



KANSAS CORPORATION COMMISSION 1066922
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>07/18/2011</u>	<u>07/20/2011</u>	<u>07/20/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25117-00-00

Spot Description: _____
SE SW SE SE Sec. 30 Twp. 22 S. R. 19 East West
187 Feet from North / South Line of Section
760 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Anderson

Lease Name: MARTIN Well #: E-18

Field Name: Colony Welda

Producing Formation: Squirrel

Elevation: Ground: 1100 Kelly Bushing: 1100

Total Depth: 898 Plug Back Total Depth: 892

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: 892 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: 11/07/2011



1066922

Operator Name: Kent, Roger dba R J Enterprises Lease Name: MARTIN Well #: E-18
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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	dk sand	871	
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	shale	898	
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Gamma Ray/Neutron/CCL				

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.O.)	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	892		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	840.0 - 850.0		
20	852.0 - 862.0		

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 <i>(Explain)</i> _____				
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) (Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7105 FAX (785) 448-7135

Merchant Copy
INVOICE
 TO BE PAID BY CHECK

Page 1 Invoice: 10172758
 Order: 163928
 Invoice Date: 08/07/11
 Ship Date: 08/07/11
 Order Date: 07/08/11
 Bill to: MRC
 Bill to: ROGER KENT
 2808 N WICHING RD
 GARNETT, KS 66032
 (785) 448-8888
 Customer #: 000097 Customer PO: Order By:

QTY	UNIT	DESCRIPTION	AS PRICED	PRICE	EXTENSION
840.00	840.00	PLY ASH MIX 10 LBS PER BAG	0.0000	0.0000	8418.40
7.00	7.00	MONARCH PALLET	14.0000	14.0000	98.00
840.00	840.00	PORTLAND CEMENT-949	0.0000	0.0000	8894.80
FILLED BY: _____ CHECKED BY: _____ DATE SHIPPED: _____ DRIVER: _____ SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION Taxable: 8063.00 Non-taxable: 0.00 Tax #: _____ <input checked="" type="checkbox"/>					Subtotal: \$8063.00 Tax: \$81.53 TOTAL: \$8144.53

1 - Merchant Copy

1. CHECKS MUST BE PAID TO THE ORDER NUMBER AND MUST BE PAID WITHIN 15 DAYS OF THE DATE OF THE INVOICE.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7105 FAX (785) 448-7135

Merchant Copy
INVOICE
 TO BE PAID BY CHECK

Page 1 Invoice: 10172800
 Order: 163708
 Invoice Date: 08/04/11
 Ship Date: 08/04/11
 Order Date: 07/08/11
 Bill to: JCE
 Bill to: ROGER KENT
 2808 N WICHING RD
 GARNETT, KS 66032
 (785) 448-8888
 Customer #: 000097 Customer PO: Order By:

QTY	UNIT	DESCRIPTION	AS PRICED	PRICE	EXTENSION
0.00	0.00	70018 GLV ROLL VALLEY BERKSHIRE	43.8000	43.8000	87.60
FILLED BY: _____ CHECKED BY: _____ DATE SHIPPED: _____ DRIVER: _____ SHIP VIA: Customer Pick up RECEIVED COMPLETE AND IN GOOD CONDITION Taxable: 87.60 Non-taxable: 0.00 Tax #: _____ <i>John Miller</i>					Subtotal: \$87.60 Tax: \$0.00 TOTAL: \$87.60

1 - Merchant Copy

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