

KANSAS CORPORATION COMMISSION 1087699
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 ☐ SLOW
- ☐ 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>05/15/2012</u>	<u>05/16/2012</u>	<u>05/16/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30383-00-00

Spot Description: _____
NW NE NE SE Sec. 34 Twp. 23 S. R. 21 ☒ East ☐ West
2317 Feet from ☐ North / ☒ South Line of Section
358 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Allen

Lease Name: NORMAN UNIT Well #: 8N-1

Field Name: Davis-Bronson

Producing Formation: Bartlesville

Elevation: Ground: 937 Kelly Bushing: 937

Total Depth: 606 Plug Back Total Depth: 600

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: 600
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 Gertzel Date: 07/25/2012



1087699

Operator Name: Kent, Roger dba R J Enterprises Lease Name: NORMAN UNIT Well #: 8N-I
 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%;"> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> <tr> <td>dark sand</td> <td>579</td> <td></td> </tr> <tr> <td>sandy shale</td> <td>596</td> <td></td> </tr> <tr> <td>dark sand</td> <td>606</td> <td></td> </tr> </table>	Name	Top	Datum	dark sand	579		sandy shale	596		dark sand	606	
Name	Top	Datum											
dark sand	579												
sandy shale	596												
dark sand	606												

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	600		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 (Amount and Kind of Material Used)	Depth
20	557.0 - 573.0		

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

Norman Unit 8N-1

Start 5-15-2012

Finish 5-16-2012

3	soil	3	
3	clay/rock	6	
42	lime	48	
164	shale	212	
22	lime	234	
64	shale	298	
29	lime	327	
40	shale	367	set 20' 7"
19	lime	386	ran 599.7' 2 7/8
8	shale	394	cemented to surface 60 sxs
7	lime	401	
96	shale	497	
5	lime	502	
56	shale	558	
17	oil sand	575	good show
4	Dk sand	579	show
17	sandy shale	596	show
10	Dk sand	606	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 :
Instructions :
Sale rep #: JIM

Time: 07:38:52
Ship Date: 04/12/12
Invoice Date: 04/12/12
Due Date: 05/08/12

Acct rep code:

REPRINT

Sold To: **ROGER KENT**
22082 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:

popimg01

8TH
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

