

Kansas Corporation Commission Oil & Gas Conservation Division

1062087

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 #	API No. 15			
Name:	Spot Description:			
Address 1:	SecTwpS. R			
Address 2:	Feet from North / South Line of Section			
City: State: Zip:+	Feet from East / West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()	□NE □NW □SE □SW			
CONTRACTOR: License #	County:			
Name:	Lease Name: Well #:			
Wellsite Geologist:	Field Name:			
Purchaser:	Producing Formation:			
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:			
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:			
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	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: sx cmt			
Operator:				
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)			
Original Comp. Date: Original Total Depth: Original Total Depth: Conv. to ENHR	Chloride content: ppm Fluid volume: bbls Dewatering method used:			
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:			
Commingled Permit #:	Operator Name:			
Dual Completion Permit #:	Lease Name: License #:			
SWD Permit #:	QuarterSec TwpS. R East West			
ENHR Permit #:	County: Permit #:			
GSW Permit #:				
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date				

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:	

Side Two



Operator Name:			Lease Name: _			Well #:	
Sec Twp	S. R	East West	County:				
time tool open and clo	osed, flowing and shu es if gas to surface te	d base of formations pen t-in pressures, whether s st, along with final chart(s well site report.	hut-in pressure read	ched static level,	hydrostatic press	ures, bottom h	ole temperature, fluid
Drill Stem Tests Taker (Attach Additional		Yes No		og Formation	n (Top), Depth an	d Datum	Sample
Samples Sent to Geo	logical Survey	☐ Yes ☐ No	Nam	е		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
		Report all strings set-		ermediate, producti		T 2 .	
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 / SQL	JEEZE RECORD	I		
Purpose: —— Perforate —— Protect Casing —— Plug Back TD	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Plug Off Zone							
Shots Per Foot		DN RECORD - Bridge Plug Footage of Each Interval Perf			cture, Shot, Cement mount and Kind of Ma		d Depth
	<u> </u>						
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	HR. Producing Meth		Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil I	Bbls. Gas	Mcf Wat	er Bl	ols. G	Sas-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:	N	METHOD OF COMPLE	ETION:		PRODUCTIO	ON INTERVAL:
Vented Solo	Used on Lease	Open Hole	Perf. Dually		nmingled mit ACO-4)		
(If vented, Su	bmit ACO-18.)	Other (Specify)	(Odbillit)	, (Gubi			



TICKET NUMBER LOCATION Oakles FOREMAN Kelly Eqbe

> TOTAL DATE 7-7

	or 800-467-867		LD HOKE	CEMEN	IT	OKI		
DATE	CUSTOMER#	WEL	L NAME & NUMI		SECTION	TOWNSHIP	RANGE	COUNTY
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acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



TICKET NUMBER_	28151
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DATE	or 800-467-8676		CEME	NT			ĽS
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I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

