

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1065757

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:		Sec	TwpS. R 🗌 East 🗌 West
Address 2:		Fe	eet from North / South Line of Section
City: State: Zip:	+	Fe	eet from East / West Line of Section
Contact Person:		Footages Calculated from I	Nearest Outside Section Corner:
Phone: ()			
CONTRACTOR: License #			
Name:			Well #:
Wellsite Geologist:			vven #
-			
Purchaser:			
Designate Type of Completion:	-		Kelly Bushing:
New Well Re-Entry	Workover	Total Depth: Plu	ug Back Total Depth:
Oil WSW SWD	SIOW	Amount of Surface Pipe Se	et and Cemented at: Feet
Gas D&A ENHR	SIGW	Multiple Stage Cementing	Collar Used? 🗌 Yes 🗌 No
☐ OG ☐ GSW	Temp. Abd.	If yes, show depth set:	Feet
CM (Coal Bed Methane)		If Alternate II completion, c	ement circulated from:
Cathodic Other (Core, Expl., etc.):		feet depth to:	w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:			
Operator:		Drilling Fluid Managemer	at Blan
Well Name:		(Data must be collected from th	
Original Comp. Date: Original Tota	al Depth:	Oblarida contenti	ppm Fluid volume: bbls
Deepening Re-perf. Conv. to E	NHR Conv. to SWD		
Conv. to G	SW	Dewatering method used: _	
Plug Back: Plug I Plug	Back Total Depth	Location of fluid disposal if	hauled offsite:
Commingled Permit #:		Operator Name	
Dual Completion Permit #:			License #:
SWD Permit #:			
ENHR Permit #:			TwpS. R East West
GSW Permit #:		County:	Permit #:
	Completion Date or 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 Approved by: Date:

	Side Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes [No	Nar	-	on (Top), Depth and	d Datum Top	Sample Datum
Samples Sent to Geolog	gical Survey	Yes	No	INdi	lie		юр	Datum
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy)	Electronically	Yes	No No No					
List All E. Logs Run:								
			CASING R		lew Used			
		Report all st	rings set-co	nductor, surface, in	termediate, produc	tion, etc.		
Purpose of String	Size Hole Drilled	Size Casir Set (In O.I		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot		PERFORATION Specify For		RD - Bridge P Each Interval F		e			ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner F	Run:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	λ .	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF C	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION IN	TERVAL:
Vented Solo		Jsed on Lease		Open Hole	Perf.	Dually (Submit)	Comp. AC <i>O-5)</i>	Commingled (Submit ACO-4)		
(If vented, Su	bmit ACC)-18.)		Other (Specify)						

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/

Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner Sam Brownback, Governor

October 20, 2011

Ted McHenery Raymond Oil Company, Inc. PO BOX 48788 WICHITA, KS 67202-1822

Re: ACO1 API 15-109-21013-00-00 Knopp 1 NE/4 Sec.34-14S-33W Logan 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, Ted McHenery

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PO Box 884, Ch		20	KET & TREA		ORT	,	
620-431-9210 o	r 800-467-8676	5	CEMEN	Т			
DATE	CUSTOMER #	WELL NAME & N	IUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-28-11	7158	Knopp #1		34	145	3300	Logan
CUSTOMER				noteo David Of	nother bing ton a	Gn all over ce	and survey
	nonda	0:1	and a state of the	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	SS			399	Chad 5		
				5284T127	DamonM		
CITY		STATE ZIP CODE				Les house in a	March 199
C. Tully & F.			the state of the				- in the second
JOB TYPE PT	A	HOLE SIZE 778	HOLE DEPTH	41735	CASING SIZE & W	VEIGHT	
CASING DEPTH_		DRILL PIPE	TUBING	errorie of tailing		OTHER	
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DISPLACEMENT	-	DISPLACEMENT PSI			RATE		and the second second
	fezy M.	ecting. Rig up	onto	drilling	F. Pumpe	ed cemen	+ P1495
cleane	0 04+1	Lines. rigge	d down	and le	ft locatio	on,	0
		00					
2310- 2	25545			7.			
1175- 10	DOSKS	CONTRACTOR CONTRACTOR	Level Level 1				
320' - 40	2525						
110' - 11	TELE						

40 -	105	K5

RH- 305KS

		Thenks		
		Kelly & crew		
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES of PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE	125000	125000
5406	30 miles	MILEAGE	500	15000
1131	205 5K5	60/40 POZ	14135	2011/2
11188	41 TO 00	Bentonite	624	16800
1107	50#	Flo-seal Ton Milegge Delivery	266	133-
5407	9.02	Ton Milegge Delivery	158	427 55
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				and the second second
		Jess 1590	discount	5 . C.L.
		7.8%	SALES TAX	25222
Ravin 3737	11.11		ESTIMATED	1
	All in les		TOTAL DATE 6-28	-11
AUTHORIZTION	ma nom	TITLE	DATE Q ~8	1/

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.

