

ORIGINAL

RECEIVED

OCT 07 2011

KCC WICHITA

KANSAS CORPORATION COMMISSION
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
HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3728
Name: Roger Kent dba R J Enterprises
Address 1: 22082 Northeast Neosho Road
Address 2: _____
City: Garnett State: KS Zip: 66032 + 1918
Contact Person: Roger Kent
Phone: (785) 448-6995 or 448-7725
CONTRACTOR: License # 3728
Name: Roger Kent 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 (Corr, 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 #: _____

June 13, 2011	June 14, 2011	June 14, 2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 001-30184-00-00

Spot Description: _____
NE NW NE NE Sec. 3 Twp. 24 S. R. 21 East West
5,249 Feet from North / South Line of Section
860 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Allen
Lease Name: Norman Unit Well #: 33
Field Name: Davis-Bronson
Producing Formation: Bartlesville
Elevation: Ground: 975 est. Kelly Bushing: n/a
Total Depth: 663 ft. Plug Back Total Depth: 657.6 ft.
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: surface
feet depth to: 657.6 ft. w/ 66 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: Drilled with fresh water - air dry
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Danna Thanda
Title: Agent Date: October 7, 2011

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: Dlg Date: 10/12/11

Operator Name: Roger Kent dba R J Enterprises Lease Name: Norman Unit Well #: 33
 Sec. 3 Twp. 24 S. R. 21 East West County: Allen

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 type="checkbox"/> Yes <input checked="" 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 Name Top Datum See attached log
--	--

CASING RECORD <input 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		7"		20'			
Production		2-7/8"		657.6'	Monarch	66 sxs	

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
21	612.0 - 622.0 ft.		
7	631.0 - 634.0 ft.		

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 checked="" 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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

R. J. Enterprises
22082 NE Neosho Rd
Garnett, KS 66032

Norman 33

Start 6-13-11

Finish 6-14-11

1	soil	1
85	lime	86
158	shale	244
26	lime	270
70	shale	340
26	lime	366
39	shale	405
16	lime	421
9	shale	430
5	lime	435
94	shale	529
3	lime	532
48	shale	580
8	sandy shale	588
24	sandy shale	612
11	bkn sand	623
8	sandy shale	631
3	bkn sand	634
3	dk sand	637
36	shale	663

set 20' 7"
ran 657.6' 2 7/8
cemented to surface
with 66 sxs.

odor
good show
good show
show
T.D.

RECEIVED
OCT 07 2011
KCC WICHITA

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66039
 (785) 448-7108 FAX (785) 448-7185

Merchant Copy
INVOICE
 TELECOMPUTER

Page: 1 Invoice: 10178766

Special: _____ Time: 18:58:29
 Invoiced: _____ Ship Date: 08/07/11
 Bill to: MIKE _____ Invoice Date: 08/07/11
 Bill to: ROGER KENT _____ Ship To: ROGER KENT
 2802 NE HEDGHO RD (785) 448-8888 NOT FOR HOUSE USE
 GARNETT, KS 66039 (785) 448-8888

Customer #: 000087 Customer PO: _____ Order By: _____

ORDER	SHIP	L	U/M	ITEM	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
880.00	880.00	P	BAG	OPFA	FLY ASH MIX 80 LBS PER BAG	8.0000 per	8.0000	8418.40
7.00	7.00	P	PL	OPMP	MONARCH PALLET	14.0000 P.	14.0000	98.00
840.00	840.00	P	BAG	OPPG	PORTLAND CEMENT-84	8.4900 per	8.4900	4884.80
ALLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA ANDERSON COUNTY MISSING COMPLETE AND IN GOOD CONDITION Taxable 8088.00 Non-Taxable 0.00 Tax 0						Sales total 8888.00		
						Sales tax 881.88		
						TOTAL 9769.88		

1 - Merchant Copy

PLEASE PRINT NAME ADDRESS AND PHONE NO. ON ORDER SLIP. CHECK ITEMS FROM ORDER AND RETURN WITH ORDER SLIP.

RECEIVED
 OCT 07 2011
 KCC WICHITA

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66039
 (785) 448-7108 FAX (785) 448-7185

Merchant Copy
INVOICE
 TELECOMPUTER

Page: 1 Invoice: 10178800

Special: _____ Time: 18:27:08
 Invoiced: _____ Ship Date: 08/04/11
 Bill to: JOE _____ Invoice Date: 08/04/11
 Bill to: ROGER KENT _____ Ship To: ROGER KENT
 2802 NE HEDGHO RD (785) 448-8888 NOT FOR HOUSE USE
 GARNETT, KS 66039 (785) 448-8888

Customer #: 000087 Customer PO: _____ Order By: _____

ORDER	SHIP	L	U/M	ITEM	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
8.00	8.00	P	PL	48208	70018 OLV ROLL VALLEY18X30SOFT	48.8000 n.	48.8000	87.80
ALLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA Customer Pick up MISSING COMPLETE AND IN GOOD CONDITION Taxable 87.80 Non-Taxable 0.00 Tax 0						Sales total 87.80		
						Sales tax 7.81		
						TOTAL 95.61		

1 - Merchant Copy

PLEASE PRINT NAME ADDRESS AND PHONE NO. ON ORDER SLIP. CHECK ITEMS FROM ORDER AND RETURN WITH ORDER SLIP.