



KANSAS CORPORATION COMMISSION 1067927  
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     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 #: \_\_\_\_\_

08/30/2011	08/31/2011	08/31/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25171-00-00  
Spot Description: \_\_\_\_\_  
SE NE SW NW Sec. 18 Twp. 21 S. R. 21  East  West  
3519 Feet from  North /  South Line of Section  
4058 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Anderson  
Lease Name: BABBS Well #: 18  
Field Name: Bush City Shoestring  
Producing Formation: Squirrel  
Elevation: Ground: 1020 Kelly Bushing: 1020  
Total Depth: 690 Plug Back Total Depth: 684  
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: 684 w/ 72 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: Deanna Gantner Date: 11/16/2011



1067927

Operator Name: Kent, Roger dba R J Enterprises Lease Name: BABBS Well #: 18  
 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 <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 checked="" type="checkbox"/> Yes <input 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  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>dk sandy shale</td> <td>645</td> <td></td> </tr> <tr> <td>shale</td> <td>690</td> <td></td> </tr> </table>	Name	Top	Datum	dk sandy shale	645		shale	690	
Name	Top	Datum								
dk sandy shale	645									
shale	690									

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	684		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	615.0 - 625.0		
20	627.0 - 637.0		

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**GARNETT TRUE VALUE HOMECENTER**

410 N Maple  
Garnett, KS 66033  
(785) 448-7108 FAX (785) 448-7188

Merchant Copy  
**INVOICE**  
TELEGRAPHICALLY

Page 1 Invoice: 10178340

Special: \_\_\_\_\_ Time: 10/20/09  
 Invoice #: \_\_\_\_\_ Ship Date: 08/18/11  
 Bill to: MIKE Add rep code: \_\_\_\_\_ Invoice Date: 08/18/11  
 Ship to: ROGER KENT Add rep code: \_\_\_\_\_ Ship to: ROGER KENT  
 2808 N HICKORY RD (785) 448-8928 NOT FOR HOUSE USE  
 GARNETT, KS 66038  
 (785) 448-8928

Customer ID: 000067 Customer PO: \_\_\_\_\_ Order ID: \_\_\_\_\_

ORDER	SHIP	QTY	UNIT	ITEM	DESCRIPTION	UNIT PRICE	PRICE	EXTENSION
800.00	800.00	F	BAG	OPFA	FLY ASH MIX 80 LBS PER BAG	8.0000	8.0000	6400.00
-19.00	-19.00	F	PL	OPMP	MONARCH PALLET	14.0000	14.0000	-266.00
					Credited from Invoice 10171878			
840.00	840.00	F	BAG	OPPO	PORTLAND CEMENT-94	8.4900	8.4900	7114.80
PAID BY: _____ CHECK BY: DATE SHIPPED: _____ SHIP VIA: ANDERSON COUNTY (CHECKS MUST BE PAID TO THE ORDER NUMBER)						Subtotal	6728.00	
						Taxable	7728.00	
						Non-Taxable	0.00	
						Tax #	000.00	
						<b>TOTAL</b>	<b>6728.00</b>	

1 - Merchant Copy

(PLEASE CHECK FOR ANY OTHER FEES OR CHARGES BEFORE SIGNING THIS INVOICE)

**GARNETT TRUE VALUE HOMECENTER**

410 N Maple  
Garnett, KS 66033  
(785) 448-7108 FAX (785) 448-7188

Merchant Copy  
**INVOICE**  
TELEGRAPHICALLY

Page 1 Invoice: 10178762

Special: \_\_\_\_\_ Time: 10/27/09  
 Invoice #: \_\_\_\_\_ Ship Date: 08/25/11  
 Bill to: MIKE Add rep code: \_\_\_\_\_ Invoice Date: 08/25/11  
 Ship to: ROGER KENT Add rep code: \_\_\_\_\_ Ship to: ROGER KENT  
 2808 N HICKORY RD (785) 448-8928 NOT FOR HOUSE USE  
 GARNETT, KS 66038  
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					Credited from Invoice 10171878			
840.00	840.00	F	BAG	OPPO	PORTLAND CEMENT-94	8.4900	8.4900	7114.80
PAID BY: _____ CHECK BY: DATE SHIPPED: _____ SHIP VIA: ANDERSON COUNTY (CHECKS MUST BE PAID TO THE ORDER NUMBER)						Subtotal	6783.00	
						Taxable	7783.00	
						Non-Taxable	0.00	
						Tax #	018.18	
						<b>TOTAL</b>	<b>6783.18</b>	

1 - Merchant Copy

(PLEASE CHECK FOR ANY OTHER FEES OR CHARGES BEFORE SIGNING THIS INVOICE)