



KANSAS CORPORATION COMMISSION 1077623
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>02/20/2012</u>	<u>02/22/2012</u>	<u>02/22/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25298-00-00
Spot Description: _____
SE SE NW NE Sec. 15 Twp. 21 S. R. 20 East West
4008 Feet from North / South Line of Section
1477 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: WARE Well #: 22-1
Field Name: Bush City Shoestring
Producing Formation: Squirrel
Elevation: Ground: 1178 Kelly Bushing: 1178
Total Depth: 852 Plug Back Total Depth: 846
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: 846 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



1077623

Operator Name: Kent, Roger dba R J Enterprises Lease Name: WARE Well #: 22-1
 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>833</td> <td></td> </tr> <tr> <td>shale</td> <td>852</td> <td></td> </tr> </table>	Name	Top	Datum	dark sand	833		shale	852	
Name	Top	Datum								
dark sand	833									
shale	852									

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	846		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	804.0 - 814.0		
20	815.0 - 825.0		

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) (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 22-I

Start 2-20-2012

Finish 2-22-2012

3	soil	3	
9	clay/rock	12	
33	lime	45	
164	shale	209	
31	lime	240	
25	shale	265	
13	lime	278	
4	shale	282	set 20' 7"
39	lime	321	ran 846' 2 7/8
5	shale	326	cemented to surface 84 sxs
41	lime	367	
8	shale	375	
25	lime	400	
4	shale	404	
15	lime	419	
167	shale	586	
20	lime	606	
60	shale	666	
30	lime	696	
26	shale	722	
11	lime	733	
14	shale	747	
11	lime	758	
8	shale	766	
7	lime	773	
17	shale	790	
7	sandy shale	797	odor
6	sandy shale	803	good show
24	Bkn sand	827	good show
6	Dk sand	833	show
19	Shale	852	T.D.

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7100 FAX (785) 448-7135

Statement Copy

INVOICE

PLEASE REFER TO INVOICE NUMBER
ON ALL CORRESPONDENCE

Page: 1

Invoice: 10181633

Special : _____ Time: 18:11:40
Instructions : _____ Ship Date: 08/10/12
Sales rep #: JEM And rep code: _____ Invoice Date: 08/10/12
Due Date: 08/08/12

Sold To: **ROGER KENT** Ship To: **ROGER KENT**
2808 NE NICHOLS RD (785) 448-8888 NOT FOR HOUSE USE
GARNETT, KS 66032 (785) 448-8888

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

ORDER	QTY	U/M	ITEM	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
880.00	880.00	P BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	0.0800 ea	0.0800	8410.40
1.00	1.00	P PL	CPMP	MONARCH PALLET	15.0000 ea	15.0000	15.00
840.00	840.00	P BAG	CPFC	PORTLAND CEMENT-94#	8.4800 ea	8.4800	4884.80

FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION	Taxable 6010.00 Non-taxable 0.00 Tax # _____ TOTAL 6014.78	Sales total 6010.00 Sales tax 44.78
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3 - Statement Copy



GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7100 FAX (785) 448-7135

Merchant Copy

INVOICE

PLEASE REFER TO INVOICE NUMBER
ON ALL CORRESPONDENCE

Page 1

Invoice: 10181633

Special : _____ Time: 18:08:04
Instructions : _____ Ship Date: 08/10/12
Sales rep #: MARLIN MARLIN BREKNER And rep code: _____ Invoice Date: 08/10/12
Due Date: 08/08/12

Sold To: **ROGER KENT** Ship To: **ROGER KENT**
2808 NE NICHOLS RD (785) 448-8888 NOT FOR HOUSE USE
GARNETT, KS 66032 (785) 448-8888

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

ORDER	QTY	U/M	ITEM	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
6.00	6.00	P PC	T21218	PRESSURE TREATED-2 X 4 X 12	191.8000 ea	1150.80	1150.80
15.00	15.00	P PC	T21218	PRESSURE TREATED-2 X 4 X 12	288.7000 ea	4330.50	4330.50

FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA _____ RECEIVED COMPLETE AND IN GOOD CONDITION	Taxable 6010.00 Non-taxable 0.00 Tax # _____ TOTAL 6014.78	Sales total 6010.00 Sales tax 44.78
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1 - Merchant Copy

