



KANSAS CORPORATION COMMISSION 1087716
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 #: _____

06/18/2012	06/19/2012	06/19/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30424-00-00
Spot Description: _____
NE NW NW Sec. 34 Twp. 23 S. R. 21 East West
5067 Feet from North / South Line of Section
4849 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: RIFE Well #: 7-A
Field Name: Davis-Bronson
Producing Formation: Bartlesville
Elevation: Ground: 1008 Kelly Bushing: 1008
Total Depth: 766 Plug Back Total Depth: 761
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: 761
feet depth to: 0 w/ 72 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: 07/25/2012



1087716

Operator Name: Kent, Roger dba R J Enterprises Lease Name: RIFE Well #: 7-A
 Sec. 34 Twp. 23 S. R. 21 East West County: Allen

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:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>sand</td> <td>732</td> <td></td> </tr> <tr> <td>oil sand</td> <td>739</td> <td></td> </tr> <tr> <td>shale</td> <td>766</td> <td></td> </tr> </table>	Name	Top	Datum	sand	732		oil sand	739		shale	766	
Name	Top	Datum											
sand	732												
oil sand	739												
shale	766												

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	72	
production	5.625	2.875	10	761		72	

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
13	733.0 - 739.0		

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

Rife 7-A

Start 6-18-2012

Finish 6-19-2012

2	soil	2	
6	clay/rock	8	
103	lime	111	
163	shale	274	
30	lime	304	
59	shale	363	
30	lime	393	
37	shale	430	set 20' 7"
21	lime	451	ran 760.6' 2 7/8
8	shale	459	cemented to surface 72 sxs
10	lime	469	
90	shale	559	
3	lime	562	
167	shale	729	
3	sand	732	odor
7	oil sand	739	good show
27	shale	766	T.D.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7108 FAX (785) 448-7135

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

Page: 1 Invoice: **10185759**

Special : Time: 12:58:28
 Instructions : Ship Date: 05/24/12
 Date rep #: HANNAH HANNAH STEELE Acct rep code: Invoice Date: 05/24/12
 Ship Date: 05/24/12
 Sold To: ROGER KENT Ship To: ROGER KENT
 22082 NE NEGOSH RD (785) 448-8998 NOT FOR HOUSE USE
 GARNETT, KS 66032 (785) 448-8998

Customer #: 0000357 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
2.00	2.00	P	EA	289237	MM17754A-1/8 Tran BR	8.9900 EA	8.9900	13.98

FILLED BY: _____ CHECKED BY: _____ DATE SHIPPED: _____ DRIVER: _____

SHIP VIA: Customer Pick Up
 RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 13.98
 Non-taxable: 0.00
 Sales tax: 1.17

Weight: 0 lbs.

TOTAL \$15.15

1 - Merchant Copy



GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7108 FAX (785) 448-7135

Statement Copy
INVOICE
PLEASE REFER TO INVOICE NUMBER ON ALL CORRESPONDENCE

Page: 1 Invoice: **10185968**

Special : Time: 18:35:12
 Instructions : Ship Date: 06/30/12
 Date rep #: MIKE Acct rep code: Invoice Date: 06/30/12
 Ship Date: 06/30/12
 Sold To: ROGER KENT Ship To: ROGER KENT
 22082 NE NEGOSH RD (785) 448-8998 NOT FOR HOUSE USE
 GARNETT, KS 66032 (785) 448-8998

Customer #: 0000357 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
11.00	11.00	P	PL	CPMP	MONARCH PALLET	15.0000 PL	16.0000	165.00
510.00	510.00	P	BAG	CPPC	PORTLAND CEMENT-94#	8.9900 BAG	8.9900	4584.90

FILLED BY: _____ CHECKED BY: _____ DATE SHIPPED: _____ DRIVER: _____

SHIP VIA: ANDERSON COUNTY
 RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable: 4748.90
 Non-taxable: 0.00
 Sales tax: 370.50

TOTAL \$5120.40

3 - Statement Copy

