



KANSAS CORPORATION COMMISSION 1089595
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>05/29/2012</u>	<u>05/30/2012</u>	<u>05/30/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30418-00-00

Spot Description: _____

NE NE NE SE Sec. 34 Twp. 23 S. R. 21 East West

2608 Feet from North / South Line of Section

326 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 #: 9 N-1

Field Name: Davis-Bronson

Producing Formation: Bartlesville

Elevation: Ground: 937 Kelly Bushing: 937

Total Depth: 610 Plug Back Total Depth: 604

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: 604

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 Garboc Date: 08/10/2012



1089595

Operator Name: Kent, Roger dba R J Enterprises Lease Name: NORMAN UNIT Well #: 9 N-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 Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	dark sand	595
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	shale	610
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run: Gamma Ray/Neutron/CCL Drillers Log			

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	604		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 (Amount and Kind of Material Used)	Depth
20	563.0 - 573.0		
7	574.0 - 577.0		
9	580.0 - 584.0		

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:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	_____ _____ _____

**R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032**

Norman Unit 9N-1

Start 5-29-2012

Finish 5-30-2012

1	soil	1	
1	clay/rock	2	
43	lime	45	
163	shale	208	
21	lime	229	
67	shale	296	
29	lime	325	
38	shale	363	set 20' 7"
20	lime	383	ran 603.5' 2 7/8
7	shale	390	cemented to surface 60 sxs
5	lime	395	
95	shale	490	
3	lime	493	
50	shale	543	
6	sandy shale	549	odor
8	sand	557	odor
5	sandy shale	562	odor
13	oil sand	575	good show
3	sandy shale	578	
5	bkn sand	583	good show
12	Dk sand	595	show
15	shale	610	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: **10184610**

Special :
Instructions :
:
Sale rep #: MIKE

Time: 13:44:59
Ship Date: 04/26/12
Invoice Date: 04/26/12
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:

ppimg01

8TH
T 101

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
5.00	5.00	P	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	75.00
540.00	540.00	P	BAG	CPPC	PORTLAND CEMENT-94#	8.9900 BAG	8.9900	4854.60

FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____		Sales total \$4929.60
SHIP VIA ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION		
Taxable 4929.60 Non-taxable 0.00 Tax # _____		Sales tax 384.51

TOTAL \$5314.11

1 - Customer Copy

