



KANSAS CORPORATION COMMISSION 1070274
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 #: _____
10/04/2011 10/05/2011 10/05/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-003-25190-00-00
Spot Description: _____
SE SW SW NE Sec. 15 Twp. 21 S. R. 20 East West
2713 Feet from North / South Line of Section
2160 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: WARE Well #: 18-1
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 1192 Kelly Bushing: 1192
Total Depth: 875 Plug Back Total Depth: 869
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: 869 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: 12/15/2011



1070274

Operator Name: Kent, Roger dba R J Enterprises Lease Name: WARE Well #: 18-1
 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>851</td> <td></td> </tr> <tr> <td>shale</td> <td>875</td> <td></td> </tr> </table>	Name	Top	Datum	dk sand	851		shale	875	
Name	Top	Datum								
dk sand	851									
shale	875									

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	869		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 (Amount and Kind of Material Used)	Depth
7	808.0 - 811.0		
7	815.0 - 818.0		
20	834.0 - 844.0		

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
--	--	---

R.J. Enterprise
22808 NE Neosho RD
Garnett, KS 66032

Ware 18-I

Start 10-4-2011

Finish 10-5-2011

3	soil	3	
11	clay	14	
44	lime	58	
168	shale	226	
32	lime	258	
67	shale	325	
10	lime	335	
6	shale	341	set 20' 7"
39	lime	380	ran 868.8' 2 7/8
20	shale	400	cemented to surface 90 sxs
14	lime	414	
8	shale	422	
13	lime	435	
165	shale	600	
22	lime	622	
58	shale	680	
29	lime	709	
23	shale	732	
11	lime	743	
17	shale	760	
6	lime	766	
8	shale	774	
6	lime	780	
10	shale	790	
8	sandy shale	798	odor
7	sandy shale	805	show
4	Bkn sand	809	show
3	Bkn sand	812	good show
4	sandy shale	816	show
5	Bkn sand	821	good show
8	sandy shale	829	show
16	Oil sand	845	good show
6	Dk sand	851	show
24	Shale	875	T.D.

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7135

Merchant Copy
INVOICE
THE GARNETT TRADING COMPANY

Page: 1 Invoice: 10178798

Special: _____ Time: 10:08:48
 Ship Date: 09/27/11
 Invoiced Date: 09/27/11
 Order Date: 10/08/11

Bill to: **MIKE** **And my order**

Ship To: **ROGER KENT** **Ship To: ROGER KENT**
 2388 N8 N8080 RD (785) 448-9988 **NOT FOR HOUSE USE**
 GARNETT, KS 66032 (785) 448-9988

Customer #: 000087 Customer PO: Order Sp:

ORDER	QTY	UOM	ITEM	DESCRIPTION	AN Price/Case	QTY	EXTENSION
825.00 15.00	825.00 15.00	P. BAG P. PL	OPPA OPMP	PLY ASH NOK 80 LBS PER BAG MONARCH PALLET	8.0000 net 15.0000 PL	8.0000 15.0000	8198.80 185.00
FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION					Sales total		8361.00
Taxable _____ Non-taxable _____ Tax # _____					Taxable 8361.00 Non-taxable 0.00		Sales tax 822.53
TOTAL							8361.00

1 - Merchant Copy

PLEASE PRINT NAME OF THE PERSON WHO HAS PAID FOR THIS ORDER AND SIGN AND PRINT NAME OF THE PERSON WHO RECEIVED IT ON THE BOTTOM OF THIS INVOICE

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7135

Merchant Copy
INVOICE
THE GARNETT TRADING COMPANY

Page: 1 Invoice: 10178839

Special: _____ Time: 10:08:10
 Ship Date: 09/28/11
 Invoiced Date: 09/28/11
 Order Date: 10/08/11

Bill to: **MIKE** **And my order**

Ship To: **ROGER KENT** **Ship To: SIDNEY FOR GARAGE GASLES**
 2388 N8 N8080 RD (785) 448-9988 **NOT FOR HOUSE USE**
 GARNETT, KS 66032 (785) 448-9988

Customer #: 000087 Customer PO: Order Sp:

ORDER	QTY	UOM	ITEM	DESCRIPTION	AN Price/Case	QTY	EXTENSION
70.00	70.00	L EA	EA	IGRANI BROWN 8 1/4 LAP	18.9000 EA	18.9000	800.80
FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION					Sales total		800.80
Taxable _____ Non-taxable _____ Tax # _____					Taxable 800.80 Non-taxable 0.00		Sales tax 70.23
TOTAL							800.80

1 - Merchant Copy

PLEASE PRINT NAME OF THE PERSON WHO HAS PAID FOR THIS ORDER AND SIGN AND PRINT NAME OF THE PERSON WHO RECEIVED IT ON THE BOTTOM OF THIS INVOICE