



KANSAS CORPORATION COMMISSION 1099391
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 #: _____

<u>09/17/2012</u>	<u>09/19/2012</u>	<u>09/19/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25563-00-00
Spot Description: _____
SW NE NW NE Sec. 18 Twp. 21 S. R. 21 East West
4806 Feet from North / South Line of Section
1774 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: KENT Well #: 3-1
Field Name: Bush City Shoestring
Producing Formation: Squirrel
Elevation: Ground: 1001 Kelly Bushing: 1001
Total Depth: 667 Plug Back Total Depth: 661
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: 661
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 Garrison Date: 11/07/2012



1099391

Operator Name: Kent, Roger dba R J Enterprises Lease Name: KENT Well #: 3-I
 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>631</td> <td></td> </tr> <tr> <td>dk sand</td> <td>634</td> <td></td> </tr> <tr> <td>shale</td> <td>667</td> <td></td> </tr> </table>	Name	Top	Datum	bkn sand	631		dk sand	634		shale	667	
Name	Top	Datum											
bkn sand	631												
dk sand	634												
shale	667												

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	661		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	606.0 - 616.0		
20	617.0 - 627.0		

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"/> Solid <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

Kent 3-1

Start 9-17-2012

Finish 9-19-2012

3	soil	3	
11	clay	14	
28	lime	42	
76	shale	118	
10	lime	128	
6	shale	134	
42	lime	176	
7	shale	183	set 20' 7"
24	lime	207	ran 660.5' 2 7/8
6	shale	213	cemented to surface 66 sxs
12	lime	225	
177	shale	402	
15	lime	417	
55	shale	472	
30	lime	502	
27	shale	529	
11	lime	540	
17	shale	557	
7	lime	564	
9	shale	573	
7	lime	580	
21	shale	601	
4	sandy shale	605	show
26	Bkn sand	631	good show
3	Dk sand	634	show
33	shale	667	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: **10180939**

Special : Time: 18:40:57
 Instructions : Ship Date: 08/08/12
 : Invoice Date: 09/08/12
 : Due Date: 10/08/12

Sale rep #: MIKE Acct rep code:

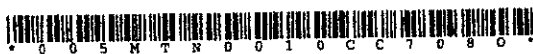
Bill To: **ROGER KENT** Ship To: **ROGER KENT**
 22062 NE NEOSH0 RD (785) 448-8995 **NOT FOR HOUSE USE**
 GARNETT, KS 66032 (785) 448-8995

Customer #: 0000357 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
-4.00	-4.00	P	PL	CPMP	MONARCH PALLET Credited from Invoice 10188060	15.0000 ea.	15.0000	-60.00
540.00	540.00	P	BAG	CPPO	PORTLAND CEMENT-94#	8.8900 bag	8.8900	4854.60

PAID BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$4784.60
SHIP VIA ANDERSON COUNTY				Taxable	4784.60
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X				Sales tax	373.98
				TOTAL	\$5158.58

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: **10190091**

Special : Time: 17:01:28
 Instructions : Ship Date: 09/10/12
 : Invoice Date: 09/10/12
 : Due Date: 10/08/12

Sale rep #: MIKE Acct rep code:

Bill To: **ROGER KENT** Ship To: **ROGER KENT**
 22062 NE NEOSH0 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
480.00	480.00	P	BAG	CPFA	FLY ABH MIX 80 LBS PER BAG	8.2800 bag	8.2800	3975.20
12.00	12.00	P	PL	CPMP	MONARCH PALLET	15.0000 ea.	15.0000	180.00

PAID BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$3109.20
SHIP VIA ANDERSON COUNTY				Taxable	3109.20
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X				Sales tax	249.14
				TOTAL	\$3448.24

1 - Merchant Copy

