

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 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 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 #: _____
June 9, 2011 June 10, 2011 June 10, 2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 001-30183-00-00
Spot Description: _____
NW NE NE NE Sec. 3 Twp. 24 S. R. 21 East West
4,964 Feet from North / South Line of Section
626 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 #: 32
Field Name: Davis-Bronson
Producing Formation: Bartlesville
Elevation: Ground: 984 est. Kelly Bushing: n/a
Total Depth: 691 ft. Plug Back Total Depth: 685 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: 685 ft. w/ 66 sx cmr.

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: Wonna Kanda
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 #: 32
 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
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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"		685'	Monarch	66 sxs	

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
21	612.0 - 622.0 ft.		
21	623.0 - 633.0 ft.		
21	634.0 - 644.0 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 (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 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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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R. J. Enterprises
22082 NE Neosho Rd
Garnett, KS 66032

Norman 32

Start 6-9-11

Finish 6-10-11

1	soil	1
93	lime	94
161	shale	255
23	lime	278
71	shale	349
28	lime	377
40	shale	417
16	lime	433
9	shale	442
5	lime	447
93	shale	540
3	lime	543
37	shale	580
4	sandy shale	584
23	sand	607
5	bkn sand	612
31	oil sand	643
5	dk sand	648
43	shale	691

set 20' 7"
ran 685' 2 7/8
cemented to surface
with 66 sxs.

odor
odor
good show
good show
good show
T.D.

RECEIVED

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GARNETT TRUE VALUE HOMECENTER
410 N Maple
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7185

Merchant Copy
INVOICE
THE GARNETT TRUE VALUE

Page: 1 Invoice: 10172755

Special: _____ Term: 1000000
Instructions: _____ Ship Date: 08/07/11
Sales rep to: MIKE _____ Invoice Date: 08/07/11
Asst rep code: _____ Date Date: 07/08/11

Ship To: ROGER KENT 2808 NE NICHOLS RD GARNETT, KS 66032 (785) 448-8888 NOT FOR HOUSE USE
Ship To: ROGER KENT 2808 NE NICHOLS RD GARNETT, KS 66032 (785) 448-8888 NOT FOR HOUSE USE

Customer #: 000087 Customer Pk: _____ Order By: _____

QTY	SHIP	UOM	ITEM#	DESCRIPTION	AN Price/Unit	PRICE	EXTENSION
880.00	880.00	P BAG	OPFA	FLY ASH MIX 90 LBS PER BAG	8.0800 ea	8.0800	8416.40
7.00	7.00	P PL	OPMP	MONARCH PALLET	14.0000 ea	14.0000	98.00
840.00	840.00	P BAG	OPPC	PORTLAND CEMENT-94	8.4800 ea	8.4800	4884.80

PAID BY CHECKS BY DATE SHIPPED ORDER

SHIP VIA ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable 8083.00
Non-taxable 0.00
Sales tax 681.88

Sales total 8008.00
Sales tax 681.88
TOTAL 8689.88

1 - Merchant Copy

PLEASE PRINT NAME ADDRESS IN CAPITAL LETTERS. PHONE NUMBER. CITY, STATE AND ZIP CODE. SIGNATURE OF CUSTOMER.

GARNETT TRUE VALUE HOMECENTER
410 N Maple
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7185

Merchant Copy
INVOICE
THE GARNETT TRUE VALUE

Page: 1 Invoice: 10172800

Special: _____ Term: 120700
Instructions: _____ Ship Date: 08/04/11
Sales rep to: JOE _____ Invoice Date: 08/04/11
Asst rep code: _____ Date Date: 07/08/11

Ship To: ROGER KENT 2808 NE NICHOLS RD GARNETT, KS 66032 (785) 448-8888 NOT FOR HOUSE USE
Ship To: ROGER KENT 2808 NE NICHOLS RD GARNETT, KS 66032 (785) 448-8888 NOT FOR HOUSE USE

Customer #: 000087 Customer Pk: _____ Order By: _____

QTY	SHIP	UOM	ITEM#	DESCRIPTION	AN Price/Unit	PRICE	EXTENSION
8.00	8.00	P PL	48808	70018 GLV ROLL VALLEY PRO-CROFT	48.8600 ea	48.8600	67.88

PAID BY CHECKS BY DATE SHIPPED ORDER

SHIP VIA Customer Pk: _____ RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable 67.88
Non-taxable 0.00
Sales tax 7.81

Sales total 67.88
Sales tax 7.81
TOTAL 75.69

1 - Merchant Copy

PLEASE PRINT NAME ADDRESS IN CAPITAL LETTERS. PHONE NUMBER. CITY, STATE AND ZIP CODE. SIGNATURE OF CUSTOMER.