



KANSAS CORPORATION COMMISSION 1080466
 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 (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>04/16/2012</u>	<u>04/17/2012</u>	<u>04/17/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25375-00-00

Spot Description: _____

NE NE SW NE Sec. 27 Twp. 21 S. R. 21 East West

3767 Feet from North / South Line of Section

1398 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Anderson

Lease Name: BAILEY-KRIETLER Well #: 26-A

Field Name: Centerville

Producing Formation: Squirrel

Elevation: Ground: 955 Kelly Bushing: 955

Total Depth: 581 Plug Back Total Depth: 575

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: 575

feet depth to: 0 w/ 60 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 Gansor Date: 05/11/2012



1080466

Operator Name: Kent, Roger dba R J Enterprises Lease Name: BAILEY-KRIETLER Well #: 26-A
 Sec. 27 Twp. 21 S. R. 21 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>543</td> <td></td> </tr> <tr> <td>shale</td> <td>581</td> <td></td> </tr> </table>	Name	Top	Datum	dark sand	543		shale	581	
Name	Top	Datum								
dark sand	543									
shale	581									

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	60	
production	5.625	2.875	10	575		60	

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	531.0 - 541.0		

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 Bbbs.	Gas Mcf	Water Bbbs. 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

Bailey Krietler 26-A

Start 4-16-2012

Finish 4-17-2012

3	soil	3	
12	clay/rock	15	
13	shale	28	
7	lime	35	
6	shale	41	
27	lime	68	
6	shale	74	
18	lime	92	set 20' 7"
7	shale	99	ran 575.4' 2 7/8
18	lime	117	cemented to surface 60 sxs
178	shale	295	
15	lime	310	
54	shale	364	
31	lime	395	
28	shale	423	
11	lime	434	
16	shale	450	
7	lime	457	
10	shale	467	
6	lime	473	
20	shale	493	
10	sandy shale	503	odor
24	bkn sand	527	show
14	oil sand	541	good show
2	dk sand	543	show
38	shale	581	T.D.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 68032
 (786) 448-7108 FAX (786) 448-7135

Merchant Copy
INVOICE
 THIS COPY MUST REMAIN AT
 MERCHANT AT ALL TIMES

Page: 1 Invoice: **10182384**

Special :
 Instructions :
 Date: 18:23:18
 Ship Date: 03/01/18
 Invoice Date: 03/01/18
 Due Date: 04/08/18

Bill to: MIKE
 Acct rep code:

Sold To: ROGER KENT
 8288 NE REDBRO RD
 GARNETT, KS 68032
 Ship To: ROGER KENT
 (786) 448-6025 NOT FOR HOUSE USE
 (786) 448-6025

Customer #: 000037 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	AN Price/Unit	PRICE	EXTENSION	EXTENSION
-12.00	-12.00	F	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	-12.00	
840.00	840.00	F	BAG	CPFG	Credited from Invoice 10178927 PORTLAND CEMENT-947	8.4900 BAG	8.4900	4894.00	

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	84404.80
SHIP VIA ANDERSON COUNTY				Taxable	4404.80
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-Taxable	0.00
X				Sales tax	643.58
				TOTAL	84748.18

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GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 68032
 (786) 448-7108 FAX (786) 448-7188

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 MERCHANT AT ALL TIMES

Page: 1 Invoice: **10182408**

Special :
 Instructions :
 Date: 18:23:18
 Ship Date: 03/02/18
 Invoice Date: 03/02/18
 Due Date: 04/09/18

Bill to: MIKE
 Acct rep code:

Sold To: ROGER KENT
 8288 NE REDBRO RD
 GARNETT, KS 68032
 Ship To: ROGER KENT
 (786) 448-6025 NOT FOR HOUSE USE
 (786) 448-6025

Customer #: 000037 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	AN Price/Unit	PRICE	EXTENSION	EXTENSION
880.00	880.00	F	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	8.0900 BAG	8.0900	3416.40	
-4.00	-4.00	F	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	-66.00	
					Credited from Invoice 10180631				

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	83380.40
SHIP VIA ANDERSON COUNTY				Taxable	9380.40
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-Taxable	0.00
X				Sales tax	261.34
				TOTAL	83911.74

1 - Merchant Copy

