



1067923

Operator Name: Kent, Roger dba R J Enterprises Lease Name: BABBS Well #: 17
 Sec. 18 Twp. 21 S. R. 21 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets)	<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 dk sandy shale 645 shale 690
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, Submit Copy)	
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.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
surface	9.875	7	10	20	Portland	72	
production	5.625	2.875	10	683		72	

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
20	616.0 - 626.0		
20	628.0 - 638.0		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7100 FAX (785) 448-7155

Merchant Copy
INVOICE
TO BE PAID BY CHECK

Page 1 Invoice: 10178940

Special: _____ Terms: 15/00/00
 Subst: _____ Ship Date: 08/18/11
 Subst: _____ Invoice Date: 08/18/11
 Subst: _____ Next rep order: _____ Due Date: 08/08/11

Bill to: ROBER KENT
 8288 HW MEDICO RD
 GARNETT, KS 66866

Ship to: ROBER KENT
 8288 HW MEDICO RD
 GARNETT, KS 66866
 (785) 448-8900 NOT FOR HOUSE USE

Customer #: 000087 Customer PO: _____ Order by: _____

QTY	UNIT	ITEM	DESCRIPTION	AM	PRICE	EXTENSION
800.00	800.00	P BAG	FLY ASH MIX 80 LBS PER BAG	8.0800	8.0800	6464.00
-18.00	-18.00	P PL	MONARCH PALLET	14.0000	14.0000	-252.00
840.00	840.00	P BAG	PORTLAND CEMENT-849	8.4800	8.4800	7104.00

PAID BY: CHECK BY: DATE SHIPPED: BATCH: _____

Subst total: \$7788.00

SHIP VIA: ANDERSON COUNTY

NEEDS COMPLETE AND RE-CCO CONFIRM

Taxable: 7788.00
 Non-Taxable: 0.00
 Tax #: _____

Subst tax: 808.00

TOTAL: \$8596.00

1 - Merchant Copy

PLEASE PRINT AND SIGN ALL INFORMATION ON THIS INVOICE TO BE PAID BY CHECK

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7100 FAX (785) 448-7155

Merchant Copy
INVOICE
TO BE PAID BY CHECK

Page 1 Invoice: 10178788

Special: _____ Terms: 15/00/00
 Subst: _____ Ship Date: 08/08/11
 Subst: _____ Invoice Date: 08/08/11
 Subst: _____ Next rep order: _____ Due Date: 08/08/11

Bill to: ROBER KENT
 8288 HW MEDICO RD
 GARNETT, KS 66866

Ship to: GIBBERT
 8288 HW MEDICO RD
 GARNETT, KS 66866
 (785) 448-8900 NOT FOR HOUSE USE

Customer #: 000087 Customer PO: _____ Order by: _____

QTY	UNIT	ITEM	DESCRIPTION	AM	PRICE	EXTENSION
800.00	800.00	P BAG	FLY ASH MIX 80 LBS PER BAG	8.0800	8.0800	6464.00
-8.00	-8.00	P PL	MONARCH PALLET	14.0000	14.0000	-112.00
840.00	840.00	P BAG	PORTLAND CEMENT-849	8.4800	8.4800	7104.00

PAID BY: CHECK BY: DATE SHIPPED: BATCH: _____

Subst total: \$7956.00

SHIP VIA: ANDERSON COUNTY

NEEDS COMPLETE AND RE-CCO CONFIRM

Taxable: 7956.00
 Non-Taxable: 0.00
 Tax #: _____

Subst tax: 819.18

TOTAL: \$8775.18

1 - Merchant Copy

PLEASE PRINT AND SIGN ALL INFORMATION ON THIS INVOICE TO BE PAID BY CHECK