



KANSAS CORPORATION COMMISSION 1099330
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>09/21/2012</u>	<u>09/24/2012</u>	<u>09/24/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25556-00-00
Spot Description: _____
NE NE NW SE Sec. 14 Twp. 21 S. R. 20 East West
2475 Feet from North / South Line of Section
1596 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Anderson
Lease Name: IOWA COLLEGE Well #: 19

Field Name: Bush City Shoestring

Producing Formation: Squirrel

Elevation: Ground: 1085 Kelly Bushing: 1085

Total Depth: 758 Plug Back Total Depth: 752

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: 752
feet depth to: 0 w/ 78 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



1099330

Operator Name: Kent, Roger dba R J Enterprises Lease Name: IOWA COLLEGE Well #: 19
 Sec. 14 Twp. 21 S. R. 20 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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>bkn sand</td> <td>733</td> <td></td> </tr> <tr> <td>dk sand</td> <td>738</td> <td></td> </tr> <tr> <td>shale</td> <td>758</td> <td></td> </tr> </table>	Name	Top	Datum	bkn sand	733		dk sand	738		shale	758	
Name	Top	Datum											
bkn sand	733												
dk sand	738												
shale	758												

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	78	
production	5.625	2.875	15	752		78	

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	711.0 - 721.0		
20	723.0 - 733.0		

TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
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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**

Iowa College # 19

Start 9-21-2012

Finish 9-24-2012

3	soil	3	
9	clay	12	
112	shale	124	
34	lime	158	
31	shale	189	
20	lime	209	
16	shale	225	
56	lime	281	set 20' 7"
9	shale	290	ran 751.9' 2 7/8
43	lime	333	cemented to surface 78sxs
166	shale	499	
24	lime	523	
57	shale	580	
28	lime	608	
27	shale	635	
12	lime	647	
14	shale	661	
8	lime	669	
10	shale	679	
10	lime	689	
14	shale	703	
7	sandy shale	710	odor
10	Bkn sand	720	good show
4	sandy shale	724	good show
9	Bkn sand	733	good show
5	Dk sand	738	show
20	Shale	758	T.D

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 68032
(785) 448-7108 FAX (785) 448-7135

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

Page: 1 Invoice: **10189939**

Special : Time: 18:40:57
Instructions : Ship Date: 09/08/12
Sales rep #: MIKE Invoice Date: 09/08/12
Act rep code: Due Date: 10/08/12

Sold To: **ROGER KENT** Ship To: **ROGER KENT**
22082 NE NEOSHO RD (785) 448-8996 NOT FOR HOUSE USE
GARNETT, MO 64032 (785) 448-8996

Customer #: 0000357 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	AR Price/Uom	PRICE	EXTENSION
-4.00	-4.00	P	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	-80.00
540.00	540.00	P	BAG	CPPC	Credited from invoice 10188080 PORTLAND CEMENT-94#	8.8900 BAG	8.8900	4854.50

PAID BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$4794.60
SHIP VIA ANDERSON COUNTY				Taxable	4794.60
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X				Sales tax	373.98
				TOTAL	\$5168.58

1 - Merchant Copy



GARNETT TRUE VALUE HOMECENTER

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Garnett, KS 68032
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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
Sales rep #: MIKE Invoice Date: 09/10/12
Act rep code: Due Date: 10/08/12

Sold To: **ROGER KENT** Ship To: **ROGER KENT**
22082 NE NEOSHO RD (785) 448-8996 NOT FOR HOUSE USE
GARNETT, MO 64032 (785) 448-8996

Customer #: 0000357 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	AR Price/Uom	PRICE	EXTENSION
480.00	480.00	P	BAG	CPFA	FLY ASH MIX 60 LBS PER BAG	8.2900 BAG	8.2900	3018.20
12.00	12.00	P	PL	CPMP	MONARCH PALLET	15.0000 PL	15.0000	180.00

PAID BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$3108.20
SHIP VIA ANDERSON COUNTY				Taxable	3108.20
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X				Sales tax	240.94
				TOTAL	\$3448.74

1 - Merchant Copy