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PO Box 884, Chanu	te, KS 667	20 FIELD TICKE	T & TREA	TMENT REP	ORT		
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DATE CU	STOMER #	WELL NAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-18-11		KAODD #1		34	145	334	Locan
CUSTOMER	0	010					and Annual
Kaymo	und C)il Co.		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				463	Josh 60	ddo	
			in the state of	439	Cory D.	quis	
CITY		STATE ZIP CODE		Mary and states of	1		
	No. 2 Carlos	AND REPORT OF A					
JOB TYPE Surfa	ace-O	HOLE SIZE 12/14	HOLE DEPTH	2641	CASING SIZE & W	EIGHT 8 5/8	3-23#
CASING DEPTH	261	DRILL PIPE				OTHER	
SLURRY WEIGHT	512	SLURRY VOL	WATER gal/s	k	CEMENT LEFT in	CASING 15	-20'
DISPLACEMENT	5.1/2	DISPLACEMENT PSI			RATE 5 B	pm	
REMARKS: SaF	ot, Me	etine, Ricupar	L-D	Drk			
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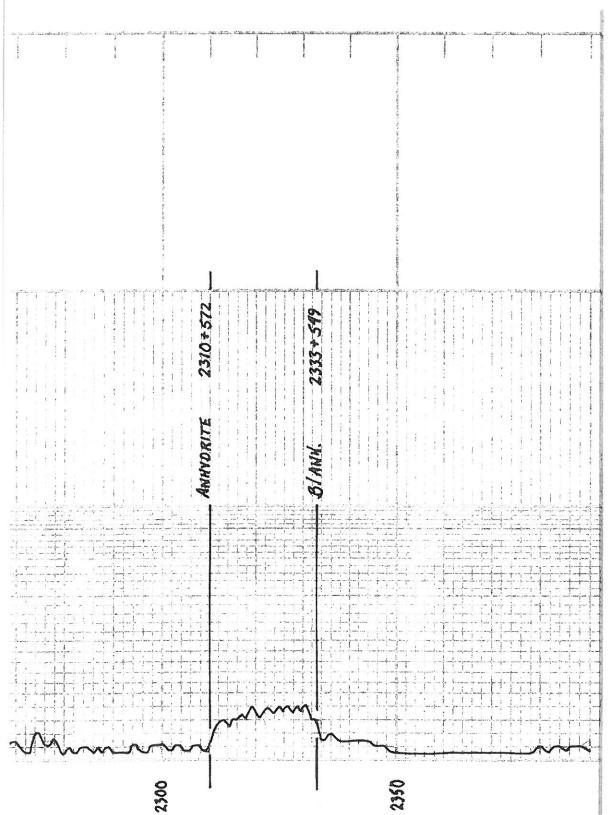
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ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015		PUMP CHARGE	1,02500	1,02500
5406	30 miles	MILEAGE	500	15000
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1102	495 ^{II}	Calcium Chlorido	184	415 80
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I 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.

