



KANSAS CORPORATION COMMISSION 1070282
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 #: _____
10/05/2011 10/10/2011 10/10/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-003-25191-00-00
Spot Description: _____
SW SE SW NE Sec. 15 Twp. 21 S. R. 20 East West
2730 Feet from North / South Line of Section
1825 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: WARE Well #: 19-1
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 1194 Kelly Bushing: 1194
Total Depth: 882 Plug Back Total Depth: 876
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: 876 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 Gantsov Date: 12/15/2011



1070282

Operator Name: Kent, Roger dba R J Enterprises Lease Name: WARE Well #: 19-1
 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 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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>dk sand</td> <td>844</td> <td></td> </tr> <tr> <td>shale</td> <td>882</td> <td></td> </tr> </table>	Name	Top	Datum	dk sand	844		shale	882	
Name	Top	Datum								
dk sand	844									
shale	882									

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	876		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	813.0 - 823.0		
20	825.0 - 835.0		

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 Bbbs.	Gas Mcf	Water Bbbs. 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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise
22808 NE Neosho RD
Garnett, KS 66032

Ware 19-1

Start 10-5-2011

Finish 10-10-2011

3	soil	3	
11	clay	14	
43	lime	57	
165	shale	222	
31	lime	253	
68	shale	321	
9	lime	330	
6	shale	336	set 20' 7"
40	lime	376	ran 875.9' 2 7/8
22	shale	398	cemented to surface 90 sxs
12	lime	410	
7	shale	417	
15	lime	432	
165	shale	597	
22	lime	619	
58	shale	677	
27	lime	704	
22	shale	726	
13	lime	739	
16	shale	755	
7	lime	762	
9	shale	771	
6	lime	777	
13	shale	790	
10	sandy shale	800	odor
8	Bkn sand	808	show
4	sandy shale	812	show
12	Bkn sand	824	good show
11	Oil sand	835	good show
9	Dk sand	844	show
38	shale	882	T.D.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, MO 65032
 (785) 448-7108 FAX (785) 448-7188

Merchant Copy
INVOICE
 THE GARNETT TRUE VALUE

Page: 1 Invoice: 10176798

Special: _____ Date: 12/08/11
 Order Date: 08/27/11
 Invoice Date: 08/27/11
 Ship Date: 10/08/11

Bill to: MERCE
 Ship to: ROGER KENT
 8288 N NEOSH0 RD
 GARNETT, MO 65032
 (785) 448-9985 NOT FOR HOUSE USE
 (785) 448-9985

Customer #: 000087 Customer PO: _____ Order #: _____

ORDER	QTY	UOM	ITEM	DESCRIPTION	AM Price/Unit	PRICE	EXTENSION	
828.00	12.00	P BAG	OPPA	PLY ASH MIX 80 LBS PER BAG	6.9000 net	8.0800	979.80	
		P PL	OPMP	MONARCH PALLET	15.0000 PL	(8.0000)	188.00	
							Sales total	8381.80
SHIP VIA ANDERSON COUNTY					Taxable	808.20		
RECEIVED COMPLETE AND IN GOOD CONDITION					Non-taxable	0.00		
					Tax #		Sales tax	262.93
TOTAL							8644.73	

1 - Merchant Copy

PLEASE PRINT NAME, ADDRESS AND CITY STATE ZIP CODE ON ALL ORDERS. RETURN TO: GARNETT TRUE VALUE, 410 N MAPLE, GARNETT, MO 65032

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, MO 65032
 (785) 448-7108 FAX (785) 448-7188

Merchant Copy
INVOICE
 THE GARNETT TRUE VALUE

Page: 1 Invoice: 10176833

Special: _____ Date: 12/08/11
 Order Date: 08/28/11
 Invoice Date: 08/28/11
 Ship Date: 10/08/11

Bill to: MERCE
 Ship to: ROBINSON GARAGE GASLES
 8288 N NEOSH0 RD
 GARNETT, MO 65032
 (785) 448-9985 NOT FOR HOUSE USE
 (785) 448-9985

Customer #: 000087 Customer PO: _____ Order #: _____

ORDER	QTY	UOM	ITEM	DESCRIPTION	AM Price/Unit	PRICE	EXTENSION	
70.00	70.00	L EA		10-LB BROWN B 1/4 LAP	13.0000 EA	910.00	800.80	
							Sales total	8908.80
SHIP VIA ANDERSON COUNTY					Taxable	908.20		
RECEIVED COMPLETE AND IN GOOD CONDITION					Non-taxable	0.00		
					Tax #		Sales tax	70.93
TOTAL							9687.93	

1 - Merchant Copy

PLEASE PRINT NAME, ADDRESS AND CITY STATE ZIP CODE ON ALL ORDERS. RETURN TO: GARNETT TRUE VALUE, 410 N MAPLE, GARNETT, MO 65032