



KANSAS CORPORATION COMMISSION 1066920  
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     SLOW  
 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>08/09/2011</u>	<u>08/10/2011</u>	<u>08/10/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25127-00-00

Spot Description: \_\_\_\_\_  
NW NW NE SE Sec. 30 Twp. 22 S. R. 19  East  West  
2475 Feet from  North /  South Line of Section  
1214 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Anderson

Lease Name: Martin Well #: 9-A

Field Name: Colony Welda

Producing Formation: Squirrel

Elevation: Ground: 1076 Kelly Bushing: 1076

Total Depth: 913 Plug Back Total Depth: 906

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: 906 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



1066920

Operator Name: Kent, Roger dba R J Enterprises Lease Name: Martin Well #: 9-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>874</td> <td></td> </tr> <tr> <td>shale</td> <td>913</td> <td></td> </tr> </table>	Name	Top	Datum	dk sand	874		shale	913	
Name	Top	Datum								
dk sand	874									
shale	913									

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	906		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
20	836.0 - 846.0		
20	853.0 - 863.0		

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-1B.)</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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**GARNETT TRUE VALUE HOMECENTER**

410 N Maple  
Garnett, MO 65030  
(785) 448-7105 FAX (785) 448-7105

Merchant Copy  
**INVOICE**  
THE SECRET STORE

Page 1 Invoice: **10174548**

Special: \_\_\_\_\_ Time: 10:07:07  
 Instructions: \_\_\_\_\_ Ship Date: 07/18/11  
 Bill to: MIKE And up to: \_\_\_\_\_ Invoice Date: 07/18/11  
 Ship to: ROGER KENT 800 N HICKORY RD GARNETT, MO 65030 (785) 448-0988 (NOT FOR HOUSE USE)  
 Order #: 000087 Customer PO: \_\_\_\_\_ Order By: \_\_\_\_\_

QTY	UNIT	ITEM	DESCRIPTION	AS ORDERED	PRICE	EXTENSION	
18.00	PC	SPY94182	SPYLIC-RES X 4 X 12'	614.007 sq	6.000	614.00	
4.00	PC	SPY94182	SPYLIC-RES X 8 X 12'	488.187 sq	6.000	292.91	
ALL IN BY: _____ CHECKED BY: _____ DATE SHIPPED: _____ SHIP VIA: ANDERSON COUNTY (X)						Subtotal	\$106.91
						Taxable	106.91
						Non-Taxable	0.00
						Tax	8.80
						<b>TOTAL</b>	<b>\$114.81</b>

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**GARNETT TRUE VALUE HOMECENTER**

410 N Maple  
Garnett, MO 65030  
(785) 448-7105 FAX (785) 448-7105

Merchant Copy  
**INVOICE**  
THE SECRET STORE

Page 1 Invoice: **10174575**

Special: \_\_\_\_\_ Time: 10:08:00  
 Instructions: \_\_\_\_\_ Ship Date: 07/18/11  
 Bill to: MIKE And up to: \_\_\_\_\_ Invoice Date: 07/18/11  
 Ship to: ROGER KENT 800 N HICKORY RD GARNETT, MO 65030 (785) 448-0988 (NOT FOR HOUSE USE)  
 Order #: 000087 Customer PO: \_\_\_\_\_ Order By: \_\_\_\_\_

QTY	UNIT	ITEM	DESCRIPTION	AS ORDERED	PRICE	EXTENSION	
88.00	PC	SPY94182	SPYLIC-RES X 4 X 12'	614.007 sq	6.000	614.00	
8.00	PC	SPY94182	SPYLIC-RES X 8 X 12'	488.187 sq	6.000	292.91	
84.00	PC	SPY94182	SPYLIC-RES X 4 X 12'	614.007 sq	6.000	614.00	
ALL IN BY: _____ CHECKED BY: _____ DATE SHIPPED: _____ SHIP VIA: ANDERSON COUNTY (X)						Subtotal	\$907.20
						Taxable	907.20
						Non-Taxable	0.00
						Tax	69.85
						<b>TOTAL</b>	<b>\$977.05</b>

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