



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
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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: _____



1097744

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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DATE 3/1/11	SEC. 24	RANGE/TWP. 10-75	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE Hobbs			WELL # 1		COUNTY 14	STATE TX

CONTRACTOR	W W 12	OWNER	R+L		
TYPE OF JOB					
HOLE SIZE	12 1/4	T.D.	239	CEMENT	170
CASING SIZE	8 5/8	DEPTH	234	AMOUNT ORDERED	
TUBING SIZE		DEPTH			
DRILL PIPE	4 1/2	DEPTH			
TOOL		DEPTH			
PRES. MAX		MINIMUM		COMMON	170 @ 15 ⁰⁰ 2635
DISPLACEMENT	13.5	SHOE JOINT		POZMIX	@
CEMENT LEFT IN CSG.				GEL	3 @ 26 78
PERFS				CHLORIDE	5 @ 52 260
				ASC	@
EQUIPMENT					@
					@
PUMP TRUCK					@
#					@
BULK TRUCK					@
#					@
BULK TRUCK					@
#					@
					@
				HANDLING	178 @
				MILEAGE	36 @
					TOTAL

REMARKS	SERVICE	Surf	
Plug Down 2:00 PM Circ Cement to P.+ Light Valve 36	DEPT OF JOB		@
	PUMP TRUCK CHARGE		@ 950
	EXTRA FOOTAGE		@
	MILEAGE	36	@
	MANIFOLD		@
			@
			TOTAL

CHARGE TO:	R+L
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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT	
	@
	@
	@
	@
	@
	TOTAL
TAX	
TOTAL CHARGE	

BY:

Well Name & No. Hobbs #1 Test No. 3 Date 3-21-12
 Company RL Investments Elevation 2488 KB 2483 GL
 Address 217 St. Peterst, Morland KS, 67650
 Rep / Geo. Pat Deenihan Rig WW12
 Location: Sec. 24 Twp. 10 S Rge. 25 W Co. Graham State KS

Interval Tested 3974-4026 Zone Tested Lansing 'J, K'
 Total Length 52' Drill Pipe Run 3965 Mud Wt. 9
 Packer Depth 4019 Drill Collars Run — Vis 68
 Minimum Packer Depth 3974 Wt. Pipe Run — WL 8.0
 Depth 4026 Chlorides 1,000 ppm System LCM —
 Description ±F- B.O.B. in 3 Min.
ISI- No blow
FF- weak surface blow, died in 9 Min.
FSI- No blow back

Feet of	%gas	%oil	%water	%mud
<u>465</u> Feet of <u>Mud-oil scum</u>			<u>100</u>	
Feet of				
Feet of				
Feet of				
Feet of				

Total 465 BHT _____ Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm
 Initial Hydrostatic Test 1025' T-On Location 6:45 am
 First Initial Flow Jars 250' T-Started 7:18 am
 First Final Flow Safety Joint 75' T-Open 9:51 am
 Initial Shut-In Circ Sub _____ T-Pulled 12:36 pm
 Second Initial Flow Hourly Standby _____ T-Out 3:19 pm
 Second Final Flow Mileage 120 RT 168' x2 Comments Mileage x 2 to load tools
 Final Shut-In Sampler _____
 Final Hydrostatic Straddle _____
 Open 30 Shale Packer _____
 Shut-In 45 Extra Packer _____
 Flow 30 Extra Recorder _____
 Shut-In 60 Day Standby _____
 Sub Total 16.86 Accessibility _____
 Sub Total _____ MP/DST Disc't _____

Approved By _____ Our Representative Cody Blank
 Testing Inc. shall not be liable for damaged of any kind of 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 statements or opinion concerning the results 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.



Well Name & No. Hobbs #1 Test No. 2 Date 3-20-12
 Company RL Investment, LLC Elevation 2488 KB 2483 GL
 Address 217 St. Peterst, Morland KS, 67650
 Geol. Rep / Geo. Pat Deenihan Rig WW12
 Location: Sec. 24 Twp. 10S Rge. 25W Co. Graham State KS

Interval Tested 3858-3892 Zone Tested Lansing
 Total Length 34' Drill Pipe Run 3840 Mud Wt. 9.0
 Packer Depth 3853 Drill Collars Run — Vis 68
 From Packer Depth 3858 Wt. Pipe Run — WL 8.0
 Total Depth 3892 Chlorides 1,000 ppm System LCM —

Well Description IF - B.O.B. in 6 Min.
ISI - No blow back
FF - B.O.B. in 6 Min
FSI - No blow back