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LANDING	3863-981	3863-981	
	4119-1237	4120-1238	
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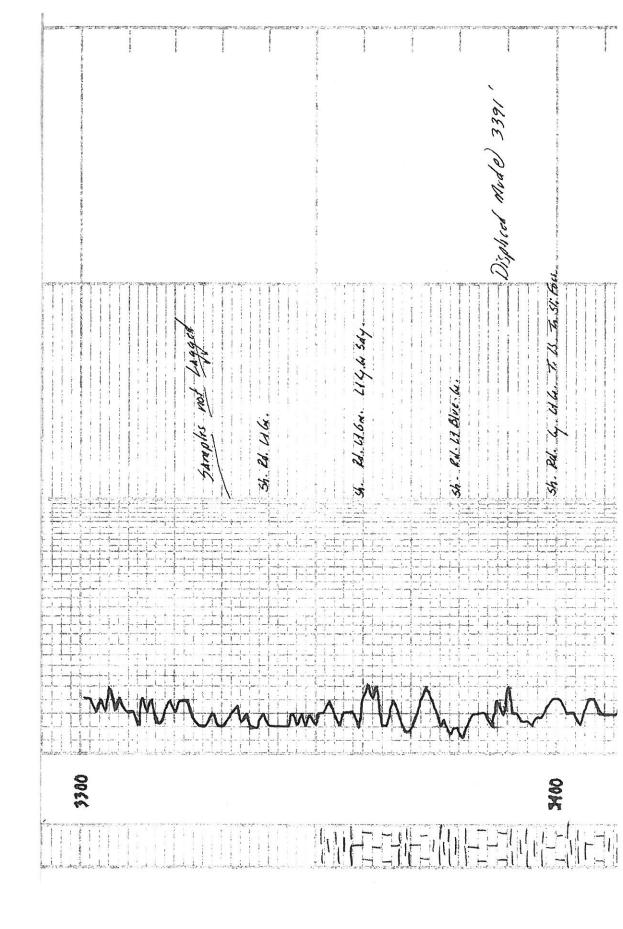
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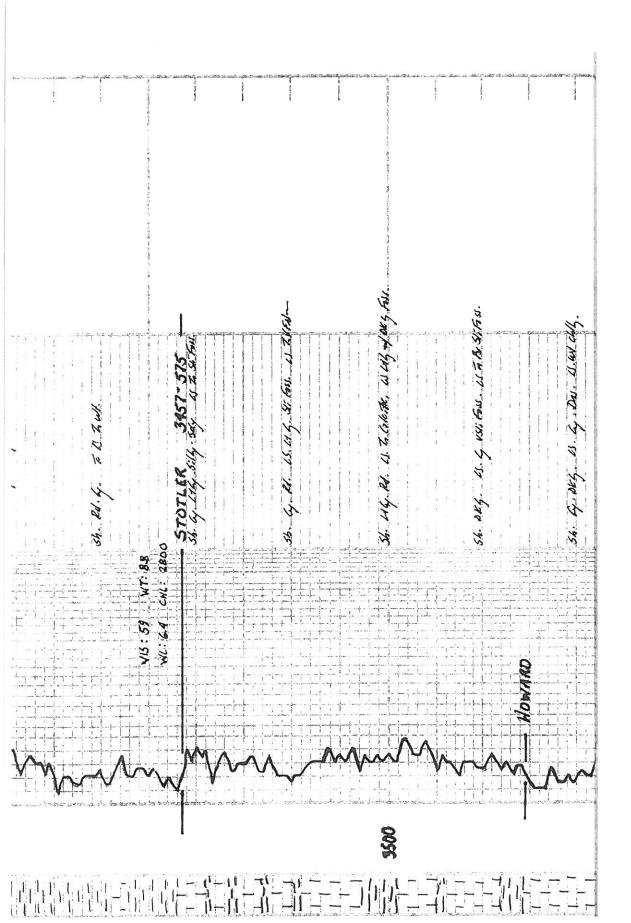
