

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED

Oct 17 2011

KCC WICHITA

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 (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 #: _____
April 7, 2011 April 11, 2011 April 11, 2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 001-30153-00-00
Spot Description: _____
NW_NE_SE_SE Sec. 3 Twp. 24 S. R. 21 East West
1,076 Feet from North / South Line of Section
495 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 #: 21
Field Name: Davis-Bronson
Producing Formation: Bartlesville
Elevation: Ground: 1017 est. Kelly Bushing: n/a
Total Depth: 728 ft. Plug Back Total Depth: 722.3 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: 722.3 w/ 72 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: Donna Banda
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: DJG Date: 10/17/11

Operator Name: Roger Kent dba R J Enterprises Lease Name: Norman Unit Well #: 21
 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"		722.3'	Monarch	72 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 (Amount and Kind of Material Used)	Depth
21	671.0 - 681.0 ft.		
9	685.0 - 689.0 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-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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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R. J. Enterprises
22082 NE Neosho Rd
Garnett, KS 66032

Norman 21

Start 4-7-11

Finish 4-11-11

2	soil	2	
8	sandstone	10	
135	lime	145	
151	shale	296	
26	lime	322	
72	shale	394	
31	lime	425	
38	shale	463	
17	lime	480	
9	shale	489	
6	lime	495	
97	shale	592	
3	lime	595	
59	shale	654	
10	sandy shale	664	
3	sandy shale	667	odor
5	sandy shale	672	show
10	bk sand	682	good show
2	shale	684	
4	bkn sand	688	good show
2	dk sand	690	
38	shale	728	T.D.

set 20' 7"
ran 722.3' 2 7/8
cemented to surface
with 72 sxs.

RECEIVED
OCT 07 2011
KCC WICHITA

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7108 FAX (785) 448-7188

Merchant Copy
INVOICE
 THE GARNETT STORE

Page 1 Invoice: **10188447**

Special : Time: 10:38:30
 Manufacture : Ship Date: 08/10/11
 Invoice Date: 08/10/11
 Due Date: 04/08/11

Bill to: **WAYNE WAYNE STANLEY** Add rep code:
 Bill To: **ROGER KENT** Ship To: **ROGER KENT**
 8888 NE HROSHO RD (785) 448-8888 NOT FOR HOUSE USE
 GARNETT, KS 66888 (785) 448-8888

Customer #: 000087 Customer PO: Order By:

ORDER	QTY	UOM	ITEM#	DESCRIPTION	AS Price/Unit	PRICE	EXTENSION
15.00	15.00	P	PC	781818	FRSBLUM TREATED-48 2 X 12 X 12'	791.8000	11877.00

ILLED BY: CHECKED BY: DATE SHIPPED: DRIVER:

SHIP VIA: Customer Pick Up
 RECEIVED COMPLETE AND IN GOOD CONDITION

Tumble: 284.85
 Non-tumble: 0.00
 Tax @

Subtotal: 11877.00
 Sales tax: 284.85
TOTAL: 12161.85

1 - Merchant Copy

PLEASE PRINT CLEARLY AND COMPLETELY ALL INFORMATION REQUESTED ON THIS ORDER FORM. PRINTED NAMES AND ADDRESSES MUST BE PRINTED IN BLOCK LETTERS.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7108 FAX (785) 448-7188

Merchant Copy
INVOICE
 THE GARNETT STORE

Page 1 Invoice: **10188558**

Special : Time: 12:21:11
 Manufacture : Ship Date: 08/24/11
 Invoice Date: 08/24/11
 Due Date: 04/08/11

Bill to: **MIKE** Add rep code:
 Bill To: **ROGER KENT** Ship To: **ROGER KENT**
 8888 NE HROSHO RD (785) 448-8888 NOT FOR HOUSE USE
 GARNETT, KS 66888 (785) 448-8888

Customer #: 000087 Customer PO: Order By:

ORDER	QTY	UOM	ITEM#	DESCRIPTION	AS Price/Unit	PRICE	EXTENSION
880.00	880.00	P	BAG	OPFA	FLY ASH MIX 80 LBS PER BAG	8.0800	8410.40
-1.00	-1.00	P	PL	OPMP	MONARCH PALLET	14.0000	-14.00
				Credited from Invoice 1018880			

ILLED BY: CHECKED BY: DATE SHIPPED: DRIVER:

SHIP VIA: ANDERSON COUNTY
 RECEIVED COMPLETE AND IN GOOD CONDITION

Tumble: 8398.40
 Non-tumble: 0.00
 Tax @

Subtotal: 8398.40
 Sales tax: 84.00
TOTAL: 8482.40

1 - Merchant Copy

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 OCT 07 2011
 KCC WICHITA