



KANSAS CORPORATION COMMISSION 1080461
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>03/16/2012</u>	<u>03/26/2012</u>	<u>03/26/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25374-00-00
Spot Description:
NW NE SW NE Sec. 27 Twp. 21 S. R. 21 East West
3692 Feet from North / South Line of Section
1795 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 #: 25-A
Field Name: Centerville

Producing Formation: Squirrel
Elevation: Ground: 954 Kelly Bushing: 954
Total Depth: 575 Plug Back Total Depth: 569
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: 569
feet depth to: 0 w/ 60 sx cm.

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: 05/11/2012



1080461

Operator Name: Kent, Roger dba R J Enterprises Lease Name: BAILEY-KRIETLER Well #: 25-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>550</td> <td></td> </tr> <tr> <td>shale</td> <td>575</td> <td></td> </tr> </table>	Name	Top	Datum	dark sand	550		shale	575	
Name	Top	Datum								
dark sand	550									
shale	575									

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	569		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 (Amount and Kind of Material Used)	Depth
20	531.0 - 545.0		

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

Bailey Krietler 25-A

Start 3-16-2012

Finish 3-26-2012

3	soil	3	
9	clay/rock	12	
6	shale	18	
57	lime	75	
8	shale	83	
16	lime	99	
5	shale	104	
18	lime	122	set 20' 7"
180	shale	302	ran 568.8' 2 7/8
18	lime	320	cemented to surface 60 sxs
52	shale	372	
32	lime	404	
26	shale	430	
13	lime	443	
13	shale	456	
8	lime	464	
10	shale	474	
8	lime	482	
18	shale	500	
6	sandy shale	506	
24	bkn sand	530	odor
16	oil sand	546	good show
4	dk sand	550	Show
25	shale	575	T.D.

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

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

Page: 1 Invoice: **10182384**
 Special: _____ Time: 18:30:18
 Instructions: _____ Ship Date: 03/01/12
 Add rep to: MIKE Add rep code: _____ Invoice Date: 03/01/12
 Due Date: 04/08/12
 Sold To: **ROGER KENT** Ship To: **ROGER KENT**
 2808 NIE NEOSHO RD (785) 448-8888 **NOT FOR HOUSE USE**
 GARNETT, KS 68032 (785) 448-8888
 Customer #: 0000357 Customer PO: _____ Order By: _____

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	AR Price/Um	PRICE	EXTENSION	QTY	Tax
-12.00	-12.00	P	PL	CPMP	MONARCH PALLET Credited from invoice 10178827	15.0000 PL	15.0000	-12.00		
840.00	840.00	P	BAG	CPPC	PORTLAND CEMENT-94#	8.4900 BAG	8.4900	4584.60		

FILLED BY		CHECKED BY		DATE SHIPPED	DRIVER	Sales total	\$4404.80
SHIP VIA		ANDERSON COUNTY		RECEIVED COMPLETE AND IN GOOD CONDITION			
X		Taxable	4404.80	Non-taxable	0.00	Sales tax	343.58
TOTAL						\$4748.38	

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

Page: 1 Invoice: **10182408**
 Special: _____ Time: 18:08:19
 Instructions: _____ Ship Date: 03/02/12
 Add rep to: MIKE Add rep code: _____ Invoice Date: 03/02/12
 Due Date: 04/08/12
 Sold To: **ROGER KENT** Ship To: **ROGER KENT**
 2808 NIE NEOSHO RD (785) 448-8888 **NOT FOR HOUSE USE**
 GARNETT, KS 68032 (785) 448-8888
 Customer #: 0000357 Customer PO: _____ Order By: _____

ORDER	SHIP	L	UM	ITEM#	DESCRIPTION	AR Price/Um	PRICE	EXTENSION	QTY	Tax
580.00	580.00	P	BAG	CPFA	FLY ASH MIX 60 LBS PER BAG	8.2900 BAG	8.2900	840.49		
-4.00	-4.00	P	PL	CPMP	MONARCH PALLET Credited from invoice 10180531	15.0000 PL	15.0000	-4.00		

FILLED BY		CHECKED BY		DATE SHIPPED	DRIVER	Sales total	\$3380.40
SHIP VIA		ANDERSON COUNTY		RECEIVED COMPLETE AND IN GOOD CONDITION			
X		Taxable	3380.40	Non-taxable	0.00	Sales tax	261.34
TOTAL						\$3641.74	

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