



KANSAS CORPORATION COMMISSION 1066873
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 #: _____

07/20/2011	07/22/2011	07/22/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25115-00-00
Spot Description: _____
NE SW SE SE Sec. 30 Twp. 22 S. R. 19 East West
368 Feet from North / South Line of Section
874 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-161
Field Name: Colony Welda
Producing Formation: Squirrel
Elevation: Ground: 1097 Kelly Bushing: 1097
Total Depth: 894 Plug Back Total Depth: 880
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: 880 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: Daanna Garcia Date: 11/07/2011



1066873

Operator Name: Kent, Roger dba R J Enterprises Lease Name: MARTIN Well #: E-161
Sec. 30 Twp. 22 S. R. 19 [X] 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 (Attach Additional Sheets) [] Yes [X] No
Samples Sent to Geological Survey [] Yes [X] No
Cores Taken [] Yes [X] No
Electric Log Run [X] Yes [] No
Electric Log Submitted Electronically [X] Yes [] No
List All E. Logs Run:
Gamma Ray/Neutron/CCL

CASING RECORD [X] New [] Used
Report all strings set-conductor, surface, intermediate, production, etc.
Table with columns: 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

ADDITIONAL CEMENTING / SQUEEZE RECORD
Table with columns: Purpose, Depth Top Bottom, Type of Cement, # Sacks Used, Type and Percent Additives

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated
Table with columns: Shots Per Foot, PERFORATION RECORD, Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used), Depth

TUBING RECORD: Size: Set At: Packer At: Liner Run: [] Yes [] No
Date of First, Resumed Production, SWD or ENHR. Producing Method: [] Flowing [] Pumping [] Gas Lift [] Other (Explain)
Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: [] Vented [] Sold [] Used on Lease (If vented, Submit ACO-18.)
METHOD OF COMPLETION: [] Open Hole [] Perf. [] Dually Comp. (Submit ACO-5) [] Commingled (Submit ACO-4) [] Other (Specify)
PRODUCTION INTERVAL:

GARNETT TRUE VALUE HOMECENTER

410 N. Maple
Garnett, MO 65039
(783) 448-7108 FAX (783) 448-7188

Merchant Copy
INVOICE
"RECEIPT/INVOICE"

Page 1 Invoice: **10174348**

Special: _____ Date: **10/27/07**
 Subst: _____ Ship Date: **07/18/11**
 Order Date: **07/18/11**
 Ship Date: **08/08/11**

Ship to: **MOICE** And up to: _____
 Ship to: **ROBERT KENT** Ship to: **ROBERT KENT**
8000 NE HICKORY RD (783) 448-8888 NOT FOR HOUSE USE
GARNETT, MO 65039 (783) 448-8888

Customer: **000007** Subst: _____ Order: _____

QTY	UNIT	ITEM	DESCRIPTION	AS ORDERED	PRICE	EXTENSION
16.00	EA	OPF108	OPFLCS-28 2 X 6 X 10'	61.4907	9.8392	98.38
4.00	EA	OPF108	OPFLCS-28 2 X 6 X 12'	488.1887	1.9550	78.20
FILED BY: _____ ORDER BY: _____ DATE: _____ SHIP VIA: ANDERSON COUNTY (CHECK ONE) <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> TRUCK <input type="checkbox"/> TRUCK <input type="checkbox"/> TRUCK						Subst Total: 176.58
Taxable: 108.01 Non-Taxable: 0.00 Tax: 6.50						Subst Tax: 6.50
TOTAL: \$183.08						

1 - Merchant Copy

PLEASE PRINT NAME AND ADDRESS OF THE PARTY TO WHOM THIS INVOICE IS BEING SENT. THIS IS NOT A RECEIPT FOR THE GOODS.

GARNETT TRUE VALUE HOMECENTER

410 N. Maple
Garnett, MO 65039
(783) 448-7108 FAX (783) 448-7188

Merchant Copy
INVOICE
"RECEIPT/INVOICE"

Page 1 Invoice: **10174378**

Special: _____ Date: **10/26/08**
 Subst: _____ Ship Date: **07/18/11**
 Order Date: **07/18/11**
 Ship Date: **08/08/11**

Ship to: **MOICE** And up to: _____
 Ship to: **ROBERT KENT** Ship to: **ROBERT KENT**
8000 NE HICKORY RD (783) 448-8888 NOT FOR HOUSE USE
GARNETT, MO 65039 (783) 448-8888

Customer: **000007** Subst: _____ Order: _____

QTY	UNIT	ITEM	DESCRIPTION	AS ORDERED	PRICE	EXTENSION
888.00	EA	OPPA	FLY ASH MIX 80 LBS PER BAG	6.8828	6.0880	5418.41
5.00	EA	OPFP	MOHARCH PALLET	14.8888	14.8888	74.44
848.00	EA	OPPO	PORTLAND CEMENT-94	6.4880	5.4880	4644.50
FILED BY: _____ ORDER BY: _____ DATE: _____ SHIP VIA: ANDERSON COUNTY (CHECK ONE) <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> TRUCK <input type="checkbox"/> TRUCK <input type="checkbox"/> TRUCK						Subst Total: 6007.35
Taxable: 6007.35 Non-Taxable: 0.00 Tax: 388.50						Subst Tax: 388.50
TOTAL: \$6395.85						

1 - Merchant Copy

PLEASE PRINT NAME AND ADDRESS OF THE PARTY TO WHOM THIS INVOICE IS BEING SENT. THIS IS NOT A RECEIPT FOR THE GOODS.