



KANSAS CORPORATION COMMISSION 1069575
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 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 #: _____
09/27/2011 09/28/2011 09/28/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-003-25193-00-00
Spot Description: _____
SW_NE_NW_SE Sec. 15 Twp. 21 S. R. 20 East West
2305 Feet from North / South Line of Section
1834 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: HERMAN Well #: 4-1
Field Name: Bush City Shoestring
Producing Formation: Squirrel
Elevation: Ground: 1179 Kelly Bushing: 1179
Total Depth: 852 Plug Back Total Depth: 847
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: 847 w/ 90 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: 12/05/2011



1069575

Operator Name: Kent, Roger dba R J Enterprises Lease Name: HERMAN Well #: 4-1
 Sec. 15 Twp. 21 S. R. 20 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 type="checkbox"/> Yes <input checked="" 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: Drillers Log	<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 sand</td> <td>831</td> <td></td> </tr> <tr> <td>shale</td> <td>853</td> <td></td> </tr> </table>	Name	Top	Datum	dk sand	831		shale	853	
Name	Top	Datum								
dk sand	831									
shale	853									

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	Monarch	90	
production	5.625	2.875	10	847		90	

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 <i>(Amount and Kind of Material Used)</i>	Depth
9	802.0 - 806.0		
20	815.0 - 825.0		

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 <i>(Explain)</i> _____	
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 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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise
22808 NE Neosho RD
Garnett, KS 66032

Herman 4-I

Start 9-27-2011

Finish 9-28-2011

2	soil	2	
7	clay	9	
37	lime	46	
165	shale	211	
33	lime	244	
69	shale	313	
9	lime	322	
6	shale	328	set 20' 7"
40	lime	368	ran 847' 2 7/8
18	shale	386	cemented to surface 90 sxs
14	lime	400	
7	shale	407	
13	lime	420	
167	shale	587	
20	lime	607	
57	shale	664	
30	lime	694	
24	shale	718	
10	lime	728	
18	shale	746	
7	lime	753	
9	shale	762	
6	lime	768	
14	shale	782	
19	sandy shale	801	odor
4	Bkn sand	805	good show
10	sandy shale	815	show
12	Bkn sand	827	good show
4	Dk sand	831	show
22	shale	853	T.D.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7106 FAX (785) 448-7135

Merchant Copy
INVOICE
 THIS COPY MUST REMAIN AT
 MERCHANT AT ALL TIMES!

Page: 1 Invoice: 10176253

Special: Time: 14:20:29
 Instructions: Ship Date: 09/12/11
 Invoice Date: 09/12/11
 Due Date: 10/08/11

Sale rep to: MIKE Acct rep name:

Sold To: ROGER KENT Ship To: ROGER KENT
 22022 NE NICHOLS RD (785) 448-6993 NOT FOR HOUSE USE
 GARNETT, KS 66032 (785) 448-6993

Customer #: 000087 Customer P#: Order By:

ORDER	SHIP	L	UOM	ITEM#	DESCRIPTION	AR Price/Uom	PRICE	EXTENSION	
280.00	560.00	F	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	6.0000 bag	6.0000	640.00	
14.00	14.00	F	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	210.00	
								Sales total	\$850.00
PAID BY						CHECKED BY	DATE SHIPPED	DRIVER	
SHIP VIA						ANDERSON COUNTY	RECEIVED COMPLETE AND IN GOOD CONDITION		
X						Taxable	8620.40		
						Non-Taxable	0.00		
						Tax #		Sales tax	262.40
TOTAL								\$1112.40	

1 - Merchant Copy



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 (785) 448-7106 FAX (785) 448-7135

Merchant Copy
INVOICE
 THIS COPY MUST REMAIN AT
 MERCHANT AT ALL TIMES!

Page: 1 Invoice: 10176390

Special: Time: 12:00:01
 Instructions: Ship Date: 09/15/11
 Invoice Date: 09/21/11
 Due Date: 10/06/11

Sale rep to: MIKE Acct rep name:

Sold To: ROGER KENT Ship To: Y 5519
 22022 NE NICHOLS RD (785) 448-6993 448-7894
 GARNETT, KS 66032 (785) 448-6993

Customer #: 000087 Customer P#: Order By:

ORDER	SHIP	L	UOM	ITEM#	DESCRIPTION	AR Price/Uom	PRICE	EXTENSION	
20.00	20.00	F	PC	121812	PRESSURE TREATED-22 2 X 12 X 12'	791.8400 amp	15.9900	379.80	
20.00	20.00	F	PC	121816	PRESSURE TREATED-22 2 X 12 X 12'	859.7410 amp	31.9900	639.80	
								Sales total	\$1019.60
PAID BY						CHECKED BY	DATE SHIPPED	DRIVER	
SHIP VIA						Customer Pick up	RECEIVED COMPLETE AND IN GOOD CONDITION		
X						Taxable	1019.60		
						Non-Taxable	0.00		
						Tax #		Sales tax	64.63
TOTAL								\$1104.23	

1 - Merchant Copy