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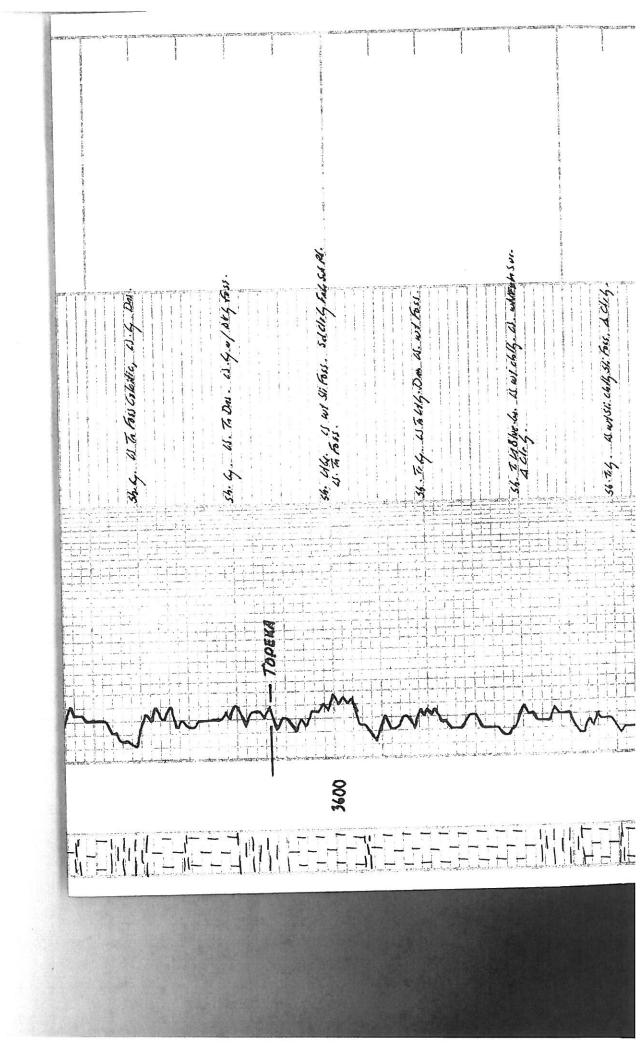
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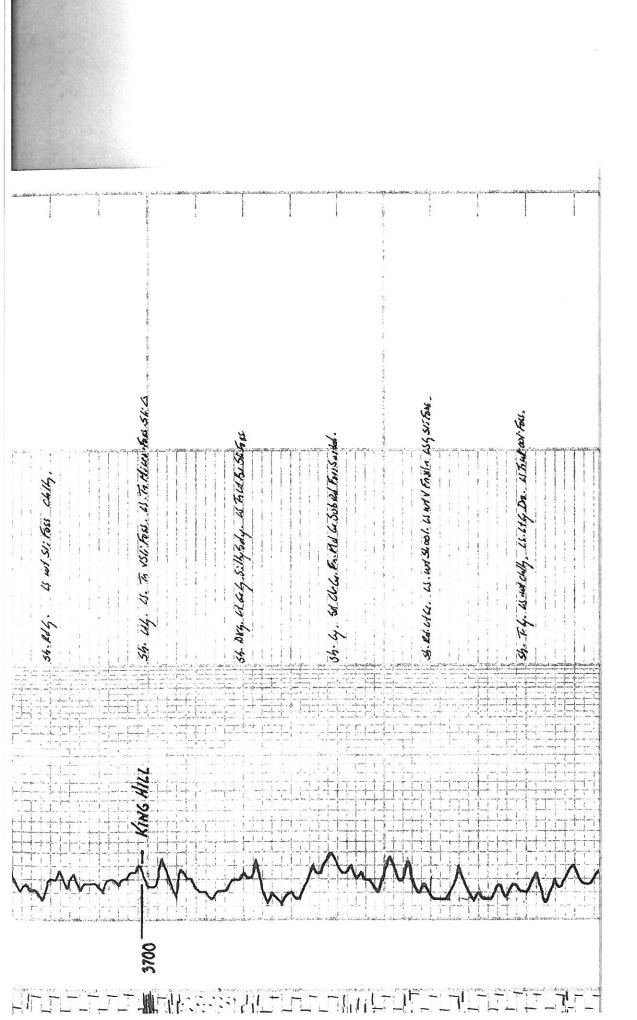
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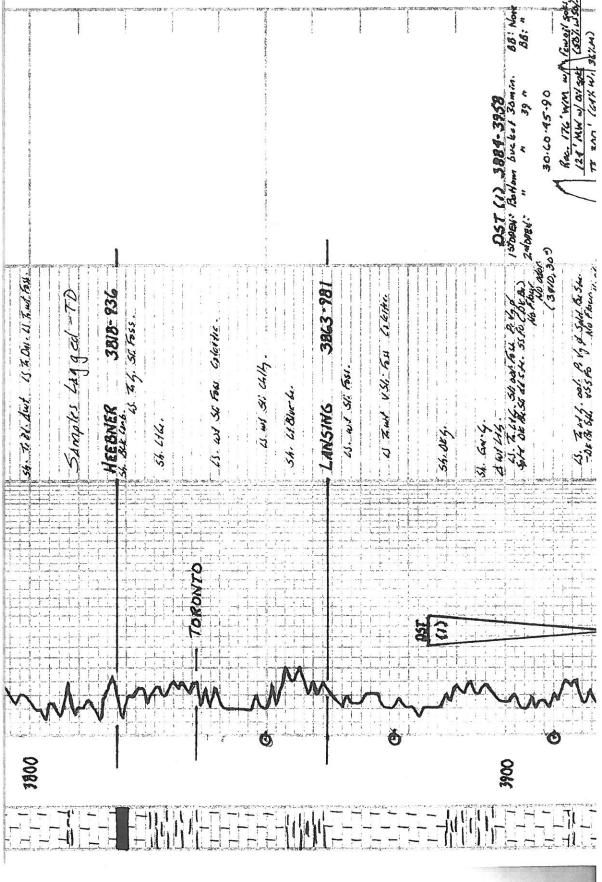
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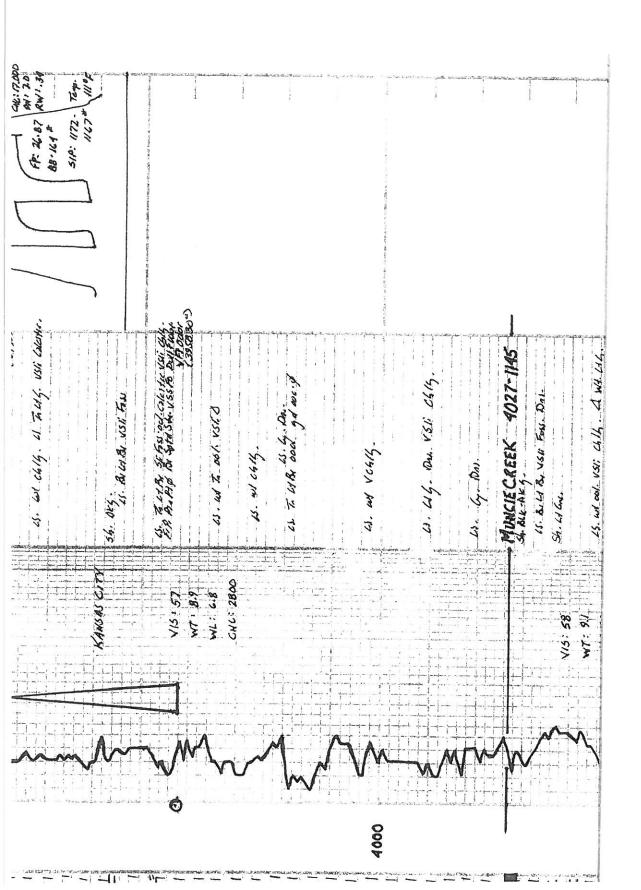


