



KANSAS CORPORATION COMMISSION 1099397
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>06/14/2012</u>	<u>06/15/2012</u>	<u>06/15/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30426-00-00

Spot Description: _____
SE NE NW NW Sec. 34 Twp. 23 S. R. 21 East West
4713 Feet from North / South Line of Section
4098 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Allen

Lease Name: RIFE Well #: 6-1

Field Name: Davis-Bronson

Producing Formation: Bartlesville

Elevation: Ground: 1008 Kelly Bushing: 1008

Total Depth: 762 Plug Back Total Depth: 756

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: 756
feet depth to: 0 w/ 72 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 Gattis Date: 11/07/2012



1099397

Operator Name: Kent, Roger dba R J Enterprises Lease Name: RIFE Well #: 6-1
 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 <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>sand</td> <td>732</td> <td></td> </tr> <tr> <td>oil sand</td> <td>737</td> <td></td> </tr> <tr> <td>shale</td> <td>762</td> <td></td> </tr> </table>	Name	Top	Datum	sand	732		oil sand	737		shale	762	
Name	Top	Datum											
sand	732												
oil sand	737												
shale	762												

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	72	
production	5.625	2.875	15	756		72	

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
9	734.0 - 738.0		

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 <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: _____ _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------

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

Rife 6-1

Start 6-14-2012

Finish 6-15-2012

2	soil	2	
4	clay/rock	6	
106	lime	112	
160	shale	272	
29	lime	301	
60	shale	361	
30	lime	391	
37	shale	428	set 20' 7"
20	lime	448	ran 756.2 ' 2 7/8
7	shale	455	cemented to surface 72 sxs
8	lime	463	
94	shale	557	
3	lime	560	
170	shale	730	
2	sand	732	odor
5	oil sand	737	good show
25	shale	762	T.D.

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: 10185759

Special : Time: 13:28:28
Instructions : Ship Date: 08/24/12
Sales rep #: HANNAH HANNAH STEELE Acct rep code: Invoce Date: 08/24/12
Due Date: 08/08/12

Bold To: ROGER KENT Ship To: ROGER KENT
22082 NE NEOSHO RD (785) 448-8995 NOT FOR HOUSE USE
GARNETT, KS 66032 (785) 448-8995

Customer #: 0000357 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
2.00	2.00	P	EA	288237	MM17844-1/8 Thin Bl	8.9900 EA	8.9900	18.98

FILED BY: CHECKED BY: DATE SHIPPED: DRIVER:

SHIP VIA: Customer Pick up
RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable 13.98
Non-taxable 0.00
Sales tax 1.17

Weight: 0 lbs.

TOTAL \$18.15

1 - Merchant Copy



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

Statement Copy
INVOICE
PLEASE REFER TO INVOICE NUMBER
ON ALL CORRESPONDENCE

Page: 1 Invoice: 10185968

Special : Time: 18:35:12
Instructions : Ship Date: 08/30/12
Sales rep #: MIKE Acct rep code: Invoce Date: 08/30/12
Due Date: 08/08/12

Bold To: ROGER KENT Ship To: ROGER KENT
22082 NE NEOSHO RD (785) 448-8995 NOT FOR HOUSE USE
GARNETT, KS 66032 (785) 448-8995

Customer #: 0000357 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
11.00	11.00	P	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	165.00
510.00	510.00	P	BAG	CPCC	PORTLAND CEMENT-94#	8.9900 BAG	8.9900	4584.90

FILED BY: CHECKED BY: DATE SHIPPED: DRIVER:

SHIP VIA: ANDERSON COUNTY
RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable 4749.90
Non-taxable 0.00
Sales tax 370.50

TOTAL \$5120.40

3 - Statement Copy

