



KANSAS CORPORATION COMMISSION 1092565
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>07/06/2012</u>	<u>07/10/2012</u>	<u>07/20/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30406-00-00

Spot Description: _____
NE NE SE SE Sec. 3 Twp. 24 S. R. 21 East West

1229 Feet from North / South Line of Section

302 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 #: 1-1

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 1024 Kelly Bushing: 1024

Total Depth: 729 Plug Back Total Depth: 723

Amount of Surface Pipe Set and Cemented at: 10 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 723
feet depth to: 0 w/ 66 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: Dorena Garbar Date: 09/12/2012



1092565

Operator Name: Kent, Roger dba R J Enterprises Lease Name: NORMAN UNIT Well #: 1-1
 Sec. 3 Twp. 24 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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>bkn sand</td> <td>691</td> <td></td> </tr> <tr> <td>dk sand</td> <td>693</td> <td></td> </tr> <tr> <td>shale</td> <td>729</td> <td></td> </tr> </table>	Name	Top	Datum	bkn sand	691		dk sand	693		shale	729	
Name	Top	Datum											
bkn sand	691												
dk sand	693												
shale	729												

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	66	
production	5.625	2.875	10	723		66	

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
13	668.0 - 674.0		
5	681.0 - 683.0		
7	688.0 - 691.0		

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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) _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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

Norman 1-I

Start 7-6-2012

Finish 7-10-2012

2	soil	2	
10	sand/stone	12	
128	lime	140	
162	shale	302	
26	lime	328	
72	shale	400	
28	lime	428	
41	shale	469	set 20' 7"
19	lime	488	ran 722.9' 2 7/8
8	shale	496	cemented to surface 66 sxs
5	lime	501	
96	shale	597	
3	lime	600	
60	shale	660	
3	sandy shale	663	
5	sandy shale	668	odor
7	Bkn sand	675	good show
6	lime sand	681	
2	Bkn sand	683	good show
4	sandy shale	687	show
4	Bkn sand	691	good show
2	Dk sand	693	good show
36	shale	729	T.D.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7108 FAX (785) 448-7188

Merchant Copy
INVOICE
THIS COPY MUST REMAIN AT MERCHANT AT ALL TIMES

Page: 1 Invoice: **10186985**

Special : Time: 08:08:14
 Instructions : Ship Date: 06/22/12
 Bill to: MARILYN Acct rep code: Invoice Date: 06/22/12
 Due Date: 07/08/12

Bill To: **ROGER KENT** Ship To: **ROGER KENT**
 22023 NE NEOSHO RD (785) 448-8986 NOT FOR HOUSE USE
 GARNETT, KS 66032 (785) 448-8986

Customer #: 0000357 Customer PO: Order By:

ORDER	SHIP	UOM	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
1.00	1.00	P EA	486087	MEAD 18/3 Out EXT Card	12.9900 EA	12.9900	12.99

FILED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$12.99
SHIP VIA Customer Pick up				Taxable	12.99
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-Taxable	0.00
<i>Long Paul</i>				Sales tax	1.08
				TOTAL	\$14.07

1 - Merchant Copy

Weight: 3 lbs.

4 0 0 3 1 1 3 2 0 0 1 0 1 4 3 8 6 0

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Merchant Copy
INVOICE
THIS COPY MUST REMAIN AT MERCHANT AT ALL TIMES

Page: 1 Invoice: **10187099**

Special : Time: 15:48:33
 Instructions : Ship Date: 06/25/12
 Bill to: MIKE Acct rep code: Invoice Date: 06/25/12
 Due Date: 07/08/12

Bill To: **ROGER KENT** Ship To: **ROGER KENT**
 22023 NE NEOSHO RD (785) 448-8986 NOT FOR HOUSE USE
 GARNETT, KS 66032 (785) 448-8986

Customer #: 0000357 Customer PO: Order By:

ORDER	SHIP	L	UOM	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
18.00	18.00	P	PL	OPMP	MONARCH PALLET	18.0000 PL	18.0000	870.00
540.00	540.00	P	BAG	OPPC	PORTLAND CEMENT-648	0.9900 BAG	6.9900	4564.80

FILED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$5124.00
SHIP VIA ANDERSON COUNTY				Taxable	5124.00
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-Taxable	0.00
X				Sales tax	399.72
				TOTAL	\$5524.32

1 - Merchant Copy

4 0 0 3 1 1 3 2 0 0 1 0 1 4 3 8 6 0