



KANSAS CORPORATION COMMISSION 1066900
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 #: _____

08/02/2011 08/03/2011 08/03/2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-003-25114-00-00
Spot Description: _____
NW NW SE SE Sec. 30 Twp. 22 S. R. 19 ☒ East ☐ West
1185 Feet from ☐ North / ☒ South Line of Section
1035 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW
County: Anderson
Lease Name: MARTIN Well #: 6-A
Field Name: Colony Welda
Producing Formation: Squirrel
Elevation: Ground: 1077 Kelly Bushing: 1077
Total Depth: 909 Plug Back Total Depth: 902
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: 902 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 Garrison Date: 11/09/2011



1066900

Operator Name: Kent, Roger dba R J Enterprises Lease Name: MARTIN Well #: 6-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 Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) 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 (If no, Submit Copy) 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%;"> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> <tr> <td>dk sand</td> <td>875</td> <td></td> </tr> <tr> <td>shale</td> <td>909</td> <td></td> </tr> </table>	Name	Top	Datum	dk sand	875		shale	909	
Name	Top	Datum								
dk sand	875									
shale	909									

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	902		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	844.0 - 854.0		
20	855.0 - 865.0		

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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <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) 448-7138

Merchant Copy

INVOICE

10/17/2011

Page: 1

Invoice: 10174348

Special

Instructions

Bill to: MICE

Bill to: MICE

Time

Ship Date: 07/18/11

Invoice Date: 07/18/11

Bill To: ROGER KENT

2808 N2 NICHOL RD
GARNETT, MO 65039

Bill To: ROGER KENT

(785) 448-8995 NOT FOR HOME USE

(785) 448-8995

Customer: 000087

Customer PO

Order By

QTY	UNIT	ITEM	DESCRIPTION	AS PRICED	PRICE	EXTENSION
18.00	4.00	PO	OFFICE-28 8 X 12	\$14.000	\$252.00	\$252.00
4.00	4.00	PO	OFFICE-28 8 X 12	\$22.500	\$90.00	\$90.00

PAID BY: CASH ON DELIVERY

SHIP VIA: ANDERSON COUNTY

RETURNED COMPLETION AND/OR DAMAGE

X

Taxable

Non-taxable

Total

Subtotal

Subtotal

Subtotal

Subtotal

Subtotal

1 - Merchant Copy

(PRINTED NAME, ADDRESS, PHONE NUMBER, FAX NUMBER, E-MAIL ADDRESS, AND WEBSITE ADDRESS)

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, MO 65039
(785) 448-7108 FAX (785) 448-7138

Merchant Copy

INVOICE

10/17/2011

Page: 1

Invoice: 10174378

Special

Instructions

Bill to: MICE

Bill to: MICE

Time

Ship Date: 07/18/11

Invoice Date: 07/18/11

Bill To: ROGER KENT

2808 N2 NICHOL RD
GARNETT, MO 65039

Bill To: ROGER KENT

(785) 448-8995 NOT FOR HOME USE

(785) 448-8995

Customer: 000087

Customer PO

Order By

QTY	UNIT	ITEM	DESCRIPTION	AS PRICED	PRICE	EXTENSION
888.00	8.00	PO	PLY 28 8 X 12 PER BAG	\$8.000	\$7104.00	\$7104.00
8.00	8.00	PO	MONARCH PALLET	\$14.000	\$112.00	\$112.00
848.00	8.00	PO	PORTLAND CEMENT-94	\$8.000	\$6784.00	\$6784.00

PAID BY: CASH ON DELIVERY

SHIP VIA: ANDERSON COUNTY

RETURNED COMPLETION AND/OR DAMAGE

X

Taxable

Non-taxable

Total

Subtotal

Subtotal

Subtotal

Subtotal

Subtotal

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