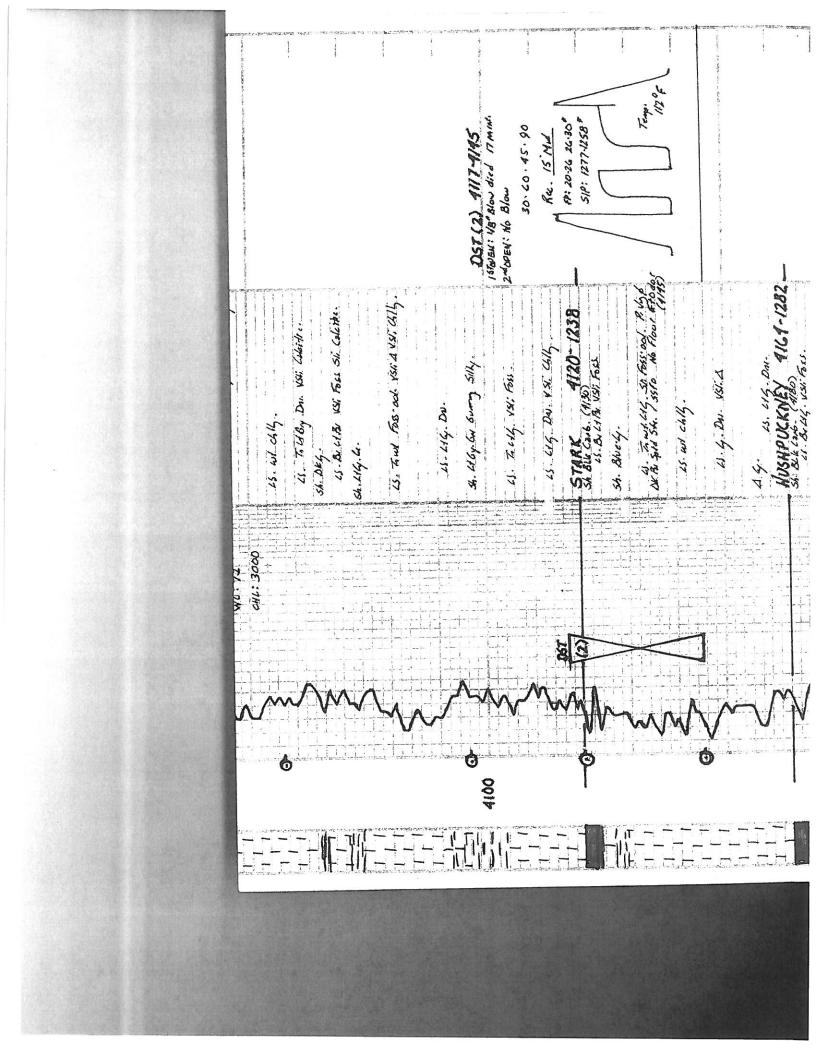


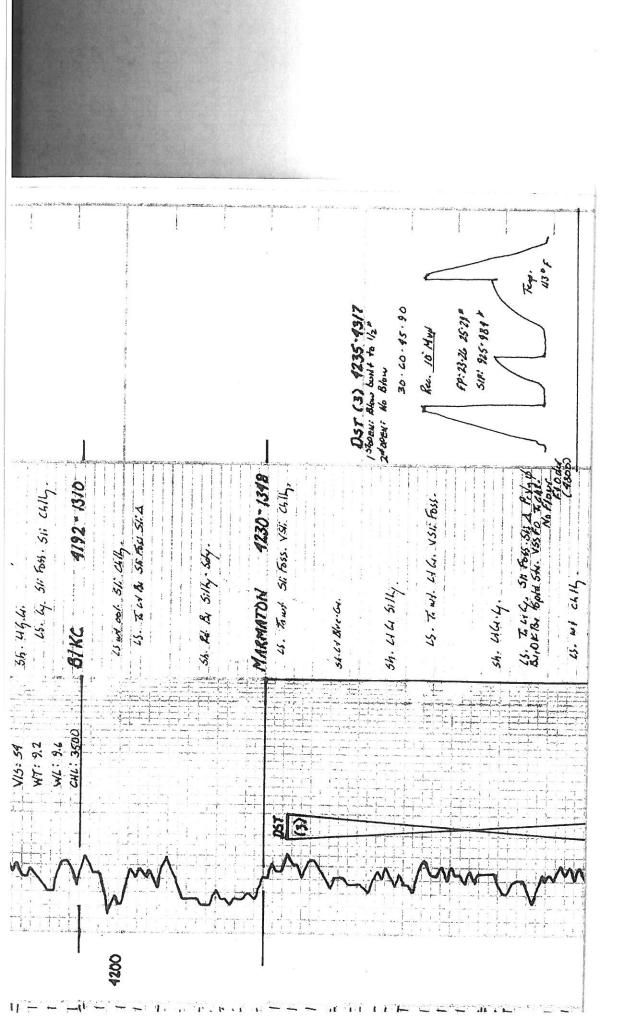


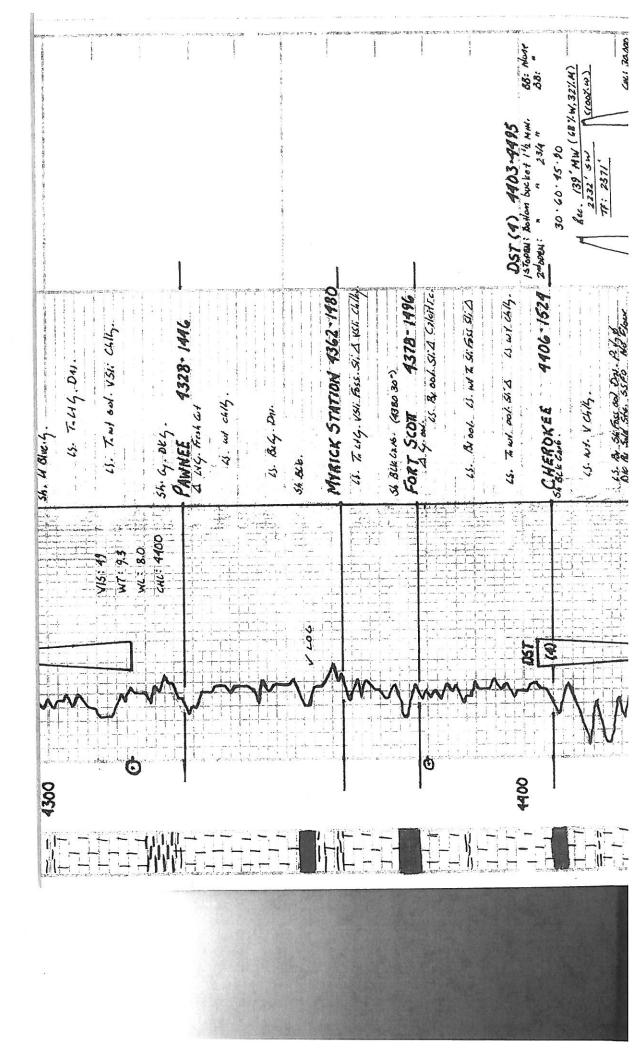


