



KANSAS CORPORATION COMMISSION 1077616
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 (Corr. 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 #: _____

02/22/2012	02/23/2012	02/23/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25296-00-00
Spot Description: _____
NE SE SW NE Sec. 15 Twp. 21 S. R. 20 East West
3208 Feet from North / South Line of Section
1524 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: WARE Well #: 20-1
Field Name: Bush City Shoestring
Producing Formation: Squirrel
Elevation: Ground: 1194 Kelly Bushing: 1194
Total Depth: 879 Plug Back Total Depth: 873
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: 873 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: NAOMI JAMES Date: 03/30/2012



1077616

Operator Name: Kent, Roger dba R J Enterprises Lease Name: WARE Well #: 20-1

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 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>842</td> <td></td> </tr> <tr> <td>shale</td> <td>879</td> <td></td> </tr> </table>	Name	Top	Datum	dark sand	842		shale	879	
Name	Top	Datum								
dark sand	842									
shale	879									

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	873		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	802.0 - 812.0		
20	814.0 - 834.0		
13	828.0 - 834.0		

TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes 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
22082 NE Neosho RD
Garnett, KS 66032

Ware 20-I

Start 2-22-2012

Finish 2-23-2012

3	soil	3	
14	clay/rock	17	
38	lime	55	
165	shale	220	
31	lime	251	
25	shale	276	
11	lime	287	
11	shale	298	set 20' 7"
35	lime	333	ran 872.6' 2 7/8
5	shale	338	cemented to surface 84 sxs
40	lime	378	
8	shale	386	
24	lime	410	
6	shale	416	
15	lime	431	
165	shale	596	
20	lime	616	
59	shale	675	
29	lime	704	
23	shale	727	
16	lime	743	
10	shale	753	
9	lime	762	
8	shale	770	
8	lime	778	
12	shale	790	
12	sandy shale	802	odor
20	Bkn sand	822	good show
4	sandy shale	826	good show
12	Bkn sand	838	good show
4	Dk sand	842	show
37	shale	879	T.D.

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

Merchant Copy
INVOICE
 THE COPY MUST BE PRINTED
 MERCHANT AT ALL TIMES

Page: 1 Invoice: 10180531

Ship To: ROGER KENT
 8888 NE KROBHO RD
 GARNETT, KS 66032
 (785) 448-8888

Ship To: ROGER KENT
 NOT FOR HOUSE USE
 (785) 448-8888

Customer #: 000087 Customer PO: Order Qty:

ORDER	QTY	UOM	ITEM#	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
18.00	18.00	P	PL	MONARCH PALLET	18.0000 PL	18.0000	324.00
848.00	848.00	P	BAG	OPPP PORTLAND CEMENT-94	8.4800 BAG	8.4800	4884.80

ORDER TOTAL: 5128.80

SHIP VIA: ANDERSON COUNTY
 8888 NE KROBHO RD GARNETT, KS 66032

Taxable: 4884.80
 Non-Taxable: 0.00
 Tax: 678.00

TOTAL: 5562.80

1 - Merchant Copy



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Page: 1 Invoice: 10181129

Ship To: ROGER KENT
 8888 NE KROBHO RD
 GARNETT, KS 66032
 (785) 448-8888

Ship To: ROGER KENT
 NOT FOR HOUSE USE
 (785) 448-8888

Customer #: 000087 Customer PO: Order Qty:

ORDER	QTY	UOM	ITEM#	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
880.00	880.00	P	BAG	PLY ASH MIX 80 LBS PER BAG	8.0800 BAG	8.0800	7108.80
-80.00	-80.00	P	PL	MONARCH PALLET	18.0000 PL	18.0000	-1440.00
840.00	840.00	P	BAG	OPPP PORTLAND CEMENT-94	8.4800 BAG	8.4800	4884.80

ORDER TOTAL: 10453.60

SHIP VIA: ANDERSON COUNTY
 8888 NE KROBHO RD GARNETT, KS 66032

Taxable: 7721.40
 Non-Taxable: 0.00
 Tax: 902.20

TOTAL: 8623.60

1 - Merchant Copy

