

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE



1074590

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 #: _____

12/05/2011	12/07/2011	12/07/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25261-00-00

Spot Description:

SW NW NE Sec. 15 Twp. 20 S. R. 18 ☒ East ☐ West
4808 Feet from ☐ North / ☒ South Line of Section
2514 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Anderson

Lease Name: PORTER Well #: 2

Field Name: _____

Producing Formation: Mississippian

Elevation: Ground: 972 Kelly Bushing: 972

Total Depth: 1171 Plug Back Total Depth: 1150

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: _____

feet depth to: _____ w/ _____ 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 Garrison Date: 02/21/2012

1074590

Operator Name: Kent, Roger dba R J Enterprises Lease Name: PORTER Well #: 2
 Sec. 15 Twp. 20 S. R. 18 ☒ 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 (Attach Additional Sheets) 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, Submit Copy) List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width: 100%;"> <tr> <td style="width: 60%;">Name</td> <td style="width: 20%;">Top</td> <td style="width: 20%;">Datum</td> </tr> <tr> <td>shale</td> <td>1166</td> <td></td> </tr> <tr> <td>lime</td> <td>1171</td> <td></td> </tr> </table>	Name	Top	Datum	shale	1166		lime	1171	
Name	Top	Datum								
shale	1166									
lime	1171									

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	48	
production	5.625	2.875	10	1150		48	

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 (Amount and Kind of Material Used)	Depth

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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032

Porter # 2

Start 12-5-2011

Finish 12-7-2011

3	soil	3
9	lime	12
13	shale	25
38	lime	63
21	shale	84
59	lime	143
97	shale	240
24	lime	264
24	shale	288
5	lime	293
40	shale	333
59	lime	392
5	shale	397
27	lime	424
8	shale	432
12	lime	444
174	shale	618
30	lime	648
56	shale	704
16	lime	720
10	shale	730
5	lime	735
20	shale	755
6	lime	761
4	shale	765
4	lime	769
8	shale	777
11	lime	788
98	shale	886
3	lime	889
277	shale	1166
5	lime	1171

Plugged 1-2-2012

ran in 1150' of 1" pumped 12 sxs

pulled up to 600' pumped 12 sxs

pulled up to 250' pumped 24 sxs

brought cement to surface 48 sxs total

T.D. Dry hole

GARNETT TRUE VALUE HOMECENTER410 N Maple
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7135

Statement Copy

INVOICEPLEASE REFER TO INVOICE NUMBER
ON ALL CORRESPONDENCE

Page: 1

Invoice: 10179185

Special:

Time: 18:48:08

Instructions:

Ship Date: 11/30/11

Sales rep #: JIM

Asst rep code:

Invoice Date: 11/30/11

Ship Date: 12/08/11

Sold To: ROGER KENT

Ship To: ROGER KENT

22082 NE NEOSHO RD
GARNETT, KS 66032

(785) 448-8999 NOT FOR HOUSE USE

(785) 448-8999

Customer #: 0000367

Customer PO:

Order By:

4TH
11:30

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
-19.00 840.00	-19.00 840.00	P	PL BAG	OPNP OPPO	MONARCH PALLET PORTLAND CEMENT-94#	18.0000 PL 8.4900 BAG	18.0000 8.4900	-888.00 4684.60
TOTAL								
FILED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____							Sales total 84299.60	
SHIP VIA ANDERSON COUNTY							Taxable 4299.60	
RESERVED COMPLETE AND IN GOOD CONDITION							Non-taxable 0.00	
X							Sales tax 335.37	
							TOTAL 84634.97	

3 - Statement Copy

1 0 0 5 5 3 3 0 0 1 2 X 0 1 C 0 2 4