



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1109700

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 #: \_\_\_\_\_

11/29/2012 11/30/2012 11/30/2012  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 15-003-25675-00-00

Spot Description: \_\_\_\_\_  
NW SE SE SE Sec. 7 Twp. 21 S. R. 20 ☒ East ☐ West  
603 Feet from ☐ North / ☒ South Line of Section  
524 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Anderson

Lease Name: CHARLES MELCHER Well #: 3-I

Field Name: Bush City Shoestring

Producing Formation: Squirrel

Elevation: Ground: 1095 Kelly Bushing: 1095

Total Depth: 844 Plug Back Total Depth: 839

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: 839

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 Garrison Date: 01/24/2013

1109700

Operator Name: Kent, Roger dba R J Enterprises Lease Name: CHARLES MELCHER Well #: 3-1  
 Sec. 7 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%;"> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> <tr> <td>oil sand</td> <td>821</td> <td></td> </tr> <tr> <td>dk sand</td> <td>825</td> <td></td> </tr> <tr> <td>shale</td> <td>844</td> <td></td> </tr> </table>	Name	Top	Datum	oil sand	821		dk sand	825		shale	844	
Name	Top	Datum											
oil sand	821												
dk sand	825												
shale	844												

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	839		84	

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 (Amount and Kind of Material Used)	Depth
20	781.0 - 791.0		
20	808.0 - 818.0		

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**

**Charles Melcher 3-1**

Start 11-29-2012

Finish 11-30-2012

2	soil	2	
10	clay/rock	12	
19	lime	31	
45	shale	76	
6	lime	82	
99	shale	181	
46	lime	227	
33	shale	260	set 20' 7"
9	lime	269	ran 838.5' 2 7/8
20	shale	289	cemented to surface 84 sxs
117	lime	406	
172	shale	578	
17	lime	595	
62	shale	657	
17	lime	674	
7	shale	681	
4	lime	685	
21	shale	706	
7	lime	713	
19	shale	732	
3	lime	735	
3	shale	738	
3	lime	741	
9	shale	750	
4	lime	754	
16	shale	770	
8	sandy shale	778	odor
16	Bkn sand	794	good show
11	Bkn sand	805	show
8	Bkn sand	813	good show
8	oil sand	821	good show
4	Dk sand	825	good show
19	shale	844	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: 10192263

Operator : Time: 13:07:55  
Instructions : Ship Date: 11/08/12  
Sales rep #: MIKE Acc rep code: Invoice Date: 11/08/12  
Due Date: 12/08/12

Bill To: ROGER KENT Ship To: ROGER KENT  
22032 NE NEOSHO RD (785) 448-6905 NOT FOR HOUSE USE  
GARNETT, KS 66032 (785) 448-6905

Customer #: 0000357

Customer PO:

Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
660.00	660.00	P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	8.2900 bag	8.2900	3522.40
540.00	540.00	P	BAG	CPPC	PORTLAND CEMENT-94#	8.9900 bag	8.9900	4854.00

  

FILED BY	CHECKED BY	DATE SHIPPED	DRIVEN	Sales total	\$5377.00
SHIP VIA ANDERSON COUNTY				Taxable	8377.00
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X				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: 16:59:07  
Instructions : Ship Date: 11/19/12  
Sales rep #: JIM Acc rep code: Invoice Date: 11/19/12  
Due Date: 12/09/12

Bill To: ROGER KENT Ship To: ROGER KENT  
22032 NE NEOSHO RD (785) 448-6905 NOT FOR HOUSE USE  
GARNETT, KS 66032 (785) 448-6905

Customer #: 0000357

Customer PO:

Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
-29.00	-29.00	P	PL	CPMP	MONARCH PALLET	16.0000 PL	16.0000	-4
540.00	540.00	P	BAG	CPPC	PORTLAND CEMENT-94#	8.9900 bag	8.9900	48

  

FILED BY	CHECKED BY	DATE SHIPPED	DRIVEN	Sales total	\$441
SHIP VIA ANDERSON COUNTY				Taxable	4419.60
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X				Tax @	34
TOTAL					\$476

2 - Statement Copy

