



KANSAS CORPORATION COMMISSION 1076726
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 #: _____
01/27/2012 01/30/2012 01/30/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-003-25279-00-00
Spot Description: _____
NE SW SE SE Sec. 7 Twp. 21 S. R. 20 East West
440 Feet from North / South Line of Section
697 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: Charles Melcher Well #: 9-A
Field Name: Bush City Shoestring
Producing Formation: Squirrel
Elevation: Ground: 1091 Kelly Bushing: 1091
Total Depth: 850 Plug Back Total Depth: 844
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: 844
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 Garcia Date: 03/23/2012



1076726

Operator Name: Kent, Roger dba R J Enterprises Lease Name: Charles Melcher Well #: 9-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>819</td> <td></td> </tr> <tr> <td>shale</td> <td>850</td> <td></td> </tr> </table>	Name	Top	Datum	dark sand	819		shale	850	
Name	Top	Datum								
dark sand	819									
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	844		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	784.0 - 794.0		
20	796.0 - 806.0		

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: _____ _____
--	--	---

R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032

Charles Melcher 9-A

Start 1-27-2012

Finish 1-30-2012

4	soil	4	
25	lime	29	
28	shale	57	
3	lime	60	
117	shale	177	
43	lime	220	
12	shale	232	
7	lime	239	set 20' 7"
15	shale	254	ran 843.6' 2 7/8
12	lime	266	cemented to surface 84 sxs
18	shale	284	
11	lime	295	
5	shale	300	
39	lime	339	
8	shale	347	
25	lime	372	
6	shale	378	
22	lime	400	
173	shale	573	
26	lime	599	
51	shale	650	
29	lime	679	
21	shale	700	
9	lime	709	
19	shale	728	
7	lime	735	
10	shale	745	
8	lime	753	
14	shale	767	
7	sandy shale	774	odor
13	sandy shale	787	good show
24	bkn sand	811	good show
8	dk sand	819	show
31	shale	850	T.D.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 68032
 (785) 448-7108 FAX (785) 448-7135

Merchant Copy
INVOICE
 THE CHECKS ARE NOT VALID AT ALL STORES

Page: 1 Invoice: 10170008

Special : _____ Time: 10/26/11
 Incentive : _____ Ship Date: 10/18/11
 _____ Invoice Date: 10/18/11
 _____ Due Date: 01/08/12

Bill to: MIKE Bill to: ROGER KENT
 _____ (785) 448-0888
 _____ NOT FOR HOUSE USE
 _____ (785) 448-0888

Customer #: 000037 Customer PO: _____ Order type: _____

ORDER	QTY	UOM	ITEM	DESCRIPTION	AN Price/Unit	PRICE	EXTENSION
880.00	880.00	P BAG	OPFA	FLY ASH MIX 80 LBS PER BAG	6.9900	6.9900	6114.40
6.00	6.00	P PL	OPMP	MONARCH PALLET	15.0000	15.0000	90.00

FILLED BY	CHECKED BY	DATE SHIPPED	DIVISION	Subtotal	6389.40
SHIP VIA ANDERSON COUNTY				Taxable	6389.40
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X				Tax #	0.00
				Subtotal	6429.40
				TOTAL	6429.40

1 - Merchant Copy

PLEASE PRINT CLEARLY AND COMPLETELY TO AVOID DELAYS AND ERRORS. ALL INFORMATION IS SUBJECT TO CHANGE WITHOUT NOTICE.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 68032
 (785) 448-7108 FAX (785) 448-7135

Merchant Copy
INVOICE
 THE CHECKS ARE NOT VALID AT ALL STORES

Page: 1 Invoice: 10180082

Special : _____ Time: 10/14/11
 Incentive : _____ Ship Date: 10/27/11
 _____ Invoice Date: 10/27/11
 _____ Due Date: 01/08/12

Bill to: MIKE Bill to: ROGER KENT
 _____ (785) 448-0888
 _____ NOT FOR HOUSE USE
 _____ (785) 448-0888

Customer #: 000037 Customer PO: _____ Order type: _____

ORDER	QTY	UOM	ITEM	DESCRIPTION	AN Price/Unit	PRICE	EXTENSION
18.00	18.00	P PL	OPMP	MONARCH PALLET	18.0000	18.0000	324.00
480.00	480.00	P BAG	OPPO	PORTLAND CEMENT-64#	8.4800	8.4800	4078.80

FILLED BY	CHECKED BY	DATE SHIPPED	DIVISION	Subtotal	84218.80
SHIP VIA ANDERSON COUNTY				Taxable	84218.80
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X				Tax #	0.00
				Subtotal	84218.80
				TOTAL	84218.80

1 - Merchant Copy

PLEASE PRINT CLEARLY AND COMPLETELY TO AVOID DELAYS AND ERRORS. ALL INFORMATION IS SUBJECT TO CHANGE WITHOUT NOTICE.