



KANSAS CORPORATION COMMISSION 1089583
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>05/23/2012</u>	<u>05/24/2012</u>	<u>05/24/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30381-00-00

Spot Description: _____

NW SE NE SE Sec. 34 Twp. 23 S. R. 21 East West
1703 Feet from North / South Line of Section
593 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 #: 5N-1

Field Name: Davis-Bronson

Producing Formation: Bartlesville

Elevation: Ground: 934 Kelly Bushing: 934

Total Depth: 628 Plug Back Total Depth: 623

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: 623
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 Gerber Date: 08/10/2012



1089583

Operator Name: Kent, Roger dba R J Enterprises Lease Name: NORMAN UNIT Well #: 5N-1
 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 Wireline 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>602</td> <td></td> </tr> <tr> <td>shale</td> <td>628</td> <td></td> </tr> </table>	Name	Top	Datum	dark sand	602		shale	628	
Name	Top	Datum								
dark sand	602									
shale	628									

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	623		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	558.0 - 574.0		

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 checked="" 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
Gamett, KS 66032**

Norman Unit 5N-1

Start 5-23-2012

Finish 5-24-2012

3	soil	3	
5	clay/rock	8	
31	lime	39	
151	shale	190	
34	lime	224	
69	shale	293	
28	lime	321	
39	shale	360	set 20' 7"
19	lime	379	ran 622.8' 2 7/8
8	shale	387	cemented to surface 60 sxs
8	lime	395	
90	shale	485	
4	lime	489	
43	shale	532	
20	sandy shale	552	odor
5	bkn sand	557	show
4	oil sand	561	good show
4	bkn sand	565	good show
8	oil sand	573	good show
4	Dk sand	577	good show
11	sandy shale	588	show
4	oil sand	592	good show
4	Dk sand	596	good show
6	Dk sand	602	show
26	shale	628	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!

Invoice: **10183991**

Page: 1

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

REPRINT

Special :
 Instructions :

Acct rep code:

Sale rep #: JIM

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:

popkng01

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