KIM B. SHOEMAKER

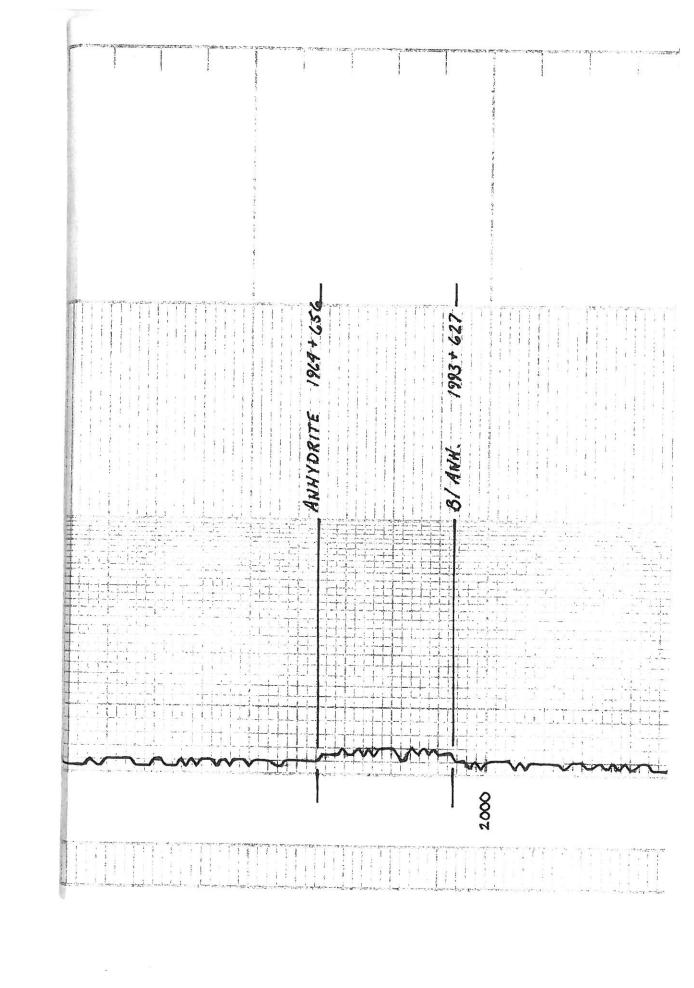
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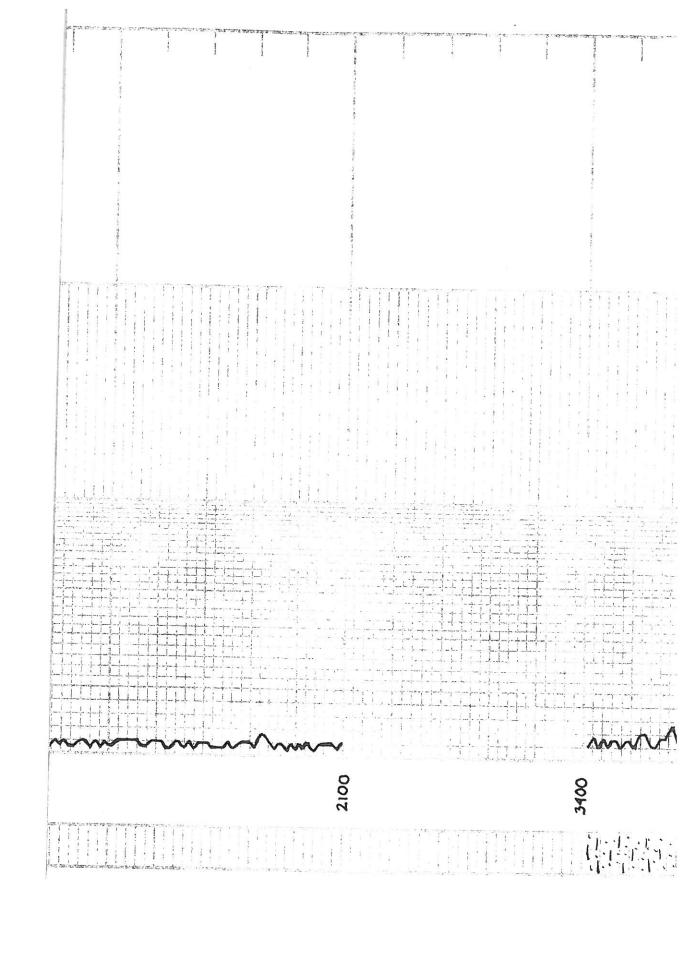
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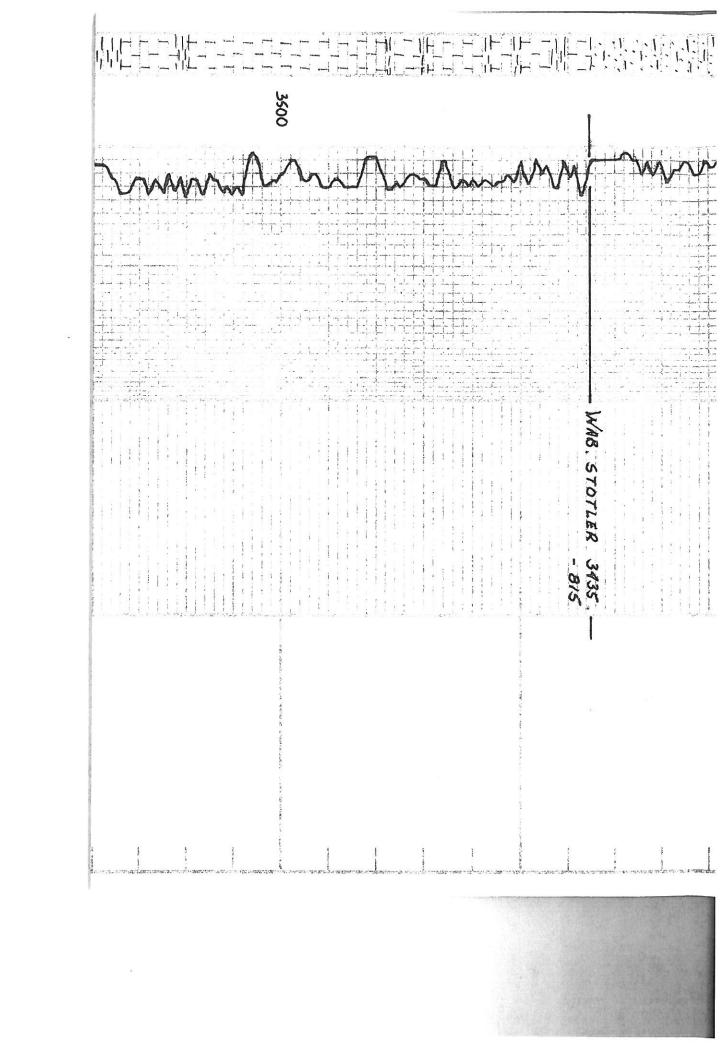
