



KANSAS CORPORATION COMMISSION 1076728
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 SLOW
 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>01/23/2012</u>	<u>01/24/2012</u>	<u>01/24/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25280-00-00

Spot Description: _____
SW NW SE SE Sec. 7 Twp. 21 S. R. 20 East West
817 Feet from North / South Line of Section
1032 Feet from East / West Line of Section

Foolages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Anderson
Lease Name: Charles Melcher Well #: 13-A
Field Name: Bush City Shoestring

Producing Formation: Squirrel
Elevation: Ground: 1082 Kelly Bushing: 1082
Total Depth: 850 Plug Back Total Depth: 845
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: 845
feet depth to: 0 w/ 84 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: 03/23/2012



1076728

Operator Name: Kent, Roger dba R J Enterprises Lease Name: Charles Melcher Well #: 13-A
 Sec. 7 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 Drillers Log	<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>814</td> <td></td> </tr> <tr> <td>shale</td> <td>850</td> <td></td> </tr> </table>	Name	Top	Datum	dark sand	814		shale	850	
Name	Top	Datum								
dark sand	814									
shale	850									

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	845		84	

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	777.0 - 860.0		

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) _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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
22082 NE Neosho RD
Garnett, KS 66032

Charles Melcher 13-A

Start 1-23-2012

Finish 1-24-2012

1	soil	1	
24	lime	25	
35	shale	60	
3	lime	63	
110	shale	173	
46	lime	219	
9	shale	228	
7	lime	235	set 20' 7"
16	shale	251	ran 844.5' 2 7/8
12	lime	263	cemented to surface 84 sxs
18	shale	281	
9	lime	290	
5	shale	295	
38	lime	333	
8	shale	341	
25	lime	366	
6	shale	372	
16	lime	388	
175	shale	563	
21	lime	584	
64	shale	648	
27	lime	675	
23	shale	698	
6	lime	704	
14	shale	718	
13	lime	731	
7	shale	738	
10	lime	748	
11	shale	759	
8	sandy shale	767	odor
6	bkn sand	773	good show
3	sandy shale	776	show
32	bkn sand	808	good show
6	dk sand	814	show
36	shale	850	T.D

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

Merchant Copy
INVOICE
 THE GARNETT COMPANY

Page: 1 Invoice: 10170008

Special: _____ Time: 10:00:00
 Instructions: _____ Ship Date: 10/12/11
 Invoice Date: 10/12/11
 Bill to: MRKE _____ Order Date: 01/08/12
 Bill to: ROBBIN KENT _____ Ship to: ROBBIN KENT
 2808 NE HICKORY RD (785) 448-8888 NOT FOR HOUSE USE
 GARNETT, KS 66032 (785) 448-8888

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

ORDER	QTY	UOM	ITEM#	DESCRIPTION	AS Price/Unit	PRICE	EXTENSION
890.00	890.00	FL	OPFA	FLY ASH MIX 80 LBS PER BAG	8.9000	8.9000	8914.00
8.00	8.00	FL	OPMP	MONARCH PALLET	18.0000	18.0000	79.00
FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ BWP VA ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION Taxable 8998.40 Non-Taxable 0.00 Tax # _____ Sales tax 811.16							Sales total 9399.40
TOTAL							9399.98

1 - Merchant Copy

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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Merchant Copy
INVOICE
 THE GARNETT COMPANY

Page: 1 Invoice: 10180082

Special: _____ Time: 14:14:38
 Instructions: _____ Ship Date: 10/27/11
 Invoice Date: 10/27/11
 Bill to: MRKE _____ Order Date: 01/08/12
 Bill to: ROBBIN KENT _____ Ship to: ROBBIN KENT
 2808 NE HICKORY RD (785) 448-8888 NOT FOR HOUSE USE
 GARNETT, KS 66032 (785) 448-8888

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

ORDER	QTY	UOM	ITEM#	DESCRIPTION	AS Price/Unit	PRICE	EXTENSION
18.00	18.00	FL	OPMP	MONARCH PALLET	18.0000	18.0000	342.00
480.00	480.00	FL	OPPC	PORTLAND CEMENT-94#	8.4800	8.4800	4078.80
FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ BWP VA ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION Taxable 4316.80 Non-Taxable 0.00 Tax # _____ Sales tax 338.88							Sales total 4418.80
TOTAL							4418.73

1 - Merchant Copy

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100