



KANSAS CORPORATION COMMISSION 1069570
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 #: _____

09/13/2011	09/15/2011	09/15/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25176-00-00

Spot Description: _____
SE NW NW NE Sec. 18 Twp. 21 S. R. 21 East West
4838 Feet from North / South Line of Section
1991 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Anderson

Lease Name: KENT Well #: 23

Field Name: Bush City Shoestring

Producing Formation: Squirrel

Elevation: Ground: 1008 Kelly Bushing: 1008

Total Depth: 660 Plug Back Total Depth: 654

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: 654 w/ 75 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: Daanna Gensler Date: 12/06/2011



1069570

Operator Name: Kent, Roger dba R J Enterprises Lease Name: KENT Well #: 23
 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 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>634</td> <td></td> </tr> <tr> <td>shale</td> <td>660</td> <td></td> </tr> </table>	Name	Top	Datum	dk sand	634		shale	660	
Name	Top	Datum								
dk sand	634									
shale	660									

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	Oil Well	75	
production	5.625	2.875	10	654		75	

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
20	603.0 - 613.0		
20	615.0 - 625.0		

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 <i>(If vented, Submit ACO-1B.)</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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	--	--



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 - 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 244389

Invoice Date: 09/20/2011 Terms: 0/0/30, n/30

Page 1

R. J. ENTERPRISE
% ROGER KENT
22082 NE NEOSHO RD
GARNETT KS 66032
(785) 448-6995

KENT #23
31589
15-21-21
09-15-11
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	75.00	17.9000	1342.50
1110A	KOL SEAL (50# BAG)	300.00	.4400	132.00
1118B	PREMIUM GEL / BENTONITE	200.00	.2000	40.00
1105	COTTONSEED HULLS	25.00	.4200	10.50
4402	2 1/2" RUBBER PLUG	2.00	28.0000	56.00
Description		Hours	Unit Price	Total
479	MIN. BULK DELIVERY	1.00	330.00	330.00
520	CEMENT PUMP	1.00	975.00	975.00
520	EQUIPMENT MILEAGE (ONE WAY)	60.00	4.00	240.00

Parts: 1581.00 Freight: .00 Tax: 123.33 AR 3249.33
Labor: .00 Misc: .00 Total: 3249.33
Subt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
318/322-7022

EUREKA, KS
620/583-7864

GILLETTE, WY
307/688-4914

OAKLEY, KS
785/672-2227

OTAWA, KS
785/242-4044

THAYER, KS
620/839-6289

WORLAND, WY
307/347-4577

R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032

Kent # 23

Start 9-13-2011

Finish 9-15-2011

4	soil	4
7	clay	11
29	lime	40
77	shale	117
10	lime	127
6	shale	133
40	lime	173
6	shale	179
28	lime	207
4	shale	211
21	lime	232
166	shale	398
15	lime	413
57	shale	470
32	lime	502
26	shale	528
10	lime	538
17	shale	555
7	lime	562
9	shale	571
8	lime	579
15	shale	594
8	sandy shale	602
28	Bkn sand	630
4	Dk sand	634
26	shale	660

set 20' 7"

ran 653.6' 2 7/8

consolidated cemented to surface

Odor

Good show

T.D.