



KANSAS CORPORATION COMMISSION 1071648
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 #: _____

11/11/2011	11/14/2011	11/14/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25211-00-00

Spot Description: _____

SE SW SW NW Sec. 15 Twp. 21 S. R. 20 East West

2849 Feet from North / South Line of Section

4838 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Anderson

Lease Name: WEISS Well #: 9-A

Field Name: Bush City Shoestring

Producing Formation: Squirrel

Elevation: Ground: 1185 Kelly Bushing: 1185

Total Depth: 877 Plug Back Total Depth: 871

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: 871 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: 01/11/2012



1071648

Operator Name: Kent, Roger dba R J Enterprises Lease Name: WEISS Well #: 9-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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Dk sand</td> <td>837</td> <td></td> </tr> <tr> <td>shale</td> <td>877</td> <td></td> </tr> </table>	Name	Top	Datum	Dk sand	837		shale	877	
Name	Top	Datum								
Dk sand	837									
shale	877									

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	871		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	808.0 - 818.0		
20	821.0 - 831.0		

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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032**

Weiss 9-A

Start 11-11-2011

Finish 11-14-2011

3	soil	3	
3	clay rock	6	
49	lime	55	
155	shale	210	
33	lime	243	
66	shale	309	
14	lime	323	
6	shale	329	set 20' 7"
41	lime	370	ran 870.9' 2 7/8
19	shale	389	cemented to surface 90 sxs
16	lime	405	
5	shale	410	
14	lime	424	
166	shale	590	
20	lime	610	
59	shale	669	
29	lime	698	
25	shale	723	
13	lime	736	
14	shale	750	
7	lime	757	
12	shale	769	
4	lime	773	
17	shale	790	
6	sandy shale	796	odor
10	sandy shale	806	show
25	bkn sand	831	good show
6	Dk sand	837	show
40	shale	877	T.D.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7105 FAX (785) 448-7105

Merchant Copy
INVOICE

Page 1 Invoice: 10178847

Order # MAPLYN Order up code

Ship To: ROBERT KENT Ship To: ROBERT KENT
 3808 NE HICKING RD 3808 NE HICKING RD
 GARNETT, KS 66032 GARNETT, KS 66032
 (785) 448-8988 (785) 448-8988

Customer # 000087 Customer PO Order Up

QTY	UNIT	ITEM	DESCRIPTION	AR Price/Unit	PRICE	EXTENSION
1.00	EA	0750	BLOCK PALLET	18.0000 EA	18.0000	18.00

Subtotal 18.00

Ship Via: Customer Pick up

Taxable 18.00 Tax 0.00 Subtotal 18.00

Taxable 0.00 Tax 0.00 Subtotal 0.00

Tax 0.00 Subtotal 0.00

TOTAL 18.00

1 - Merchant Copy

! BONUS ! (THIS INVOICE) ! AND ! SYSTEMS ! CAN ! HELP ! YOU ! FIND ! OUT ! MORE ! ABOUT ! OUR ! NEW ! SYSTEMS ! AND ! HOW ! THEY ! CAN ! HELP ! YOU !

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7105 FAX (785) 448-7105

Merchant Copy
INVOICE

Page 1 Invoice: 10178849

Order # MIKE Order up code

Ship To: ROBERT KENT Ship To: ROBERT KENT
 3808 NE HICKING RD 3808 NE HICKING RD
 GARNETT, KS 66032 GARNETT, KS 66032
 (785) 448-8988 (785) 448-8988

Customer # 000087 Customer PO Order Up

QTY	UNIT	ITEM	DESCRIPTION	AR Price/Unit	PRICE	EXTENSION
1.00	EA	0750	BLOCK PALLET	18.0000 EA	18.0000	18.00
-1.00	EA	0750	BLOCK PALLET	18.0000 EA	-18.0000	-18.00
			Credited from invoice 10178796			

Subtotal 0.00

Ship Via: ANDERSON COUNTY

Taxable 0.00 Tax 0.00 Subtotal 0.00

Taxable 0.00 Tax 0.00 Subtotal 0.00

Tax 0.00 Subtotal 0.00

TOTAL 0.00

1 - Merchant Copy

! BONUS ! (THIS INVOICE) ! AND ! SYSTEMS ! CAN ! HELP ! YOU ! FIND ! OUT ! MORE ! ABOUT ! OUR ! NEW ! SYSTEMS ! AND ! HOW ! THEY ! CAN ! HELP ! YOU !