



KANSAS CORPORATION COMMISSION 1105989
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>11/21/2012</u>	<u>11/23/2012</u>	<u>11/23/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25672-00-00
Spot Description: _____
SW NE NE NW Sec. 16 Twp. 21 S. R. 20 East West
4869 Feet from North / South Line of Section
3023 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: HUNLEY Well #: 17-A
Field Name: Bush City Shoestring
Producing Formation: Squirrel
Elevation: Ground: 1135 Kelly Bushing: 1135
Total Depth: 859 Plug Back Total Depth: 853
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: 853
feet depth to: 0 w/ 84 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 Gamson Date: 12/28/2012



1105989

Operator Name: Kent, Roger dba R J Enterprises Lease Name: HUNLEY Well #: 17-A
 Sec. 16 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:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>oil sand</td> <td>820</td> <td></td> </tr> <tr> <td>dk sand</td> <td>822</td> <td></td> </tr> <tr> <td>shale</td> <td>859</td> <td></td> </tr> </table>	Name	Top	Datum	oil sand	820		dk sand	822		shale	859	
Name	Top	Datum											
oil sand	820												
dk sand	822												
shale	859												

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	84	
production	5.625	2.875	15	853		84	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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
15	790.0 - 797.0		
20	799.0 - 819.0		

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**

Hunley 17-A

Start 11-21-2012

Finish 11-23-2012

1	soil	1	
2	clay/rock	3	
32	lime	35	
158	shale	193	
37	lime	230	
37	shale	267	
7	lime	274	
27	shale	301	set 20' 7"
111	lime	412	ran 853.4' 2 7/8
167	shale	579	cemented to surface 84 sxs
19	lime	598	
60	shale	658	
27	lime	685	
25	shale	710	
9	lime	719	
15	shale	734	
8	lime	742	
12	shale	754	
5	lime	759	
17	shale	776	
9	sandy shale	785	odor
6	sandy shale	791	good show
21	Bkn sand	812	good show
8	oil sand	820	good show
2	Dk sand	822	show
37	shale	859	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 RETURN AT
 MERCHANT AT ALL TIMES

Page: 1 Invoice: **10192263**

Special : Time: 13:07:58
 Instructions : Ship Date: 11/08/12
 Order rep #: MIKE Acct rep code: Invoice Date: 11/08/12
 Date Date: 12/08/12

Bill To: **ROGER KENT** Ship To: **ROGER KENT**
 22082 NE NEOSHO RD (785) 448-6805 NOT FOR HOUSE USE
 GARNETT, KS 66032 (785) 448-6805

Customer #: 0000357 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
550.00	550.00	P	BAG	OPFA	FLY ASH MIX 80 LBS PER BAG	0.2900 BAG	6.2900	3522.40
540.00	540.00	P	BAG	OPPC	PORTLAND CEMENT-94#	0.0900 BAG	0.0900	454.00

FILED BY	CHECKED BY	DATE SHIPPED	DRIVER	Balance total	5377.00
SHIP VIA ANDERSON COUNTY				Taxable	5377.00
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X				Balance tax	653.41
				TOTAL	\$6030.41

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 NUM
 ON ALL CORRESPONDENCE

Page: 1 Invoice: **10192854**

Special : Time: 15:56:07
 Instructions : Ship Date: 11/19/12
 Order rep #: JIM Acct rep code: Invoice Date: 11/19/12
 Date Date: 12/08/12

Bill To: **ROGER KENT** Ship To: **ROGER KENT**
 22082 NE NEOSHO RD (785) 448-6805 NOT FOR HOUSE USE
 GARNETT, KS 66032 (785) 448-6805

Customer #: 0000357 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
-29.00	-29.00	P	PL	GPMP	MCNARCH PALLET	15.0000 PL	15.0000	-4.00
540.00	540.00	P	BAG	CPPC	PORTLAND CEMENT-94#	8.9900 BAG	8.9900	483.00

FILED BY	CHECKED BY	DATE SHIPPED	DRIVER	Balance total	5141.00
SHIP VIA ANDERSON COUNTY				Taxable	4410.00
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X				Balance tax	34.00
				TOTAL	\$4785.00

2 - Statement Copy