Feet of	%gas	%oil	%water	%mud
<u>155</u>			<u>20</u>	<u>80</u>
<u>620</u>			<u>90</u>	<u>10</u>
<u>62</u>			<u>5</u>	<u>95</u>
Feet of	%gas	%oil	%water	%mud

Total 837 BHT 118° Gravity — API RW .14 @ 60 ° F Chlorides 60,000 ppm

Initial Hydrostatic 1932 Test 1125 T-On Location 2:17 am
 First Initial Flow 31 Jars 250 T-Started 5:01 am
 First Final Flow 213 Safety Joint 75' T-Open 7:23 am
 Initial Shut-In 997 Circ Sub T-Pulled 10:08 am
 Second Initial Flow 226 Hourly Standby 1 1/2 hrs 150' T-Out 12:47 pm
 Second Final Flow 386 Mileage 60 x 2 168' Comments *over 9 hrs*
 Final Shut-In 1021 Sampler
 Final Hydrostatic 2025 Straddle
 Shale Packer
 Extra Packer
 Extra Recorder
 Day Standby
 Accessibility

Well Open 30 Ruined Shale Packer
 Well Shut-In 15 Ruined Packer
 Flow 30 Extra Copies
 Shut-In 90 Sub Total 0
 Total 17168
 MP/DST Disc't
 Sub Total 17168

Worked By _____ Our Representative Cody Bloedorn

Testing Inc. shall not be liable for damaged of any kind of 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 test, or its statements or opinion concerning the results 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.



4/10

BY: _____

Well Name & No. Hobbs #1 Test No. 1 Date 3-19-12
 Company RL Investment, LLC Elevation 2488 KB 2483 GL
 Address 217 Saint Peter St., Morland KS, 67650
 Co. Rep / Geo. Pat Deenihan Rig WW12
 Location: Sec. 24 Twp. 10S Rge. 25W Co. Graham State KS

Interval Tested 3756-3855 Zone Tested Tor-kans
 Anchor Length 99' Drill Pipe Run 3747 Mud Wt. 8.7
 Top Packer Depth 3751 Drill Collars Run — Vis 51
 Bottom Packer Depth 3756 Wt. Pipe Run — WL 8.0
 Total Depth 3855 Chlorides 600 ppm System LCM —

Blow Description IF - B.O.B. in 3 Min.
ISI - surface blow, died in 15 Min
FF - B.O.B. in 4 Min.
FSI - Surface blow, died in 20 Min.

Rec	Feet of	%gas	%oil	%water	%mud
<u>62</u>	<u>MW-oil scum</u>		<u>80</u>	<u>20</u>	
<u>310</u>	<u>MW-oil scum</u>		<u>90</u>	<u>10</u>	
<u>775</u>	<u>VSOCWM</u>	<u>5</u>	<u>25</u>	<u>70</u>	
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 1147 BHT 116° Gravity — API RW .14 @ 60° F Chlorides 60,000 ppm

(A) Initial Hydrostatic	<u>1962</u>
(B) First Initial Flow	<u>97</u>
(C) First Final Flow	<u>407</u>
(D) Initial Shut-In	<u>1064</u>
(E) Second Initial Flow	<u>405</u>
(F) Second Final Flow	<u>607</u>
(G) Final Shut-In	<u>1064</u>
(H) Final Hydrostatic	<u>1918</u>

- Test 1125'
- Jars 250'
- Safety Joint 75'
- Circ Sub
- Hourly Standby 174 hrs 125'
- Mileage 60x2 1168'
- Sampler
- Straddle
- Shale Packer
- Extra Packer
- Extra Recorder
- Day Standby
- Accessibility
- Sub Total 1743'

T-On Location 7:56 am
 T-Started 8:41 am
 T-Open 12:16 pm
 T-Pulled 3:01 pm
 T-Out 6:18 pm

Comments *Over 9 hrs*

- Ruined Shale Packer
- Ruined Packer
- Extra Copies
- Sub Total 0
- Total 1743'
- MP/DST Disc't

Initial Open 30
 Initial Shut-In 45
 Final Flow 30
 Final Shut-In 60

Approved By _____ Our Representative Cody Black

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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 15-065-23812-00-00
HOBBS 1
SE/4 Sec.24-10S-25W
Graham 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 15-065-23812-00-00
HOBBS 1
SE/4 Sec.24-10S-25W
Graham 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 03/15/2012 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