



KANSAS CORPORATION COMMISSION 1069583
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 #: _____

10/24/2011	10/25/2011	10/25/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25221-00-00
Spot Description: _____
NE NE SE SW Sec. 15 Twp. 21 S. R. 20 East West
1134 Feet from North / South Line of Section
2950 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: HERMAN Well #: 14-A
Field Name: Bush City Shoestrung
Producing Formation: Squirrel
Elevation: Ground: 1150 Kelly Bushing: 1150
Total Depth: 784 Plug Back Total Depth: 777
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: 777 w/ 78 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: 12/08/2011



1069583

Operator Name: Kent, Roger dba R J Enterprises Lease Name: HERMAN Well #: 14-A
 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>oil sand</td> <td>744</td> <td></td> </tr> <tr> <td>shale</td> <td>784</td> <td></td> </tr> </table>	Name	Top	Datum	oil sand	744		shale	784	
Name	Top	Datum								
oil sand	744									
shale	784									

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	78	
production	5.625	2.875	10	777		78	

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	Accd, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
13	738.0 - 744.0		

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-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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**R.J. Enterprise
22808 NE Neosho RD
Garnett, KS 66032**

Herman 14-A

Start 10-24-2011

Finish 10-25-2011

1	soil	1	
2	clay	3	
17	lime	20	
152	shale	172	
32	lime	204	
74	shale	278	
8	lime	286	
5	shale	291	set 20' 7"
40	lime	331	ran 777.3' 2 7/8
19	shale	350	cemented to surface 78 sxs
14	lime	364	
6	shale	370	
14	lime	384	
164	shale	548	
24	lime	572	
60	shale	632	
29	lime	661	
21	shale	682	
13	lime	695	
19	shale	714	
7	lime	721	
4	shale	725	
8	lime	733	
4	shale	737	
3	Oil sand	740	odor
1	sandy shale	741	good show
3	Oil sand	744	
40	shale	784	T.D.

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

Merchant Copy
INVOICE
 THE COPY MUST REMAIN AT
 MERCHANT AT ALL TIMES

Page 1 Invoice: 10177689

Order #: 000067 Order To: ROGER KENT
 (785) 448-8888 (785) 448-8888 NOT FOR HOUSE USE

Ship To: ROGER KENT
 8888 N NICHOLS RD
 GARNETT, KS 66032
 (785) 448-8888

Customer ID: 000067 Order By:

ORDER	QTY	UOM	ITEM	DESCRIPTION	Alt Price/Item	PRICE	EXTENSION
8800	25.00	P	BAG	OPPC	PORTLAND CEMENT-94	8.4900 ea	212.75

ORDERED BY	CHECKED BY	DATE SHIPPED	DRIVER	Subtotal	\$206.72
SHIP VIA				Taxable	206.72
Customer Pick up				Non-taxable	0.00
RESERVED COMPLETE WITH GOOD CONDITION				Tax #	22.05
X				TOTAL	\$228.77

1 - Merchant Copy

1 2 3 4 5 6 7 8 9 0 * * * * *

GARNETT TRUE VALUE HOMECENTER
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 (785) 448-7106 FAX (785) 448-7135

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Page 1 Invoice: 10177714

Order #: 000067 Order To: ROGER KENT
 (785) 448-8888 (785) 448-8888 NOT FOR HOUSE USE

Ship To: ROGER KENT
 8888 N NICHOLS RD
 GARNETT, KS 66032
 (785) 448-8888

Customer ID: 000067 Order By:

ORDER	QTY	UOM	ITEM	DESCRIPTION	Alt Price/Item	PRICE	EXTENSION
8800	8.000	ea	OPFA	PLY AMH MIX 80 LBS PER BAG	8.0000 ea	64.000	64.00
8800	2.00	ea	OPMP	MONARCH PALLET	15.0000 ea	30.000	30.00
8400	84.000	ea	OPPC	PORTLAND CEMENT-94	8.4900 ea	712.800	684.80

ORDERED BY	CHECKED BY	DATE SHIPPED	DRIVER	Subtotal	\$823.00
SHIP VIA				Taxable	823.00
ANDERSON COUNTY				Non-taxable	0.00
RESERVED COMPLETE WITH GOOD CONDITION				Tax #	823.05
X				TOTAL	\$823.05

1 - Merchant Copy

1 2 3 4 5 6 7 8 9 0 * * * * *