



KANSAS CORPORATION COMMISSION 1097737
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: _____



1097737

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
<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 <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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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DATE <i>3/25/11</i>	SEC. <i>9</i>	RANGE/TWP. <i>17-28</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Waldman</i>			WELL # <i>1-9</i>			
			COUNTY <i>Wade</i> STATE <i>KS</i>			

CONTRACTOR <i>NW 12</i>	OWNER <i>R+L</i>			
TYPE OF JOB				
HOLE SIZE <i>12 1/4</i>	T.D. <i>236</i>	CEMENT	<i>165</i>	
CASING SIZE <i>8 3/4</i>	DEPTH <i>Sec 236</i>	AMOUNT ORDERED		
TUBING SIZE	DEPTH			
DRILL PIPE	DEPTH			
TOOL	DEPTH			
PRES. MAX	MINIMUM	COMMON	<i>165</i>	@ <i>15²²</i>
DISPLACEMENT <i>1466l</i>	SHOE JOINT	POZMIX		@
CEMENT LEFT IN CSG.		GEL	<i>3</i>	@ <i>26</i>
PERFS		CHLORIDE	<i>5</i>	@ <i>52</i>
		ASC		@
EQUIPMENT				@
				@
PUMP TRUCK				@
#				@
BULK TRUCK				@
#				@
BULK TRUCK				@
#				@
				@
		HANDLNG		@
		MILEAGE		@
				TOTAL

REMARKS	SERVICE <i>Surf</i>		
<i>Plug Down @ 1:15 PM</i>	DEPT OF JOB	@	
<i>Sandy</i>	PUMP TRUCK CHARGE	@	<i>950-</i>
	EXTRA FOOTAGE	@	
	MILEAGE <i>28+6²²</i>	@	
<i>Cir Cement to Cellar</i>	MANIFOLD	@	
	<i>Light Vehicle 28+2²²</i>	@	
		TOTAL	

CHARGE TO: <i>R+L</i>	
STREET	STATE
CITY	ZIP

To: Schippers Oil Field Service LLC
 You are hereby requested to rent cementing equipment and furnish staff to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read &

PLUG & FLOAT EQUIPMENT	
	@
	@
	@
	@
	@

REMIT TO
RR 1 BOX 90 D
HOXIE KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

561

DATE 4/3/12 SEC. 9	RANGE/TWP. 12-28	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE Waldman			WELL # 1-9		
			COUNTY Love	STATE KS	

CONTRACTOR W W 17	OWNER RL				
TYPE OF JOB					
HOLE SIZE 7 7/8	T.D. 4555	CEMENT			
CASING SIZE	DEPTH	AMOUNT ORDERED	205		
TUBING SIZE	DEPTH				
DRILL PIPE 4 1/2	DEPTH				
TOOL	DEPTH				
PRES. MAX	MINIMUM	COMMON	123	@ 15 ⁰⁰	1906 ⁰⁰
DISPLACEMENT	SHOE JOINT	POZMIX	82	@ 8 ⁰⁰	697 ⁰⁰
CEMENT LEFT IN CSG.		GEL	.8	@ 26	182 ⁰⁰
PERFS		CHLORIDE		@	
		ASC		@	
EQUIPMENT				@	
PUMP TRUCK #		Fl-seal	512	@ 2 ³⁰	11531
BULK TRUCK #				@	
BULK TRUCK #				@	
				@	
		HANDLNG	212	@ 2 ⁰⁰	
		MILEAGE	27	@	
				TOTAL	

REMARKS	SERVICE Rotary Plc	
1st 2250' 25'	DEPT OF JOB	@
2nd 1310 100'	PUMP TRUCK CHARGE	@ 1350 ⁰⁰
3rd 285 40'	EXTRA FOOTAGE	@
4th 40' Top off	MILEAGE	@ 27
Rot Hole 30'	MANIFOLD	@
		@
		@
		TOTAL