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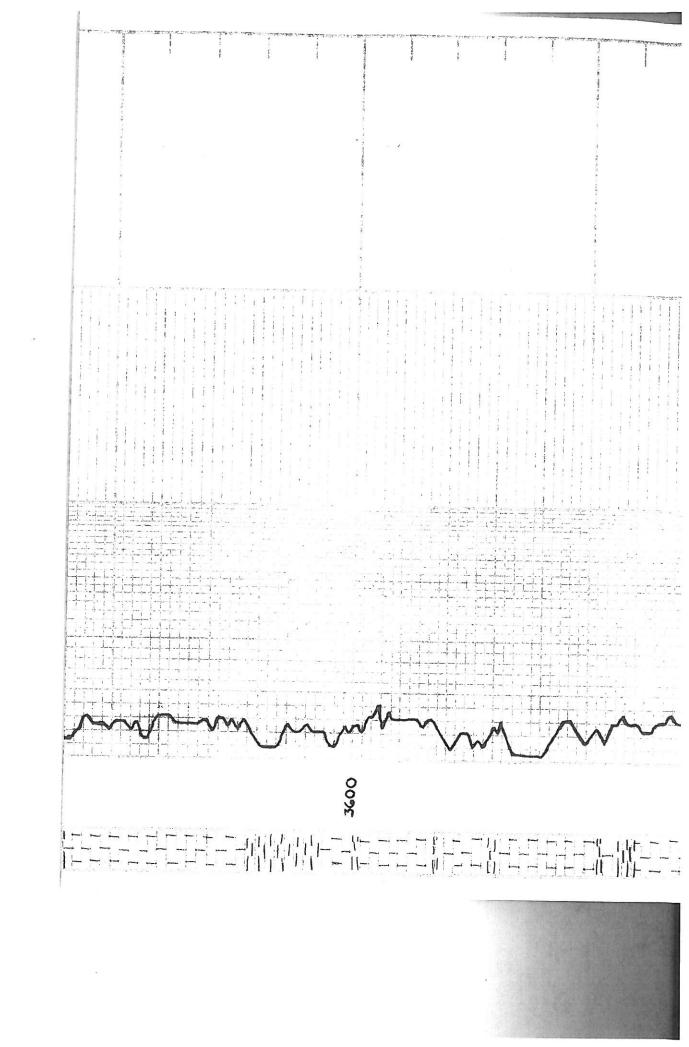
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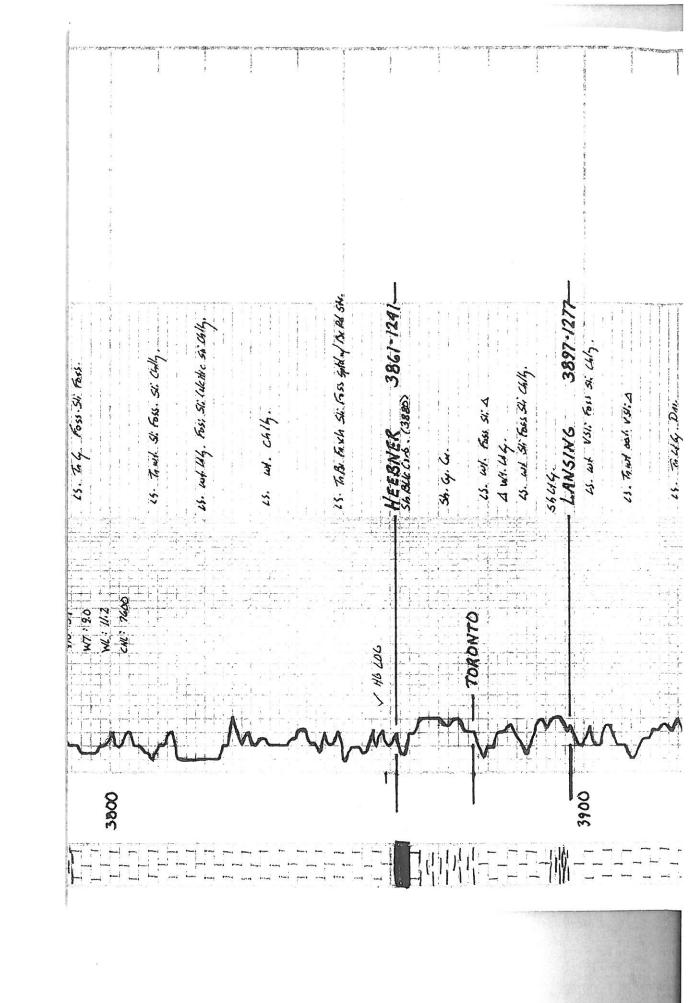


