



KANSAS CORPORATION COMMISSION 1087706
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 #: _____

06/04/2012	06/06/2012	06/06/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30427-00-00
Spot Description:
NE NW SE NW Sec. 34 Twp. 23 S. R. 21 East West
3795 Feet from North / South Line of Section
3414 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: STANLEY Well #: 7-A
Field Name: Davis-Bronson
Producing Formation: Bartlesville
Elevation: Ground: 1003 Kelly Bushing: 1003
Total Depth: 787 Plug Back Total Depth: 781
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: 781
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



1087706

Operator Name: Kent, Roger dba R J Enterprises Lease Name: STANLEY 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%;"></td> <td style="width:15%; text-align: center;">Top</td> <td style="width:15%;"></td> </tr> <tr> <td>Name</td> <td></td> <td>Datum</td> </tr> <tr> <td>sand</td> <td style="text-align: center;">735</td> <td></td> </tr> <tr> <td>oil sand</td> <td style="text-align: center;">741</td> <td></td> </tr> <tr> <td>shale</td> <td style="text-align: center;">787</td> <td></td> </tr> </table>		Top		Name		Datum	sand	735		oil sand	741		shale	787	
	Top															
Name		Datum														
sand	735															
oil sand	741															
shale	787															

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	781		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
11	735.5 - 740.5		

TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes 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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Oil</td> <td style="width:15%;">Bbls.</td> <td style="width:15%;">Gas</td> <td style="width:15%;">Mcf</td> <td style="width:15%;">Water</td> <td style="width:15%;">Bbls.</td> <td style="width:15%;">Gas-Oil Ratio</td> <td style="width:15%;">Gravity</td> </tr> </table>	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
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

Stanley 7-A

Start 6-4-2012

Finish 6-6-2012

1	soil	1	
3	clay/rock	4	
107	lime	111	
166	shale	277	
26	lime	303	
64	shale	367	
29	lime	396	
40	shale	436	set 20' 7"
21	lime	457	ran 781.3' 2 7/8
7	shale	464	cemented to surface 72 sxs
6	lime	470	
94	shale	564	
3	lime	567	
165	shale	732	
3	sand	735	odor
6	oil sand	741	good show
46	shale	787	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 BY ALL TIMES!

Page: 1

Invoice: **10185759**

Time: 13:58:29
Ship Date: 05/24/12
Invoice Date: 05/24/12
Due Date: 08/08/12

Buy rep #: HANNAH HANNAH STEELE

Acct rep code:

Sold To: ROGER KENT
23082 NE NEOSH0 RD
GARNETT, KS 66032

Ship To: ROGER KENT
(785) 448-6986 NOT FOR HOUSE USE
(785) 448-6986

Customer #: 0000357

Customer PO:

Order By:

BT#

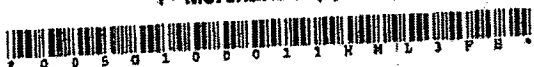
T 101

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Uom	PRICE	EXTENSION
2.00	2.00	P	EA	888237	MM17/84x4-1/8 Titan BH	6.8900 EA	6.8900	13.88

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	513.88
SHIP VIA Customer Pick Up				Taxable	13.88
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
<i>X. [Signature]</i>				Sales tax	1.17
				TOTAL	518.15

1 - Merchant Copy

Weight: 0 lbs.



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**

Time: 18:35:12
Ship Date: 05/30/12
Invoice Date: 05/30/12
Due Date: 08/08/12

Sale rep #: MIKE

Acct rep code:

Sold To: ROGER KENT
23082 NE NEOSH0 RD
GARNETT, KS 66032

Ship To: ROGER KENT
(785) 448-6986 NOT FOR HOUSE USE
(785) 448-6986

Customer #: 0000357

Customer PO:

Order By:

BT#

T 101

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Uom	PRICE	EXTENSION
11.00	11.00	P	PL	OPMP	MONARCH PALLET	16.0000 PL	16.0000	165.00
810.00	810.00	P	BAG	CPPC	PORTLAND CEMENT-94#	8.9900 BAG	8.9900	4594.90

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$4749.80
SHIP VIA ANDERSON COUNTY				Taxable	4749.80
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
<i>X</i>				Sales tax	370.50
				TOTAL	\$5120.40

3 - Statement Copy

