								
Bkn sand	876									
shale	912									

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 (Amount and Kind of Material Used)	Depth
20	865.0 - 875.0		

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> <input type="checkbox"/> Other (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, MO 65038
(785) 448-7100 FAX (785) 448-7185

Merchant Copy
INVOICE
10174348

Page 1 Invoice: 10174348

Special Instructions: _____ Term: 10/07/07
Ship Date: 07/18/11
Invoice Date: 07/18/11
Ship Date: 08/08/11

Ship to: ROGER KENT
8808 NE HICKING RD
GARNETT, MO 65038 (785) 448-8888 NOT FOR HOUSE USE

Customer #: 000087 Order PO: _____ Order By: _____

QTY	PRICE	UNIT	ITEM	DESCRIPTION	AMOUNT	TAXES	EXTENSION
18.00	18.00	PO	SPF118	SPF118-12 BX 4 X 12	324.00		324.00
4.00	4.00	PO	SPF118	SPF118-12 BX 4 X 12	16.00		16.00
ORDER BY: _____ SHIP BY: _____ DATE SHIPPED: _____ SHIP VIA: ANDERSON COUNTY ANDERSON COUNTY TAX 0					Sales total		340.00
					Taxable	108.01	
					Non-Taxable	0.00	
					Tax 0		0.00
					TOTAL		340.00

1 - Merchant Copy

PLEASE PRINT NAME, ADDRESS, PHONE NUMBER, CITY, STATE AND ZIP CODE. RETURN TO: GARNETT TRUE VALUE HOMECENTER, 410 N MAPLE, GARNETT, MO 65038

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, MO 65038
(785) 448-7100 FAX (785) 448-7185

Merchant Copy
INVOICE
10174378

Page 1 Invoice: 10174378

Special Instructions: _____ Term: 10/08/08
Ship Date: 07/18/11
Invoice Date: 07/18/11
Ship Date: 08/08/11

Ship to: ROGER KENT
8808 NE HICKING RD
GARNETT, MO 65038 (785) 448-8888 NOT FOR HOUSE USE

Customer #: 000087 Order PO: _____ Order By: _____

QTY	PRICE	UNIT	ITEM	DESCRIPTION	AMOUNT	TAXES	EXTENSION
896.00	896.00	BAG	OPFA	FLY ASH MIX 80 LBS PER BAG	896.00		896.00
8.00	8.00	PL	OPMP	MONARCH PALLET	14.00		14.00
848.00	848.00	BAG	OPFO	PORTLAND CEMENT-94	848.00		848.00
ORDER BY: _____ SHIP BY: _____ DATE SHIPPED: _____ SHIP VIA: ANDERSON COUNTY ANDERSON COUNTY TAX 0					Sales total		1758.00
					Taxable	597.00	
					Non-Taxable	0.00	
					Tax 0		0.00
					TOTAL		1758.00

1 - Merchant Copy

PLEASE PRINT NAME, ADDRESS, PHONE NUMBER, CITY, STATE AND ZIP CODE. RETURN TO: GARNETT TRUE VALUE HOMECENTER, 410 N MAPLE, GARNETT, MO 65038