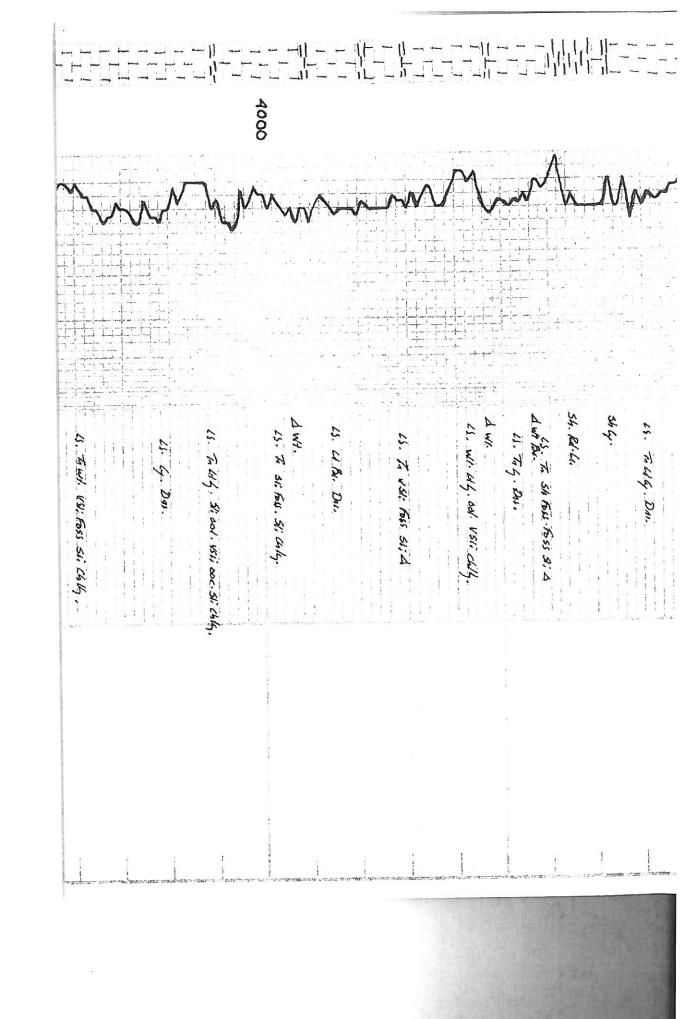


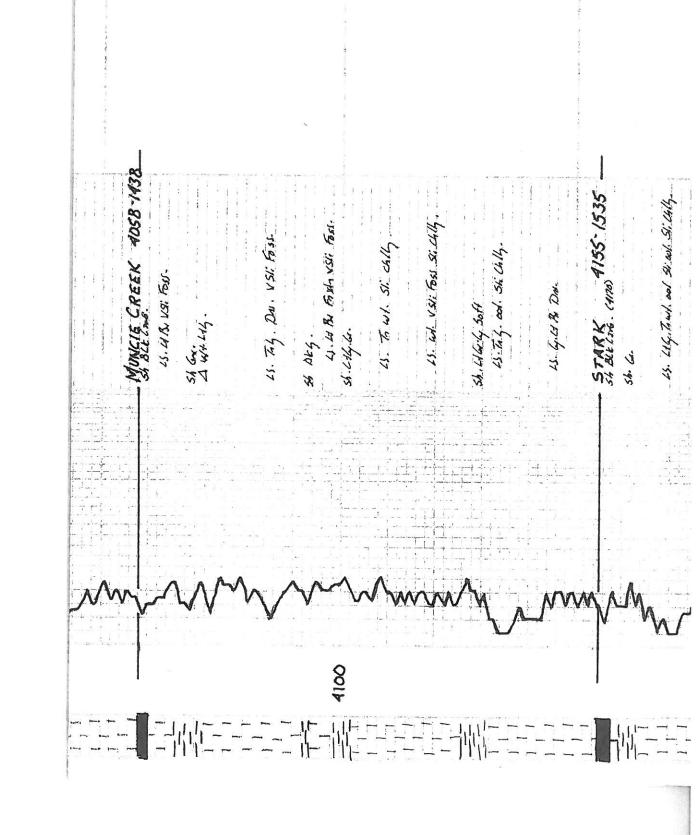


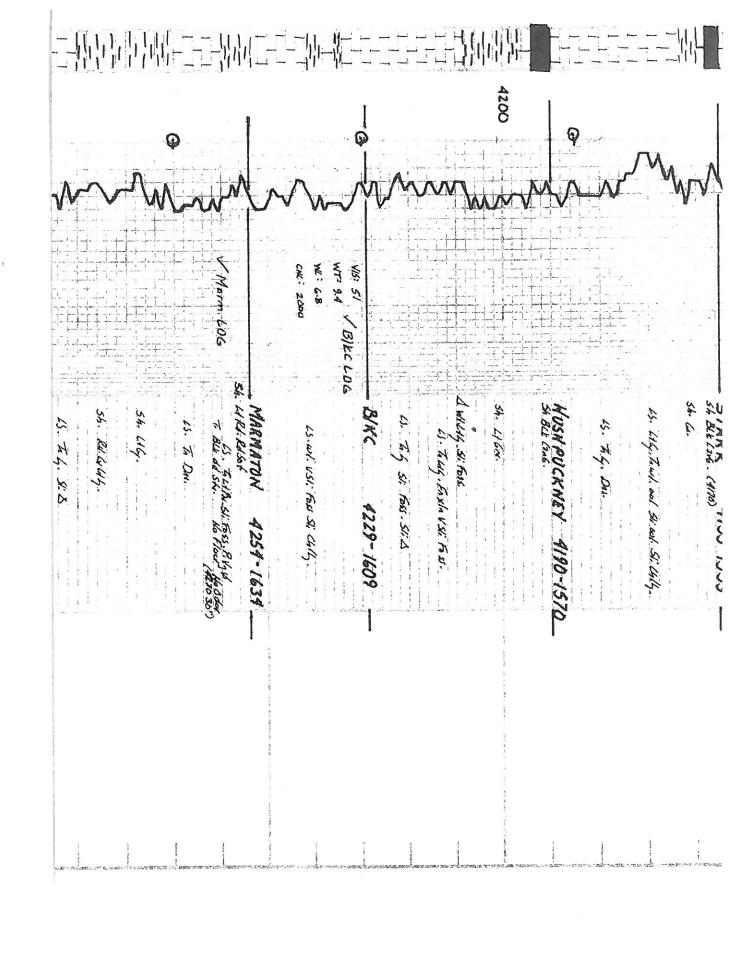


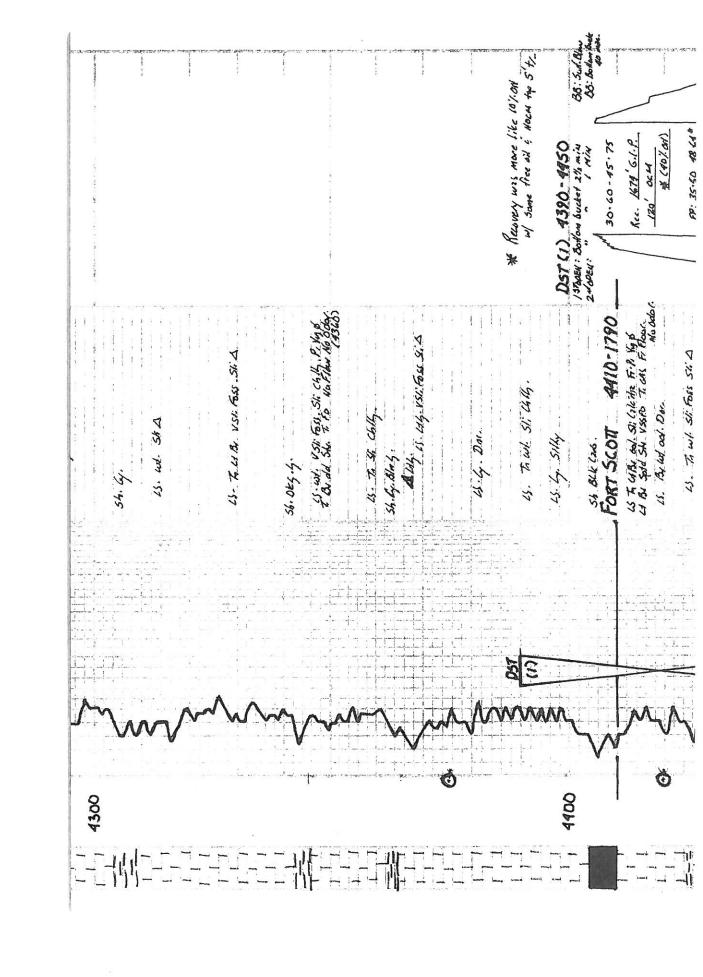
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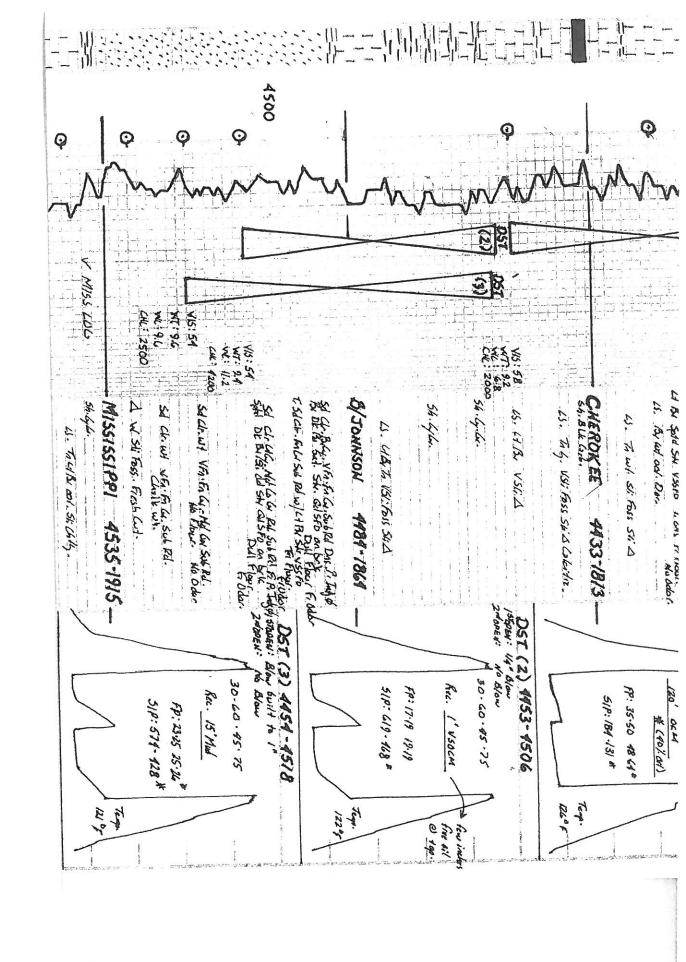












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RTD 4650-2030

ES. 2662 FM 9 99 FAL 28 185 27w RAYMOND OIL CO., INC. * 1 RIEBEL TRUST UNIT

THE THE THE STREET

CAPTURE DESCRIPTIONS

TO ELEMENT THE LET

2620 KB

COURT LANE

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner

November 08, 2011

Clarke Sandberg Raymond Oil Company, Inc. PO BOX 48788 WICHITA, KS 67202-1822

Re: ACO1 API 15-101-22298-00-00 Riebel Trust Unit 1 SE/4 Sec.28-18S-27W Lane County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, Clarke Sandberg



Raymond Oli Company Inc.

#1 Riebel Trust Unit

P.O. Box 48788