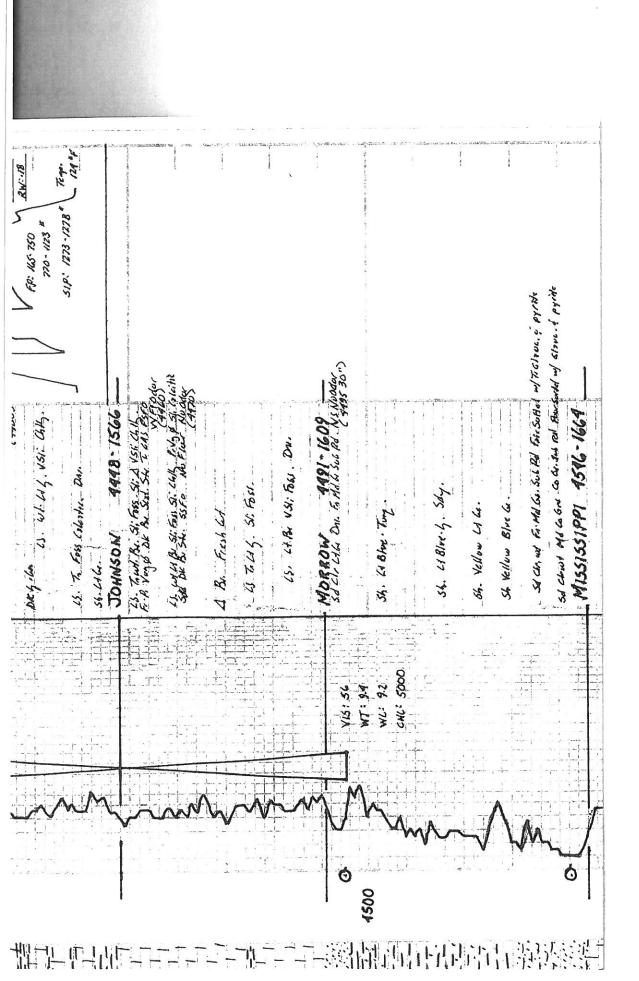


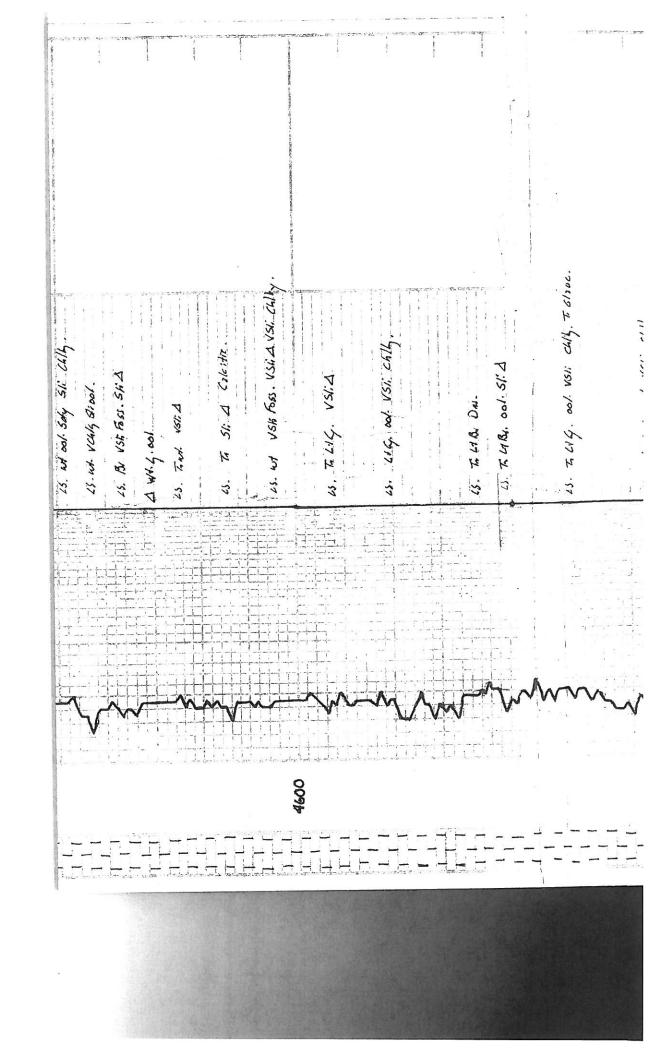












