



KANSAS CORPORATION COMMISSION 1084111
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 #: _____
04/27/2012 05/03/2012 05/03/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-003-25438-00-00
Spot Description: _____
NE SE SW NE Sec. 27 Twp. 21 S. R. 21 East West
3081 Feet from North / South Line of Section
1330 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 #: 43-A
Field Name: Centerville
Producing Formation: Squirrel
Elevation: Ground: 949 Kelly Bushing: 949
Total Depth: 569 Plug Back Total Depth: 564
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: 564
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: 06/18/2012



1084111

Operator Name: Kent, Roger dba R J Enterprises Lease Name: BAILEY-KRIETLER Well #: 43-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:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>oil sand</td> <td>537</td> <td></td> </tr> <tr> <td>dark sand</td> <td>542</td> <td></td> </tr> <tr> <td>shale</td> <td>569</td> <td></td> </tr> </table>	Name	Top	Datum	oil sand	537		dark sand	542		shale	569	
Name	Top	Datum											
oil sand	537												
dark sand	542												
shale	569												

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	564		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
20	527 - 537		

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 43-A

Start 4-27-2012

Finish 5-3-2012

3	soil	3	
3	clay/rock	6	
5	shale	11	
5	lime	16	
7	shale	23	
44	lime	67	
11	shale	78	
13	lime	91	set 20' 7"
5	shale	96	ran 563.6' 2 7/8
20	lime	116	cemented to surface 60 sxs
174	shale	290	
17	lime	307	
54	shale	361	
30	lime	391	
28	shale	419	
16	lime	435	
9	shale	444	
8	lime	452	
7	shale	459	
9	lime	468	
18	shale	486	
8	sandy shale	494	odor
28	bkn sand	522	
15	oil sand	537	good show
5	dk sand	542	show
27	shale	569	T.D.

GARNETT TRUE VALUE HOMECENTER

410 N Maple
 Garnett, KS 66032
 (785) 448-7106 FAX (785) 448-7135

Customer Copy

INVOICE

THIS COPY MUST REMAIN AT
 MERCHANT AT ALL TIMES!

Page: 1

Invoice: **10183991**

Special :

Time: 07:38:52

Instructions :

Ship Date: 04/12/12

Sale rep #: JMM

Acct rep code:

Invoice Date: 04/12/12

Due Date: 05/08/12

REPRINT

Sold To: **ROGER KENT**
 22062 NE NEOSHO RD
 GARNETT, KS 66032

Ship To: **ROGER KENT**
 (785) 448-6995 **NOT FOR HOUSE USE**
 (785) 448-6995

Customer #: 0000357

Customer PO:

Order By:

ppplng01

6TH
 T 130

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
-33.00	-33.00	P	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	-495.00
540.00	540.00	P	BAG	CPPC	PORTLAND CEMENT-94#	8.4900 BAG	8.4900	4584.60

FILLED BY CHECKED BY DATE SHIPPED DRIVER

SHIP VIA ANDERSON COUNTY

RECEIVED COMPLETE AND IN GOOD CONDITION

X

Taxable 4089.60
 Non-taxable 0.00
 Tax #

Sales total \$4089.60

Sales tax 318.99

TOTAL \$4408.59

1 - Customer Copy