Wichita KS, 67202 - 1822

28-18s-27w

Job Ticket: 43242

DST#: 1

ATTN: Kim Shoemaker Test Start: 2011.08.08 @ 18:55:00

GENERAL INFORMATION:

Formation: Fort Scott

Deviated: Whipstock: Test Type: Conventional Bottom Hole No ft (KB)

Time Tool Opened: 20:46:15 Time Test Ended: 03:08:15

Interval:

4390.00 ft (KB) To 4450.00 ft (KB) (TVD)

Total Depth: 4450.00 ft (KB) (TVD)

7.88 inches Hole Condition: Fair Hole Diameter:

Tester: Jace McKinney

Unit No: 28

Reference Elevations:

2620.00 ft (KB)

2612.00 ft (CF)

KB to GR/CF: 8.00 ft

Serial #: 8675 Inside

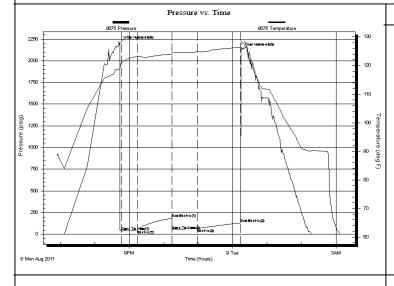
Press@RunDepth: 4391.00 ft (KB) 64.27 psig @ Capacity: 8000.00 psig

Start Date: 2011.08.08 End Date: 2011.08.09 Last Calib.: 2011.08.09 Start Time: 18:55:01 End Time: 2011.08.08 @ 20:43:45 03:08:15 Time On Btm: Time Off Btm: 2011.08.09 @ 00:14:15

TEST COMMENT: B.O.B. in 2 1/2 min.

