



KANSAS CORPORATION COMMISSION 1071599
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 #: _____

<u>11/04/2011</u>	<u>11/07/2011</u>	<u>11/07/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25222-00-00

Spot Description: _____
SE SW NE NE Sec. 16 Twp. 21 S. R. 20 East West
4020 Feet from North / South Line of Section
847 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Anderson

Lease Name: HUNLEY Well #: 1-1

Field Name: Bush City Shoestring

Producing Formation: Squirrel

Elevation: Ground: 1159 Kelly Bushing: 1159

Total Depth: 845 Plug Back Total Depth: 839

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: 839 w/ 84 sx cmf.

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 Gerritt Date: 01/11/2012



1071599

Operator Name: Kent, Roger dba R J Enterprises Lease Name: HUNLEY Well #: 1-1
 Sec. 16 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>Dark sand</td> <td>833</td> <td></td> </tr> <tr> <td>shale</td> <td>845</td> <td></td> </tr> </table>	Name	Top	Datum	Dark sand	833		shale	845	
Name	Top	Datum								
Dark sand	833									
shale	845									

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	84	
production	5.625	2.875	10	839		84	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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 - 829.0		

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

Hunley 1-I

Start 11-4-2011

Finish 11-7-2011

3	soil	3	
6	clay rock	9	
41	lime	50	
162	shale	212	
34	lime	246	
68	shale	314	
10	lime	324	
4	shale	328	set 20' 7"
41	lime	369	ran 838.9' 2 7/8
20	shale	389	cemented to surface 84 sxs
16	lime	405	
5	shale	410	
16	lime	426	
171	shale	597	
19	lime	616	
60	shale	676	
28	lime	704	
22	shale	726	
18	lime	744	
12	shale	756	
6	lime	762	
11	shale	773	
8	lime	781	
25	shale	806	
5	sandy shale	811	odor
20	bkn sand	831	good show
2	Dk sand	833	
12	shale	845	T.D.

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

Merchant Copy
INVOICE
 THE COPY OF THIS INVOICE AT
 THE BOTTOM IS THE ORIGINAL

Page: 1 Invoice: 10177689

Special: _____ Time: 08:18:00
 Instructions: _____ Ship Date: 10/21/11
 _____ Invoice Date: 10/21/11
 _____ Ship Date: 11/08/11

Ship up to: MARLYN

Bill To: ROGER KENT
 2362 NE NICHOLS RD
 GARNETT, KS 66032
 (785) 448-8888 NOT FOR HOUSE USE

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

ORDER	SHIP	LI	UNIT	ITEM	DESCRIPTION	AR Price/Unit	PRICE	EXTENSION
88.00	88.00	P	BAG	OPPO	PORTLAND CEMENT-94	6,480.00	6,480.00	88.72

FILLED BY: _____ CHECKED BY: _____ DATE SHIPPED: _____ DRIVER: _____	SHIP VIA: Customer Pick up RECEIVED COMPLETE AND IN GOOD CONDITION	TAXABLE: 88.72 Non-taxable: 0.00 Tax #: _____	Sales total: \$88.72 Sales tax: \$2.00 TOTAL: \$90.72
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1 - Merchant Copy

(THIS COPY IS THE ORIGINAL INVOICE AND SHOULD BE KEPT FOR RECORDS AND RETURNED TO THE STORE IF NECESSARY)

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

Merchant Copy
INVOICE
 THE COPY OF THIS INVOICE AT
 THE BOTTOM IS THE ORIGINAL

Page: 1 Invoice: 10177714

Special: _____ Time: 10:04:38
 Instructions: _____ Ship Date: 10/21/11
 _____ Invoice Date: 10/21/11
 _____ Ship Date: 11/08/11

Ship up to: MARCE

Bill To: ROGER KENT
 2362 NE NICHOLS RD
 GARNETT, KS 66032
 (785) 448-8888 NOT FOR HOUSE USE

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

ORDER	SHIP	LI	UNIT	ITEM	DESCRIPTION	AR Price/Unit	PRICE	EXTENSION
800.00	800.00	P	BAG	OPPA	PLY 48X 18X 80 LBS PER BAG	6,000.00	6,000.00	840.00
8.00	8.00	P	PL	OPMP	MONARCH PALLET	15,000.00	15,000.00	80.00
840.00	840.00	P	BAG	OPPO	PORTLAND CEMENT-94	6,480.00	6,480.00	434.80

FILLED BY: _____ CHECKED BY: _____ DATE SHIPPED: _____ DRIVER: _____	SHIP VIA: ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION	TAXABLE: 808.00 Non-taxable: 0.00 Tax #: _____	Sales total: \$808.00 Sales tax: \$25.95 TOTAL: \$833.95
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1 - Merchant Copy

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