CHARGE TO: R + L	
STREET	STATE
CITY	ZIP

PLUG & FLOAT EQUIPMENT	
8 3/8 Plug	@ 79 ⁰⁰
	@
	@

To: Schippers Oil Field Service LLC
You are hereby requested to rent cementing equipment and furnish staff to assist owner or contractor to do work as is listed. The above work was done to satisfaction and

DRILL-STEM TEST TICKET

FILE: WLDMMN1-9DST1

Company R.L. Investment LLC Lease & Well No. Waldman #1-9
Contractor WWRig12 Charge to R.L. Investment LLC
Elevation 2720 KG Formation 4Kc "H" Effective Pay _____ Ft. Ticket No. M298
Date 3/29/12 Sec. 9 Twp. 12 S Range 28 W County Gove State KANSAS
Test Approved By Tommy Farned Diamond Representative MIKE COCHRAN

Formation Test No. 1 Interval Tested from 4019 ft. to 4019 ft. Total Depth 4019 ft.
Packer Depth 4014 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4019 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4006 ft. Recorder Number 30037 Cap. 6,000 P.S.I.
Bottom Recorder Depth (Outside) 4045 ft. Recorder Number 13386 Cap. 3,875 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 46 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.1 Water Loss 8.0 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 2,400 P.P.M. Drill Pipe Length 3992 ft. I.D. 3 1/2 in.
Bars: Make STERLING Serial Number 56474 Test Tool Length 27 ft. Tool Size 3 1/2-IF in.
Bid Well Flow? No Reversed Out No Anchor Length 29 ft. Size 4 1/2-FH in.
Casing Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Flow: 1st Open: 62SR, Inc To 7 1/4" (No RR)
2nd Open: WRR 4Kc SR After 2 min, Inc To 7 1/4" (No RR)

Recovered 1 ft. of CO 100% oil
Recovered 194 ft. of MW 95% WTR, 5% MUD
Recovered 195 ft. of Total Fluid
Recovered _____ ft. of _____

Recovered _____ ft. of <u>chlor: 47,000ppm</u>	Price Job
Recovered _____ ft. of <u>ph: 7.0</u>	Other Charges <u>56474</u>
Remarks: <u>RH: .38 @ 500</u>	Insurance
<u>Total Sample: 100% WTR w/A few specks of oil</u>	<u>1 Packer</u>
	Total

Time Set Packer(s) 3:00 A.M. / P.M. Time Started Off Bottom 2:00 A.M. / P.M. Maximum Temperature 123

Initial Hydrostatic Pressure..... (A) 1946 P.S.I.
Initial Flow Period..... Minutes 30 (B) 7 P.S.I. to (C) 46 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 1185 P.S.I.
Normal Flow Period..... Minutes 45 (E) 49 P.S.I. to (F) 94 P.S.I.
Normal Closed In Period..... Minutes 20 (G) 1137 P.S.I.
Normal Hydrostatic Pressure..... (H) 1942 P.S.I.

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.

DRILL-STEM TEST TICKET

FILE: W2LDMN1905T2

Company R.I. Investment LLC Lease & Well No. Goldman #1-9
Contractor 616112 Charge to R.I. Investment LLC
Elevation 2720 KB Formation 6/KC "I+J" Effective Pay _____ Ft. Ticket No. M299
Date 3/30/12 Sec. 9 Twp. 12 S Range 28 W County Gove State KANSAS
Test Approved By Danny Funn Diamond Representative MIKE COCHRAN

Formation Test No. 2 Interval Tested from 4068 ft. to 4100 ft. Total Depth 4100 ft.
Packer Depth 4063 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4068 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4055 ~~4058~~ ft. Recorder Number 30037 Cap. 6,000 P.S.I.
Bottom Recorder Depth (Outside) 4097 ft. Recorder Number 13386 Cap. 3,875 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Cham Viscosity 54 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 8.0 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 2,400 P.P.M. Drill Pipe Length 4041 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 5164 JT Test Tool Length 27 ft. Tool Size 3 1/2-IF in.
Did Well Flow? No Reversed Out No Anchor Length 32 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 FH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: A Few Bubbles on Tool Open, Then Nothing (No RR)
2nd Open: No Blow, Flush Tool, A Small Surge of Bubbles Then No Blow (No RR)