Weak surface return blow died in 20 min.

B.O.B. in 1 min. B.O.B. in 40 min.



PRESSURE SUMMARY

Time	Pressure	Temp	Annotation
(Min.)	(psig)	(deg F)	
0	2200.02	118.95	Initial Hydro-static
3	34.94	120.84	Open To Flow (1)
31	50.16	123.20	Shut-In(1)
91	184.43	123.89	End Shut-In(1)
91	47.96	124.04	Open To Flow (2)
136	64.27	124.76	Shut-In(2)
210	131.29	126.40	End Shut-In(2)
211	2121.41	127.80	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	1674 Gas in pipe	0.00
120.00	ocm 40%O 60%M	1.68
-		

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
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Trilobite Testing, Inc. Ref. No: 43242 Printed: 2011.08.09 @ 08:15:46 Page 1



FLUID SUMMARY

Raymond Oli Company Inc.

#1 Riebel Trust Unit

P.O. Box 48788

Wichita KS, 67202 - 1822

28-18s-27w

Job Ticket: 43242

Serial #:

DST#: 1

ATTN: Kim Shoemaker

Test Start: 2011.08.08 @ 18:55:00

Mud and Cushion Information

Mud Type:Gel ChemCushion Type:Oil A Pl:deg A PlMud Weight:9.00 lb/galCushion Length:ftWater Salinity:ppm

Viscosity: 58.00 sec/qt Cushion Volume: bbl

Water Loss: 6.80 in³ Gas Cushion Type:

Resistivity: 0.00 ohm.m Gas Cushion Pressure: psig

Salinity: 2000.00 ppm Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	1674 Gas in pipe	0.000
120.00	ocm 40%O 60%M	1.683

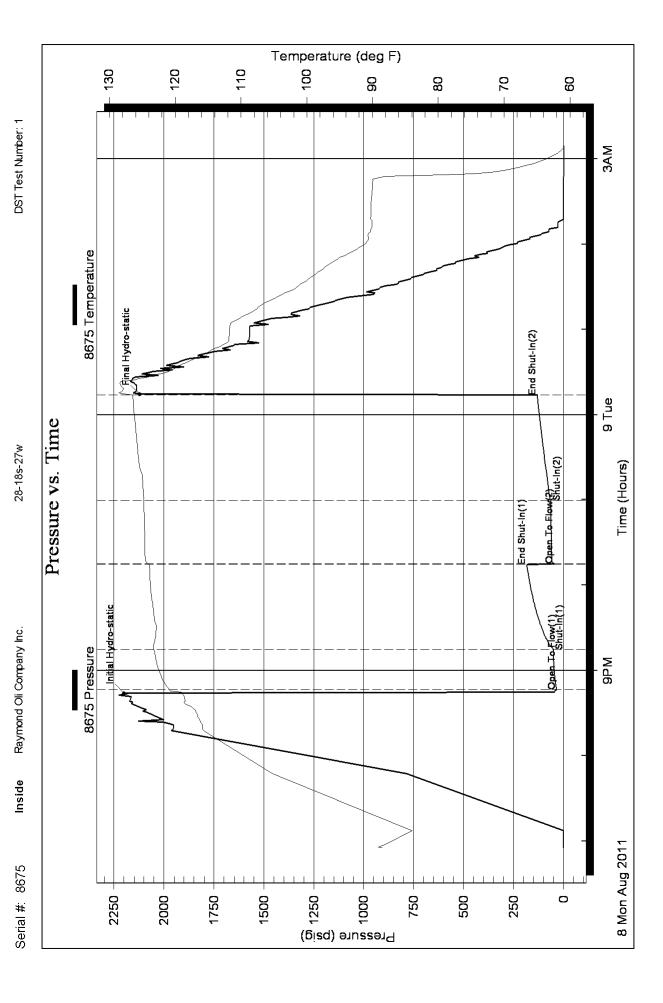
Total Length: 120.00 ft Total Volume: 1.683 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0

Laboratory Name: Laboratory Location:

Recovery Comments:

Trilobite Testing, Inc Ref. No: 43242 Printed: 2011.08.09 @ 08:15:47 Page 2



Trilobite Testing, Inc

Page 3

Printed: 2011.08.09 @ 08:15:47



Raymond Oli Company Inc.

