



KANSAS CORPORATION COMMISSION 1070293
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 #: _____
10/18/2011 10/19/2011 10/19/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-003-25218-00-00
Spot Description: _____
SE NW NE NE Sec. 15 Twp. 21 S. R. 20 East West
4831 Feet from North / South Line of Section
984 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: WARE Well #: 33-A
Field Name: Bush City Shoestring
Producing Formation: Squirrel
Elevation: Ground: 1172 Kelly Bushing: 1172
Total Depth: 851 Plug Back Total Depth: 845
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: 845 w/ 90 sx cm.

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 Garcia Date: 12/15/2011



1070293

Operator Name: Kent, Roger dba R J Enterprises Lease Name: WARE Well #: 33-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 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:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>dk sand</td> <td>810</td> <td></td> </tr> <tr> <td>shale</td> <td>851</td> <td></td> </tr> </table>	Name	Top	Datum	dk sand	810		shale	851	
Name	Top	Datum								
dk sand	810									
shale	851									

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	90	
production	5.625	2.875	10	845		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
20	788.0 - 798.0		
20	799.0 - 809.0		

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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

Ware 33-A

Start 10-18-2011

Finish 10-19-2011

2	soil	2	
3	clay rock	5	
30	lime	35	
164	shale	199	
30	lime	229	
75	shale	304	
8	lime	312	
6	shale	318	set 20' 7"
40	lime	358	ran 844.9' 2 7/8
8	shale	366	cemented to surface 90 sxs
24	lime	390	
5	shale	395	
16	lime	411	
169	shale	580	
17	lime	597	
58	shale	655	
29	lime	684	
23	shale	707	
14	lime	721	
14	shale	735	
8	lime	743	
10	shale	753	
7	lime	760	
24	shale	784	
3	sandy shale	787	odor
21	Bkn sand	808	good show
2	Dk sand	810	
41	shale	851	T.D.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7108 FAX (785) 448-7135

Merchant Copy
INVOICE
 NOT FOR RESALE
 NOT FOR ALL TRADE

Page: 1 Invoice: 10177281

Specs: Time: 08:00:18
 Operators: Ship Date: 10/11/11
 Invoice Date: 10/11/11
 Print rep name: Add rep name: Date Date: 11/08/11

Bill to: **ROGER KENT** Ship To: **ROGER KENT**
 2308 NE KISSIMO RD (785) 448-8888 NOT FOR HOUSE USE
 GARNETT, KS 66032 (785) 448-8888

Customer #: 000087 Customer PO: Order By:

ORDER	QTY	UOM	ITEM#	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
17.00	17.00	P PL	OPFP	MONARCH PALLET	18,0000 PL	18,0000	306.00
830.00	830.00	P BAG	OPFP	PORTLAND CEMENT-94	8.4800 MB	8.4800	4488.76

PLM BY	CHG BY	DATE SHIPPED	DRIVER	Subtotal	\$4734.70
SHIP VIA	ANDERSON COUNTY			Taxable	4784.70
	RECEIVED COMPLETE AND IN GOOD CONDITION			Non-taxable	0.00
X				Tax #	
				TOTAL	\$5219.40

1 - Merchant Copy

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7108 FAX (785) 448-7135

Merchant Copy
INVOICE
 NOT FOR RESALE
 NOT FOR ALL TRADE

Page: 1 Invoice: 10177313

Specs: Time: 18:17:18
 Operators: Ship Date: 10/11/11
 Invoice Date: 10/11/11
 Print rep name: Add rep name: Date Date: 11/08/11

Bill to: **ROGER KENT** Ship To: **ROGER KENT**
 2308 NE KISSIMO RD (785) 448-8888 NOT FOR HOUSE USE
 GARNETT, KS 66032 (785) 448-8888

Customer #: 000087 Customer PO: Order By:

ORDER	QTY	UOM	ITEM#	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
880.00	880.00	P BAG	OPFP	FLY ASH MIX 80 LBS PER BAG	8.0800 MB	8.0800	8410.40
1.00	1.00	P PL	OPFP	MONARCH PALLET	18,0000 PL	18,0000	18.00

PLM BY	CHG BY	DATE SHIPPED	DRIVER	Subtotal	\$3428.40
SHIP VIA	ANDERSON COUNTY			Taxable	3428.40
	RECEIVED COMPLETE AND IN GOOD CONDITION			Non-taxable	0.00
X				Tax #	
				TOTAL	\$3428.40

1 - Merchant Copy