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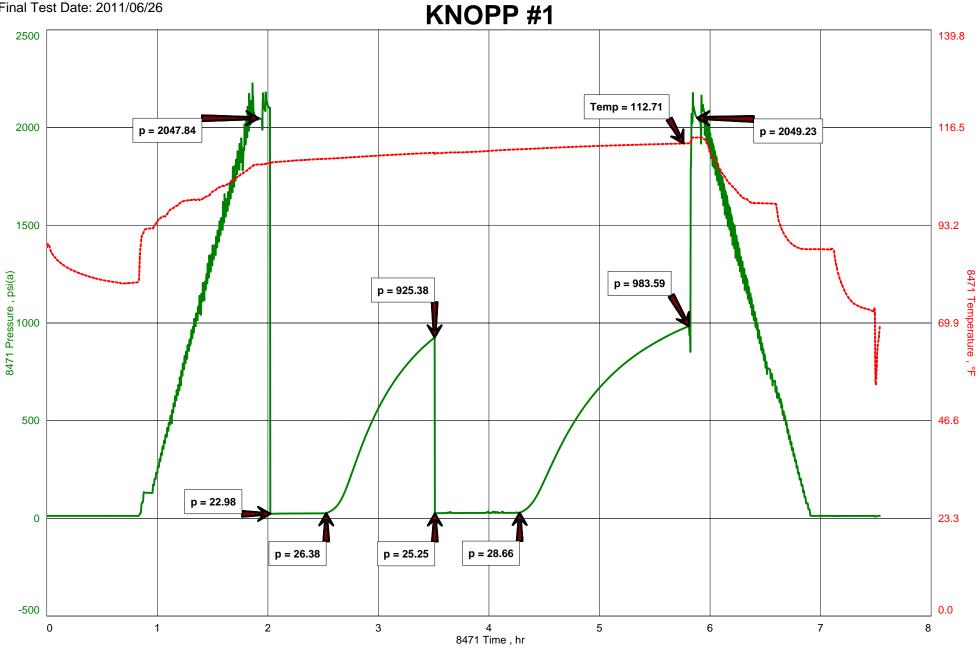


