



KANSAS CORPORATION COMMISSION 1096616
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 #: _____

08/21/2012	08/22/2012	08/22/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25552-00-00
Spot Description: _____
NW SE SE SW Sec. 18 Twp. 21 S. R. 21 East West
461 Feet from North / South Line of Section
2997 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: HILL Well #: 28
Field Name: Bush City Shoestring
Producing Formation: Squirrel
Elevation: Ground: 1053 Kelly Bushing: 1053
Total Depth: 666 Plug Back Total Depth: 660
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: 660
feet depth to: 0 w/ 66 sx cm.

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 Garrison Date: 10/16/2012



1096616

Operator Name: Kent, Roger dba R J Enterprises Lease Name: HILL Well #: 28
 Sec. 18 Twp. 21 S. R. 21 East West County: Anderson

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:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>oil sand</td> <td>616</td> <td></td> </tr> <tr> <td>sandy shale</td> <td>619</td> <td></td> </tr> <tr> <td>shale</td> <td>666</td> <td></td> </tr> </table>	Name	Top	Datum	oil sand	616		sandy shale	619		shale	666	
Name	Top	Datum											
oil sand	616												
sandy shale	619												
shale	666												

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	66	
production	5.625	2.875	15	660		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
20	600.0 - 617.0		

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

Hill # 28

Start 8-21-2012

Finish 8-22-2012

3	soil	3	
6	clay	9	
18	shale	27	
29	lime	56	
78	shale	134	
7	lime	141	
6	shale	147	
42	lime	189	set 20' 7"
7	shale	196	ran 659.6' 2 7/8
23	lime	219	cemented to surface 66 sxs
7	shale	226	
11	lime	237	
175	shale	412	
15	lime	427	
60	shale	487	
30	lime	517	
24	shale	541	
10	lime	551	
17	shale	568	
7	lime	575	
10	shale	585	
5	lime	590	
8	shale	598	odor
6	Bkn sand	604	good show
12	oil sand	616	oil sand
3	sandy shale	619	show
47	shale	666	T.D.

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: **10188258**

Special: _____ Time: 18:59:24
Instructions: _____ Ship Date: 07/24/12
Date rep #: JIM Acct rep code: _____ Invoice Date: 07/24/12
Due Date: 08/08/12

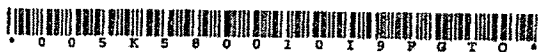
Sold To: **ROGER KENT** Ship To: **ROGER KENT**
22082 NE NEOSHQ RD (785) 448-0095 **NOT FOR HOUSE USE**
GARNETT, KS 66032 (785) 448-6605

Customer #: 0000357 Customer PO: _____ Order By: _____

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Uom	PRICE	EXTENSION
-7.00	-7.00	P	PL	CPMP	MONARCH PALLET Credited from Invoice 10186060	15.0000 PL	15.0000	-105.00
540.00	540.00	P	BAG	CPPD	PORTLAND CEMENT-04#	8.0900 BAG	8.0900	4684.80

FILED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$4749.60
SHIP VIA ANDERSON COUNTY				Taxable	4749.60
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X	<i>Wate</i>			Sales tax	370.47
TOTAL					\$5120.07

1 - Merchant Copy



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: **10188395**

Special: _____ Time: 13:00:08
Instructions: _____ Ship Date: 07/25/12
Date rep #: JIM Acct rep code: _____ Invoice Date: 07/25/12
Due Date: 08/08/12

Sold To: **ROGER KENT** Ship To: **ROGER KENT**
22082 NE NEOSHQ RD (785) 448-0095 **NOT FOR HOUSE USE**
GARNETT, KS 66032 (785) 448-6605

Customer #: 0000357 Customer PO: _____ Order By: _____

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Uom	PRICE	EXTENSION
680.00	680.00	P	BAG	OPPA	FLY ASH MIX 80 LBS PER BAG	8.2900 BAG	8.2900	3522.40
14.00	14.00	P	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	210.00

FILED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$3732.40
SHIP VIA ANDERSON COUNTY				Taxable	3732.40
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X	<i>Wate</i>			Sales tax	291.13
TOTAL					\$4023.53

1 - Merchant Copy

