



KANSAS CORPORATION COMMISSION 1080491
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>04/18/2012</u>	<u>04/19/2012</u>	<u>04/19/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25379-00-00
Spot Description: _____
NW NW SW NE Sec. 27 Twp. 21 S. R. 21 East West
3647 Feet from North / South Line of Section
2475 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 #: 37-A
Field Name: Centerville
Producing Formation: Squirrel
Elevation: Ground: 963 Kelly Bushing: 963
Total Depth: 600 Plug Back Total Depth: 594
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: 594
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 Garrison Date: 05/11/2012



1080491

Operator Name: Kent, Roger dba R J Enterprises Lease Name: BAILEY-KRIETLER Well #: 37-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>562</td> <td></td> </tr> <tr> <td>shale</td> <td>600</td> <td></td> </tr> </table>	Name	Top	Datum	dark sand	562		shale	600	
Name	Top	Datum								
dark sand	562									
shale	600									

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	594		60	

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
9	540.0 - 544.0		
17	553.0 - 561.0		

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: _____ _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------

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

Bailey Krietler 37-A

Start 4-18-2012

Finish 4-19-2012

3	soil	3	
6	clay/rock	9	
20	shale	29	
7	lime	36	
7	shale	43	
42	lime	85	
9	shale	94	
16	lime	110	set 20' 7"
7	shale	117	ran 593.7' 2 7/8
18	lime	135	cemented to surface 60 sxs
181	shale	316	
15	lime	331	
55	shale	386	
31	lime	417	
28	shale	445	
11	lime	456	
16	shale	472	
8	lime	480	
11	shale	491	
5	lime	496	
20	shale	516	
16	sandy shale	532	odor
8	bkn sand	540	show
4	oil sand	544	good show
7	sandy shale	551	show
9	oil sand	560	good show
2	dk sand	562	show
38	shale	600	T.D.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7108 FAX (785) 448-7188

Merchant Copy
INVOICE
 THE CUSTOMER'S PROPERTY
 RETURN TO US AT ALL TIMES

Page: 1 Invoice: 10182384

Special: Time: 12:00:18
 Invoiced: Ship Date: 08/01/18
 Bill up to: MIKE And up to: Invoiced Date: 08/01/18
 Due Date: 04/08/18

Bill To: ROGER KENT Ship To: ROGER KENT
 8388 NE HICKORY RD (785) 448-8888 NOT FOR HOUSE USE
 GARNETT, KS 66032 (785) 448-8888

Customer: 000037 Customer PO: Order By:

ORDER	SHIP	QTY	UNIT	ITEM#	DESCRIPTION	AMOUNT	PRICE	EXTENSION
-18.00	-18.00	P	PL	OPMP	MONARCH PALLET	18.0000 PL	18.0000	-18.00
840.00	840.00	P	BAG	OPPO	Credited from Invoice 10179827 PORTLAND CEMENT-94#	8.4800 BAG	8.4800	840.00

FILLED BY: CHECKED BY: DATE SHIPPED: DRIVER:

SHIP VIA: ANDERSON COUNTY
 RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 4404.00
 Non-Taxable: 0.00
 Tax #

Subtotal: 844.00
 Tax: 84.88
TOTAL: 928.88

1 - Merchant Copy



GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7108 FAX (785) 448-7188

Merchant Copy
INVOICE
 THE CUSTOMER'S PROPERTY
 RETURN TO US AT ALL TIMES

Page: 1 Invoice: 10182408

Special: Time: 12:00:18
 Invoiced: Ship Date: 08/01/18
 Bill up to: MIKE And up to: Invoiced Date: 08/01/18
 Due Date: 04/08/18

Bill To: ROGER KENT Ship To: ROGER KENT
 8388 NE HICKORY RD (785) 448-8888 NOT FOR HOUSE USE
 GARNETT, KS 66032 (785) 448-8888

Customer: 000037 Customer PO: Order By:

ORDER	SHIP	QTY	UNIT	ITEM#	DESCRIPTION	AMOUNT	PRICE	EXTENSION
880.00	880.00	P	BAG	OPPA	PLY ASN MIX 80 LBS PER BAG	8.0000 BAG	8.0000	840.00
-4.00	-4.00	P	PL	OPMP	MONARCH PALLET	18.0000 PL	18.0000	-80.00
					Credited from Invoice 10180531			

FILLED BY: CHECKED BY: DATE SHIPPED: DRIVER:

SHIP VIA: ANDERSON COUNTY
 RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 3300.40
 Non-Taxable: 0.00
 Tax #

Subtotal: 880.00
 Tax: 81.84
TOTAL: 961.84

1 - Merchant Copy