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KNOPP #1 Formation: DST #3 ALTAMONT 4,235' - 4,317' Pool: WILDCAT

RAYMOND OIL COMPANY, INC. DST #3 ALTAMONT 4,235' - 4,317' Start Test Date: 2011/06/25 Final Test Date: 2011/06/26



C:\Users\Roger_5\Desktop\Drill-Stem\KNOPP1DST3.fkt 26-Jun-11 Ver

Fast

DIAMOND TESTING

General Information Report

	General Information		
Company Name	RAYMOND OIL COMPANY, INC.	Representative	ROGER D. FRIEDLY
Contact	TED MCHENRY	Well Operator	RAYMOND OIL COMPANY, INC.
Well Name	KNOPP #1	Report Date	2011/06/26
Unique Well ID	DST #3 ALTAMONT 4,235' - 4,317'	Prepared By	ROGER D. FRIEDLY
Surrace Location Field Well Type Test Type Formation Well Fluid Type	SEC 34-14S-33W LOGAN COUNTY, KS WILDCAT Vertical CONVENTIONAL DRILL-STEM TEST DST #3 ALTAMONT 4,235' - 4,317' 01 Oil	Qualified By	KIM SHOEMAKER
Start Test Date	2011/06/25	Start Test Time	22:27:00
Final Test Date	2011/06/26	Final Test Time	05:59:00

Test Recovery:

RECOVERED: 10' DM 100% MUD

TOOL SAMPLE: 100% DM

	P.O. E HOISINGTON, (800) 5 DRILL-STEM	D TESTING Box 157 KANSAS 67544 542-7313 TEST TICKET				
Company		Lease & Well No				
Contractor						
Elevation Formation						
DateSecTwp						
Test Approved By						
Formation Test No Interval Tested f	from	ft to	ft To	tal Denth		ft
Packer Depth ft. Size6 3/		Packer depth				
Packer Depthft. Size6 3/	22	Packer depth				
Depth of Selective Zone Set						
Top Recorder Depth (Inside)	ft.	Recorder Number		Cap.		P.S.I.
Bottom Recorder Depth (Outside)		Recorder Number				
Below Straddle Recorder Depth		Recorder Number				
Mud Type Viscosity		Drill Collar Length				2 1/4 in.
Weight Water Loss						2 7/8 in
Chlorides	P.P.M.	Drill Pipe Length		The second se		3 1/2 in
Jars: Make STERLING Serial Number		Test Tool Length				3 1/2-IF in
Did Well Flow? Reversed Out		Anchor Length				1/2-FH in
Main Hole Size 7 7/8 Tool Joint Size	4 1/2in.	Surface Choke Size_				
Blow: 1st Open:						
2nd Open:						-
Recoveredft. of						
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Recoveredft. of						
Recoveredft. of						
Recoveredft. of				Price Jo	b	
Recoveredft. of				Other C	harges	
Remarks:				Insuranc	ce	
A.M.			A.M.	Total		
	ne Started Off Bo	ottom		aximum Te	mperature	
Initial Hydrostatic Pressure		(A)	P.S.I.			
Initial Flow Period Minutes_		(B)	P.S.I.	to (C)		P.S.I.
Initial Closed In Period Minutes_		(D)	P.S.I.			
Final Flow Period Minutes_		(E)	P.S.I. t	o (F)		P.S.I.
Final Closed In PeriodMinutes_		(G)	P.S.I.			
Final Hydrostatic Pressure		(H)	P.S.I.			

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Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

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/

Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner Sam Brownback, Governor

October 20, 2011

Ted McHenery Raymond Oil Company, Inc. PO BOX 48788 WICHITA, KS 67202-1822

Re: ACO-1 API 15-109-21013-00-00 Knopp 1 NE/4 Sec.34-14S-33W Logan County, Kansas

Dear Ted McHenery:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 6/18/2011 and the ACO-1 was received on October 20, 2011 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department