


KANSAS CORPORATION COMMISSION 1067930
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

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 #: _____

08/31/2011 09/02/2011 09/02/2011

Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 15-003-25172-00-00

Spot Description: _____

NE NE SW NW Sec. 18 Twp. 21 S. R. 21 East West

3795 Feet from North / South Line of Section

4011 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Anderson

Lease Name: BABBS Well #: 19

Field Name: Bush City Shoestring

Producing Formation: Squirrel

Elevation: Ground: 1016 Kelly Bushing: 1016

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 Garrison Date: 11/16/2011



1067930

Operator Name: Kent, Roger dba R J Enterprises Lease Name: BABBS Well #: 19
 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	dk sand	648	
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	shale	690	
Electric Log Submitted Electronically (If no. Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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	684		72	

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
17	625.0 - 633.0		
20	634.0 - 644.0		

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

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 66038
(785) 448-7100 FAX (785) 448-7108

Merchant Copy
INVOICE
DISCOUNT POWER

Page 1 Invoice: 10178340

Special : Time: 10/27/00
Subtotal : Ship Date: 08/15/11
Date up to: NONE Add up with: Date Date: 08/15/11

Buy To: ROGER KENT Ship To: ROGER KENT
8288 W3 NICHOLS RD (785) 448-8988 NOT FOR HOUSE USE
GARNETT, KS 66038 (785) 448-8988

Customer #: 000087 Customer Ptn: Order By:

ORDER	QTY	UOM	ITEM	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
880.00	880.00	P BAG	OPFA	FLY ASH MIX 80 LBS PER BAG	8.0900 ea	8.0900	8418.40
-18.00	-18.00	P FL	OPFA	MONARCH PALLET	14.0000 ea	14.0000	-252.00
840.00	840.00	P BAG	OPPO	Credited from Invoice 10171878 PORTLAND CEMENT-94	8.4900 ea	8.4900	4844.80

SALES BY	CREATED BY	DATE	ORDER	SALES TOTAL	6778.00
SHIP VIA	ANDERSON COUNTY	Taxable	7788.00	NON-Taxable	0.00
	NEEDED COMPLETE AND IN GOOD CONDITION	Tax #		SALES TAX	608.80
				TOTAL	8255.80

1 - Merchant Copy

(PRINT COPY OF THIS INVOICE FROM THE STORE OR FROM THE INTERNET WEBSITE TO VERIFY THE TOTALS)

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66038
(785) 448-7100 FAX (785) 448-7108

Merchant Copy
INVOICE
DISCOUNT POWER

Page 1 Invoice: 10178788

Special : Time: 10/27/00
Subtotal : Ship Date: 08/29/11
Date up to: NONE Add up with: Date Date: 08/29/11

Buy To: ROGER KENT Ship To: CEMENT
8288 W3 NICHOLS RD (785) 448-8988 NOT FOR HOUSE USE
GARNETT, KS 66038 (785) 448-8988

Customer #: 000087 Customer Ptn: Order By:

ORDER	QTY	UOM	ITEM	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
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SALES BY	CREATED BY	DATE	ORDER	SALES TOTAL	6778.00
SHIP VIA	ANDERSON COUNTY	Taxable	7788.00	NON-Taxable	0.00
	NEEDED COMPLETE AND IN GOOD CONDITION	Tax #		SALES TAX	618.18
				TOTAL	8255.80

1 - Merchant Copy

(PRINT COPY OF THIS INVOICE FROM THE STORE OR FROM THE INTERNET WEBSITE TO VERIFY THE TOTALS)