



KANSAS CORPORATION COMMISSION 1062198
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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____ Date: _____



1062198

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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

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

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 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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Form	ACO1 - Well Completion
Operator	Royal Drilling Inc
Well Name	K. Dreiling 2
Doc ID	1062198

Tops

Name	Top	Datum
Anhydrite	1036	+889
Base Anhydrite	1072	+853
Topeka	2905	-980
Heebner	3126	-1201
Toronto	3143	-1218
Lansing	3174	-1249
Base Kansas City	3401	-1476
Conglomerate Chert	3421	-1496
Arbuckle	3427	-1502

ALLIED CEMENTING CO., LLC. 035889

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Russell

DATE <u>4/11/11</u>	SEC. <u>29</u>	TWP. <u>14</u>	RANGE <u>16</u>	CALLED OUT	ON LOCATION	JOB START <u>2:15 PM</u>	JOB FINISH <u>3:15 PM</u>
LEASE <u>Drilling</u>	WELL # <u>2</u>	LOCATION <u>Victoria + Hwy 4 - 1E</u>			COUNTY <u>Ellis</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>		45					

CONTRACTOR Royal Drilling Inc
 TYPE OF JOB Drilling
 HOLE SIZE 7 7/8 T.D. 3600'
 CASING SIZE 5 1/2 11" DEPTH 340'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 11 11
 CEMENT LEFT IN CSG. 16 16
 PERFS.
 DISPLACEMENT 80 ft. 100'

OWNER _____
 CEMENT AMOUNT ORDERED 1000 lbs

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____
 TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER Shane Hradek
 # 41 HELPER T. L.
 BULK TRUCK
 # 37 DRIVER Mike
 BULK TRUCK
 # 41 DRIVER Bob L

REMARKS:

Run 11 1/2 sec. Max. Mix 12 1/2
Inc. to 34 1/2 34
End Cement Mix 100' 100'
1. Tapline with 100'
low shot along 400'
pump + case 100' 100' 100'
Conductivity @ 1400 psi
Final depth 3600'

CHARGE TO: Royal Drilling INC
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

PLUG & FLOAT EQUIPMENT

3 Cementers @ _____
2 Baskets @ _____
6000 Shells @ _____
ATC - Truck @ _____

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment

ALLIED CEMENTING CO., LLC. 035783

Federal Tax ID # 90-5975804

SHIP TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell, KS

DATE <u>6-10-11</u>	SEC. <u>29</u>	TWP. <u>14</u>	RANGE <u>16</u>	CALLED OUT	ON LOCATION	JOB START <u>8:30 A</u>	JOB FINISH <u>9:00 P</u>
EASE <u>K</u>	WELL # <u>2</u>	LOCATION <u>Y-2 45 E-1</u>		COUNTY <u>11</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one)							

CONTRACTOR Royal Drilling
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 1041
 CASING SIZE 8 5/8 DEPTH 1031
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 COLLAR DEPTH
 RES. MAX MINIMUM
 WEARS LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15'
 PERFS.
 DISPLACEMENT 6 1/2

OWNER
 CEMENT
 AMOUNT ORDERED 425 (on 3/10/2011)

EQUIPMENT
 PUMP TRUCK CEMENTER Heath
417 HELPER Todd
 TANK TRUCK
477 DRIVER Nick
 TANK TRUCK DRIVER

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____
 TOTAL _____

REMARKS:

Case 22 gals 4 Caddis 7+
15' Col Circulation Mixed
425 lbs. Retard Plug
Cement

SERVICE
 DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

CHARGE TO: Royal Drilling
 STREET Box 291
 CITY Russell STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment

Thanks!