



KANSAS CORPORATION COMMISSION 1066882
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 #: _____

08/01/2011	08/02/2011	08/02/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25119-00-00
Spot Description: _____
NE SW NE SE Sec. 30 Twp. 22 S. R. 19 East West
1966 Feet from North / South Line of Section
740 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: MARTIN Well #: 3-A
Field Name: Colony Welda
Producing Formation: Squirrel
Elevation: Ground: 1084 Kelly Bushing: 1084
Total Depth: 883 Plug Back Total Depth: 877
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: 877 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 Gansor Date: 11/07/2011



1066882

Operator Name: Kent, Roger dba R J Enterprises Lease Name: MARTIN Well #: 3-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>854</td> <td></td> </tr> <tr> <td>shale</td> <td>883</td> <td></td> </tr> </table>	Name	Top	Datum	dk sand	854		shale	883	
Name	Top	Datum								
dk sand	854									
shale	883									

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	877		90	

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 (Amount and Kind of Material Used)	Depth
17	825.0 - 833.0		
20	838.0 - 848.0		

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, KS 66038
(785) 448-7188 FAX (785) 448-7188

Merchant Copy
INVOICE
TELETYPE/RTS/TELEFAX

Page 1 Invoice: **10174848**

Invoice # 106767
Ship Date: 07/18/11
Invoice Date: 07/18/11
Ship To: MIKE
Bill To: ROGER KENT
23088 NE HICKING RD
GARNETT, KS 66038
Phone: (785) 448-8888
Customer # 000087

ORDER	QTY	UOM	ITEM	DESCRIPTION	AS PRICED	PRICE	EXTENSION
18.00	18.00	P	PC	SPF1618	614.987	5.400	97.30
4.00	4.00	P	PC	SPF1618	488.187	5.950	23.86
ALIAS BY: GARNETT TRUE VALUE HOMECENTER SHIP VIA: ANDERSON COUNTY TAXES: 108.81 Non-Taxable: 0.00 TOTAL: 114.96					Sales total: 114.96 Sales tax: 0.00 TOTAL: 114.96		

1 - Merchant Copy

PLEASE PRINT NAME, ADDRESS, PHONE NUMBER ON FRONT OF ORDER FORM. CHECK ALL APPLICABLE TAXES AND CHECKS.

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66038
(785) 448-7188 FAX (785) 448-7188

Merchant Copy
INVOICE
TELETYPE/RTS/TELEFAX

Page 1 Invoice: **10174878**

Invoice # 188808
Ship Date: 07/18/11
Invoice Date: 07/18/11
Ship To: MIKE
Bill To: ROGER KENT
23088 NE HICKING RD
GARNETT, KS 66038
Phone: (785) 448-8888
Customer # 000087

ORDER	QTY	UOM	ITEM	DESCRIPTION	AS PRICED	PRICE	EXTENSION
80.00	80.00	P	BAG	CFPA	8.000	6.400	512.00
8.00	8.00	P	PL	CFMP	14.000	14.000	112.00
84.00	84.00	P	BAG	CFPO	8.400	7.056	592.80
ALIAS BY: GARNETT TRUE VALUE HOMECENTER SHIP VIA: ANDERSON COUNTY TAXES: 6087.00 Non-Taxable: 0.00 TOTAL: 6087.00					Sales total: 6087.00 Sales tax: 0.00 TOTAL: 6087.00		

1 - Merchant Copy

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