#1 Riebel Trust Unit

P.O. Box 48788

Wichita KS, 67202 - 1822

Job Ticket: 43243

28-18s-27w

DST#: 2

ATTN: Kim Shoemaker

Test Start: 2011.08.09 @ 13:40:00

GENERAL INFORMATION:

Formation: Penn. Sand

Deviated: Whipstock: Test Type: Conventional Bottom Hole No ft (KB)

Time Tool Opened: 15:31:00 Time Test Ended: 21:04:45

28

Jace McKinney

Unit No:

Tester:

2620.00 ft (KB)

4453.00 ft (KB) To 4506.00 ft (KB) (TVD) 4506.00 ft (KB) (TVD)

Reference Elevations:

2612.00 ft (CF)

Total Depth: Hole Diameter:

7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

Serial #: 8675 Press@RunDepth: Inside

19.05 psig @

4454.00 ft (KB)

Capacity:

8000.00 psig

Start Date:

Interval:

2011.08.09

End Date: 2011.08.09 Last Calib.: Time On Btm: 2011.08.09

Start Time:

13:40:01

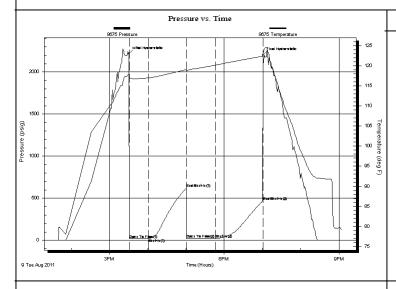
End Time: 21:04:45

Time Off Btm:

2011.08.09 @ 15:30:30 2011.08.09 @ 19:00:45

TEST COMMENT: Built to weak surface blow

No return blow No blow No return blow



PRESSURE SUMMARY

Time	Pressure	Temp	Annotation
(Min.)	(psig)	(deg F)	
0	2218.45	117.70	Initial Hydro-static
1	17.28	116.96	Open To Flow (1)
31	18.75	116.99	Shut-In(1)
91	619.20	119.04	End Shut-In(1)
91	18.83	118.69	Open To Flow (2)
136	19.05	120.18	Shut-In(2)
210	468.32	122.39	End Shut-In(2)
211	2202.33	123.16	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1.00	o scum m 100% M	0.01

Gas Rates

Choke (inches) Pressure (psig) Gas Rate (Mcf/d)

Trilobite Testing, Inc. Ref. No: 43243 Printed: 2011.08.10 @ 08:21:54 Page 1



FLUID SUMMARY

Raymond Oli Company Inc. #1 Riebel Trust Unit

P.O. Box 48788

Wichita KS, 67202 - 1822

28-18s-27w

Job Ticket: 43243

Serial #:

DST#: 2

ATTN: Kim Shoemaker

Test Start: 2011.08.09 @ 13:40:00

Mud and Cushion Information

Mud Type:Gel ChemCushion Type:Oil A Pl:deg A PlMud Weight:9.00 lb/galCushion Length:ftWater Salinity:ppm

Viscosity: 54.00 sec/qt Cushion Volume: bbl

11.19 in³ Gas Cushion Type:

Resistivity: 0.00 ohm.m Gas Cushion Pressure: psig

Salinity: 4200.00 ppm Filter Cake: 1.00 inches

Recovery Information

Water Loss:

Recovery Table

Length ft	Description	Volume bbl
1.00	o scum m 100% M	0.014

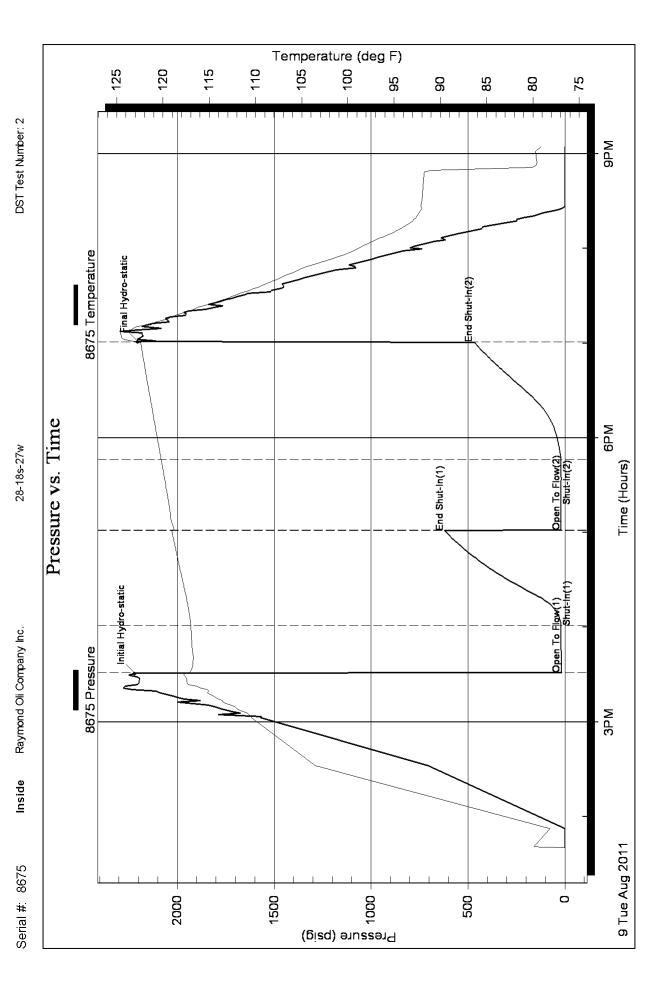
Total Length: 1.00 ft Total Volume: 0.014 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0

Laboratory Name: Laboratory Location:

Recovery Comments:

Trilobite Testing, Inc Ref. No: 43243 Printed: 2011.08.10 @ 08:21:55 Page 2



Ref. No: 43243

Trilobite Testing, Inc

Page 3

Printed: 2011.08.10 @ 08:21:55



Raymond Oli Company Inc.

