



KANSAS CORPORATION COMMISSION 1080494
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>03/15/2012</u>	<u>03/16/2012</u>	<u>03/16/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25380-00-00
Spot Description: _____
NE NW SW NE Sec. 27 Twp. 21 S. R. 21 East West
3679 Feet from North / South Line of Section
2125 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 #: 39-A
Field Name: Centerville
Producing Formation: Squirrel
Elevation: Ground: 960 Kelly Bushing: 960
Total Depth: 599 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 Gantner Date: 05/11/2012



1080494

Operator Name: Kent, Roger dba R J Enterprises Lease Name: BAILEY-KRIETLER Well #: 39-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>556</td> <td></td> </tr> <tr> <td>shale</td> <td>599</td> <td></td> </tr> </table>	Name	Top	Datum	dark sand	556		shale	599	
Name	Top	Datum								
dark sand	556									
shale	599									

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
— 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
11	531.0 - 536.0		
20	537.0 - 547.0		

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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**R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032**

Bailey Krietler 39-A

Start 3-15-2012

Finish 3-16-2012

3	soil	3	
12	clay/rock	15	
9	shale	24	
7	lime	31	
5	shale	36	
42	lime	78	
11	shale	89	
15	lime	104	set 20' 7"
6	shale	110	ran 593.6' 2 7/8
19	lime	129	cemented to surface 60 sxs
179	shale	308	
15	lime	323	
57	shale	380	
29	lime	409	
28	shale	437	
15	lime	452	
11	shale	463	
8	lime	471	
9	shale	480	
7	lime	487	
24	shale	511	
18	Bkn sand	529	show
20	oil sand	549	good show
7	Dk sand	556	Show
43	Shale	599	T.D.

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 68032
(785) 448-7105 FAX (785) 448-7195

Merchant Copy
INVOICE
THE QUALITY CONNECTION

Page: 1		Invoice: 10182406	
Special Instructions		Time	12:00:18
Ship to: MIKE	And rep name:	Ship Date	08/01/13
Ship to: ROGER KENT 2888 NE WOODS RD GARNETT, KS 68862	Ship to: ROGER KENT (785) 448-8888 NOT FOR HOUSE USE	Invoice Date	08/01/13
		Date Order	04/08/13
Customer # 000037		Order By:	

ORDER	QTY	UOM	ITEM#	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
-12.00	-12.00	PL	OPMP	MONARCH PALLET	18,000 P.	18,000	-180.00
648.00	648.00	BP	OPPC	PORTLAND CEMENT-94 <small>Credited from Invoice 10178887</small>	8.400 MB	8,400	4988.80

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Subtotal	\$4404.80
SHIP VIA ANDERSON COUNTY			Freight	4404.80	Sales Tax
RESERVED EMPLOY AND IN GOOD CONDICTION			Non-Resale	0.00	
<input checked="" type="checkbox"/>				Tax #	\$43.58

1 - Merchant Copy

TOTAL 5428.38

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

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		Date Order	04/08/13
Customer # 000037		Order By:	

ORDER	QTY	UOM	ITEM#	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
880.00	880.00	BP	OPFA	FLY ASH MIX 60 LBS PER BAG	8.088 MB	8,800	8418.40
-4.00	-4.00	PL	OPMP	MONARCH PALLET <small>Credited from Invoice 10180321</small>	18,000 P.	18,000	-40.00

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Subtotal	\$3363.48
SHIP VIA ANDERSON COUNTY			Freight	6830.40	Sales Tax
RESERVED EMPLOY AND IN GOOD CONDICTION			Non-Resale	0.00	
<input checked="" type="checkbox"/>				Tax #	\$81.04

1 - Merchant Copy

TOTAL 6304.52

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30