



KANSAS CORPORATION COMMISSION 1096584
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 #: _____

07/25/2012	07/26/2012	07/26/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24623-00-00

Spot Description:
SW SE SE NE Sec. 23 Twp. 22 S. R. 21 East West
2938 Feet from North / South Line of Section
429 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Linn

Lease Name: EWING Well #: 11-I

Field Name: Blue Mound

Producing Formation: Burgess

Elevation: Ground: 972 Kelly Bushing: 972

Total Depth: 824 Plug Back Total Depth: 819

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: 819

feet depth to: 0 w/ 84 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 Garrisor Date: 10/16/2012



1096584

Operator Name: Kent, Roger dba R J Enterprises Lease Name: EWING Well #: 11-1
 Sec. 23 Twp. 22 S. R. 21 East West County: Linn

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>oil sand</td> <td>806</td> <td></td> </tr> <tr> <td>shale</td> <td>817</td> <td></td> </tr> <tr> <td>lime</td> <td>824</td> <td></td> </tr> </table>	Name	Top	Datum	oil sand	806		shale	817		lime	824	
Name	Top	Datum											
oil sand	806												
shale	817												
lime	824												

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	15	20	Portland	84	
production	5.625	2.875	15	819		84	

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	795.0 - 805.0		

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
Garnett, KS 66032

Ewing 11-1

Start 7-25-2012

Finish 7-26-2012

2	soil	2	
2	clay	4	
106	lime	110	
180	shale	290	
15	lime	305	
67	shale	372	
27	lime	399	
33	shale	432	
27	lime	459	
7	shale	466	
8	lime	474	
94	shale	568	
4	lime	572	
222	shale	794	
12	oil sand	806	
11	shale	817	
7	lime	824	T.D.

set 20' 7"
ran 818.5' 2 7/8
cemented to surface 84 sxs

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7108 FAX (785) 448-7135

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

Page: 1 Invoice: **10186985**

Special: Yes: 09/08/14
 Instructions: Ship Date: 09/22/12
 Invoice Date: 09/22/12
 Due Date: 07/08/12

Bill to: MARILYN
 Bill to: ROGER KENT
 2603 N NEOSH0 RD (785) 448-6985 NOT FOR HOUSE USE
 GARNETT, KS 66032 (785) 448-6985

Customer #: 0000357 Customer PO: Order #: 474
 T155

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7108 FAX (785) 448-7135

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

Page: 1 Invoice: **10187099**

Special: Yes: 18/48/53
 Instructions: Ship Date: 08/26/12
 Invoice Date: 08/26/12
 Due Date: 07/08/12

Bill to: MIKE
 Bill to: ROGER KENT
 2603 N NEOSH0 RD (785) 448-6985 NOT FOR HOUSE USE
 GARNETT, KS 66032 (785) 448-6985

Customer #: 0000357 Customer PO: Order #: 474
 T155

ORDER	QTY	UOM	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
1.00	1.00	P EA	486087	ME40' 16/3 Out EXT Cord	12.9900 EA	12.9900	12.99

FILLED BY SHIP VIA Customer Pick up RECEIVED COMPLETE AND IN GOOD CONDITION <i>[Signature]</i>	CHECKED BY DATE SHIPPED DRIVER	Sales total \$12.99
Taxable Non-taxable Tax #	12.99 0.00	Sales tax 1.08
TOTAL \$14.07		Weight: 3 lbs.

1 - Merchant copy



ORDER	QTY	UOM	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
18.00	18.00	P FL	CRMP	MONARCH PALLET	18.0000 PL	18.0000	270.00
640.00	640.00	P BAG	OPFC	PORTLAND CEMENT-94#	6.5000 BAG	6.5000	4654.80

FILLED BY SHIP VIA ANDERSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION X	CHECKED BY DATE SHIPPED DRIVER	Sales total \$5124.80
Taxable Non-taxable Tax #	5124.80 0.00	Sales tax 389.72
TOTAL \$5514.52		

1 - Merchant Copy