#1 Riebel Trust Unit

P.O. Box 48788

Wichita KS, 67202 - 1822

ATTN: Kim Shoemaker

Job Ticket: 43244

28-18s-27w

DST#: 3

Test Start: 2011.08.10 @ 05:50:00

GENERAL INFORMATION:

Formation: Penn. Sand

Deviated: Whipstock: Test Type: Conventional Bottom Hole No ft (KB)

Time Tool Opened: 07:52:30 Time Test Ended: 13:10:45

Unit No:

Tester:

Jace McKinney

28

Reference Elevations:

2620.00 ft (KB)

2612.00 ft (CF)

7.88 inches Hole Condition: Fair

4454.00 ft (KB) To 4518.00 ft (KB) (TVD)

KB to GR/CF: 8.00 ft

Serial #: 8675 Press@RunDepth: Inside

25.74 psig @

4455.00 ft (KB)

2011.08.10

Capacity: Last Calib.: 8000.00 psig

Start Date: Start Time:

Interval:

Total Depth:

Hole Diameter:

2011.08.10 05:50:01

4518.00 ft (KB) (TVD)

End Date: End Time:

13:10:45

Time On Btm:

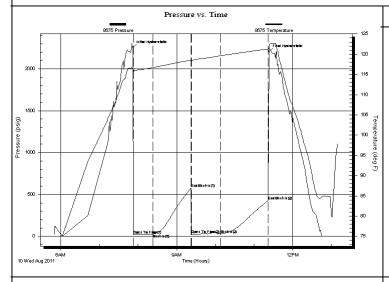
2011.08.10 2011.08.10 @ 07:52:15

Time Off Btm:

2011.08.10 @ 11:23:15

TEST COMMENT: Built to 1" blow

No Return blow No blow No return blow



PRESSURE SUMMARY

Time	Pressure	Temp	Annotation
(Min.)	(psig)	(deg F)	
0	2251.64	116.43	Initial Hydro-static
1	23.25	115.29	Open To Flow (1)
31	24.79	116.70	Shut-In(1)
90	574.24	118.55	End Shut-In(1)
91	24.60	118.32	Open To Flow (2)
136	25.74	119.61	Shut-In(2)
210	427.91	121.28	End Shut-In(2)
211	2203.74	121.62	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
15.00	100%M	0.21
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Gas Rates

Choke (inches) Pressure (psig) Gas Rate (Mcf/d)

Trilobite Testing, Inc. Ref. No: 43244 Printed: 2011.08.10 @ 14:21:33 Page 1



FLUID SUMMARY

ppm

DST#: 3

Raymond Oli Company Inc. #1 Riebel Trust Unit

P.O. Box 48788

28-18s-27w Wichita KS, 67202 - 1822 Job Ticket: 43244

ATTN: Kim Shoemaker Test Start: 2011.08.10 @ 05:50:00

Serial #:

Mud and Cushion Information

Mud Type: Gel Chem Cushion Type: Oil API: deg API Water Salinity:

Mud Weight: Cushion Length: 9.00 lb/gal ft Cushion Volume: bbl

Viscosity: 58.00 sec/qt Water Loss: 6.79 in³Gas Cushion Type:

Resistivity: 0.00 ohm.m Gas Cushion Pressure: psig

Salinity: 2000.00 ppm Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
15.00	100%M	0.210

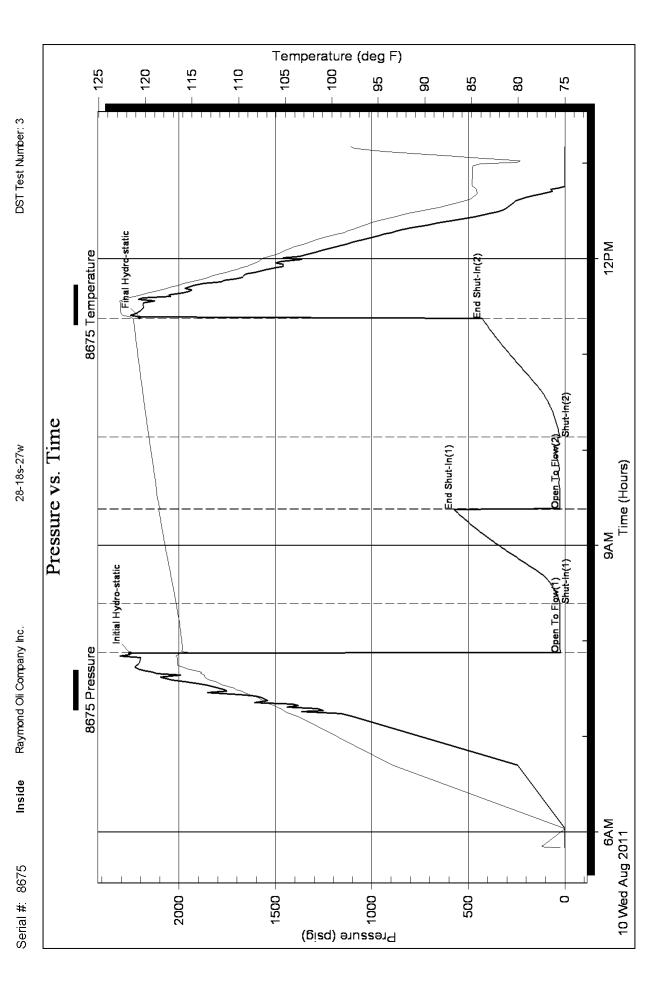
Total Length: 15.00 ft Total Volume: 0.210 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0

Laboratory Name: Laboratory Location:

Recovery Comments:

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