Recovered 10 ft. of DM 100% Mud
Recovered 10 ft. of Total Fluid
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks: _____
Price Job see
Other Charges JT
Insurance only
Total _____

Tool Sample: DM w/ a few spots of oil
Time Set Packer(s) 11:00 ^{A.M.}/_{P.M.} Time Started Off Bottom 1:00 ^{A.M.}/_{P.M.} Maximum Temperature 114
Initial Hydrostatic Pressure..... (A) 1960 P.S.I.
Initial Flow Period..... Minutes 30 (B) 5 P.S.I. to (C) 7 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 179 P.S.I.
Final Flow Period..... Minutes 30 (E) 7 P.S.I. to (F) 13 P.S.I.
Final Closed In Period..... Minutes 30 (G) 35 P.S.I.
Final Hydrostatic Pressure..... (H) 1956 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property for 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.

DRILL-STEM TEST TICKET

FILE: WLDMAN-90574

Company R.L. Investments Lease & Well No. Waldman #1-29
 Contractor WVW12 Charge to RL Investments
 Elevation 2720 KB Formation 44 Scott Effective Pay _____ Ft. Ticket No. M301
 Date 4/11/12 Sec. 9 Twp. 12 S Range 28 W County Gove State KANSAS
 Test Approved By Tommy Freund Diamond Representative MIKE COCHRAN

Formation Test No. 4 Interval Tested from 4313 ft. to 4390 ft. Total Depth 4390 ft.
 Packer Depth 4308 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 4313 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4300 ft. Recorder Number 30037 Cap. 6,000 P.S.I.
 Bottom Recorder Depth (Outside) 4387 ft. Recorder Number 13386 Cap. 3,875 P.S.I.
 Slow Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type chem Viscosity 44 Drill Collar Length 0 ft. I.D. 2 1/4 in.
 Weight 9.4 Water Loss 80 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
 Chlorides 3,500 P.P.M. Drill Pipe Length 4286 ft. I.D. 3 1/2 in.
 Tools: Make STERLING Serial Number Sfty Joint Test Tool Length 27 ft. Tool Size 3 1/2-IF in.
 Well Flow? No Reversed Out No Anchor Length 77 ft. Size 4 1/2-FH in.
 Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

1st Open: VWSB, Inc. To A Weak 1/2" Intermittent Blow (NO RB)
 2nd Open: A few Bubbles on Tool open. Then No Blow (NO RB)

Covered 15 ft. of DM 100% Mud
 Covered 15 ft. of Total Fluid
 Covered _____ ft. of _____
 Covered _____ ft. of _____
 Covered _____ ft. of _____
 Covered _____ ft. of _____

Remarks: _____

Set Packer(s) 10:30 A.M. / P.M. Time Started Off Bottom 1:00 A.M. / P.M. Maximum Temperature 119

Hydrostatic Pressure (A) 2105 P.S.I.
 Flow Period (B) 30 Minutes (C) 7 P.S.I. to (D) 11 P.S.I.
 Closed In Period (E) 45 Minutes (F) 854 P.S.I.
 Flow Period (G) 30 Minutes (H) 12 P.S.I. to (I) 12 P.S.I.
 Closed In Period (J) 45 Minutes (K) 668 P.S.I.
 Hydrostatic Pressure (L) 2090 P.S.I.

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 16, 2012

Randall Pfeifer
RL Investment, LLC
217 SAINT PETER ST
MORLAND, KS 67650-5101

Re: ACO1
API 15-063-21982-00-00
WALDMAN 1-9
SE/4 Sec.09-12S-28W
Gove 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,
Randall Pfeifer

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 23, 2012

Randall Pfeifer
RL Investment, LLC
217 SAINT PETER ST
MORLAND, KS 67650-5101

Re: ACO-1
API 15-063-21982-00-00
WALDMAN 1-9
SE/4 Sec.09-12S-28W
Gove County, Kansas

Dear Randall Pfeifer:

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 03/26/2012 and the ACO-1 was received on October 16, 2012 (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