



KANSAS CORPORATION COMMISSION 1096676  
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 #: \_\_\_\_\_  
08/24/2012    08/27/2012    08/27/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-003-25546-00-00  
Spot Description: \_\_\_\_\_  
SE NW SE NW Sec. 18 Twp. 21 S. R. 21  East  West  
3343 Feet from  North /  South Line of Section  
3513 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Anderson  
Lease Name: BABBS Well #: 4-1  
Field Name: Bush City Shoestring  
Producing Formation: Squirrel  
Elevation: Ground: 1018 Kelly Bushing: 1018  
Total Depth: 669 Plug Back Total Depth: 663  
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: 663  
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: Deanna Garriso Date: 10/16/2012



1096676

Operator Name: Kent, Roger dba R J Enterprises Lease Name: BABBS Well #: 4-1  
 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>bkn sand</td> <td>635</td> <td></td> </tr> <tr> <td>dk sand</td> <td>641</td> <td></td> </tr> <tr> <td>shale</td> <td>669</td> <td></td> </tr> </table>	Name	Top	Datum	bkn sand	635		dk sand	641		shale	669	
Name	Top	Datum											
bkn sand	635												
dk sand	641												
shale	669												

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	663		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 <i>(Amount and Kind of Material Used)</i>	Depth
20	609.0 - 619.0		
20	622.0 - 632.0		

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 <i>(Explain)</i> _____
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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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**R.J. Enterprise**  
**22082 NE Neosho RD**  
**Garnett, KS 66032**

**Bahhs 4-1**

Start 8-24-2012

Finish 8-27-2012

3	soil	3	
7	clay	10	
9	shale	19	
30	lime	49	
75	shale	124	
9	lime	133	
6	shale	139	
41	lime	180	set 20' 7"
7	shale	187	<del>run</del> 663.2' 2 7/8
22	lime	209	cemented to surface 66 sxs
7	shale	216	
11	lime	227	
176	shale	403	
16	lime	419	
30	shale	477	
30	lime	507	
24	shale	531	
9	lime	540	
20	shale	560	
7	lime	567	
10	shale	577	
6	lime	583	
11	shale	594	
8	sandy shale	602	odor
8	sandy shale	610	good show
9	oil sand	619	good show
16	Bkn sand	635	good show
6	Dk sand	641	good show
28	shale	669	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: **10188224**

Time: 14:41:57  
 Ship Date: 07/24/12  
 Invoice Date: 08/07/12  
 Due Date: 09/08/12

Special Instructions: \_\_\_\_\_  
 Acct rep code: \_\_\_\_\_

Sale rep #: MIKE  
 Ship To: **ROGER KENT**  
 (785) 448-6905 **NOT FOR HOUSE USE**

Bill To: **ROGER KENT**  
**2202 NE NEOSH0 RD**  
**GARNETT, KS 66032**  
 (785) 448-6905

Customer #: 0000357 Customer PO: \_\_\_\_\_ Order By: \_\_\_\_\_

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Uom	PRICE	EXTENSION
15.00	15.00	P	PC	T8518	PRESSURB TREATED+2 5 X 8 X 10' OCA CUT IN HALF/ON ORANGE RACK	959.7010 mcf	31.8900	479.85
						Sales total		\$479.85
						Taxable	478.85	
						Non-taxable	0.00	
						Sales tax		39.83
						TBF: 600		
						<b>TOTAL</b>		<b>\$519.68</b>

1 - Merchant Copy



**GARNETT TRUE VALUE HOMECENTER**  
 410 N Maple  
 Garnett, KS 66032  
 (785) 448-7106 FAX (785) 448-7135

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

Page: 1 Invoice: **10189380**

Time: 18:59:57  
 Ship Date: 08/22/12  
 Invoice Date: 08/22/12  
 Due Date: 09/08/12

Special Instructions: \_\_\_\_\_  
 Acct rep code: \_\_\_\_\_

Sale rep #: MIKE  
 Ship To: **ROGER KENT**  
 (785) 448-6905 **NOT FOR HOUSE USE**

Bill To: **ROGER KENT**  
**2202 NE NEOSH0 RD**  
**GARNETT, KS 66032**  
 (785) 448-6905

Customer #: 0000357 Customer PO: \_\_\_\_\_ Order By: \_\_\_\_\_

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Uom	PRICE	EXTENSION
-26.00	-26.00	P	PL	OPMP	MONARCH PALLET Credited from Invoice 10188335	15.0000 ea	15.0000	-390.00
540.00	540.00	P	BAG	CPPC	PORTLAND CEMENT-64#	8.9800 ea	6.9900	4884.60
						Sales total		\$4484.60
						Taxable	4464.60	
						Non-taxable	0.00	
						Sales tax		348.24
						TBF: 600		
						<b>TOTAL</b>		<b>\$4832.84</b>

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