

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1122976

Form ACO-1 August 2013 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:			Feet from North / South Line of Section					
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section			
Contact Person:			Footages Calculated from I	Nearest Outside Section C	Corner:			
Phone: ()			□ NE □ NW	V □SE □SW				
CONTRACTOR: License #			GPS Location: Lat:	, Long: _				
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)			
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84				
Purchaser:			County:					
Designate Type of Completion:			Lease Name: Well #:					
	e-Entry	Workover	Field Name:					
	_		Producing Formation:					
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground: Kelly Bushing:					
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total C	Depth:			
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet			
☐ Cathodic ☐ Other (Co	ore, Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No			
If Workover/Re-entry: Old Well I			If yes, show depth set:		Feet			
Operator:			If Alternate II completion, c	cement circulated from:				
Well Name:			feet depth to:	w/	sx cmt.			
Original Comp. Date:								
Deepening Re-perf	•	NHR Conv. to SWD	Drilling Fluid Managemer	nt Plan				
☐ Plug Back	Conv. to G		(Data must be collected from the					
Commingled	Pormit #:		Chloride content:	ppm Fluid volume	e: bbls			
Dual Completion			Dewatering method used: _					
SWD			Location of fluid disposal if	hauled offsite				
☐ ENHR			1					
GSW	Permit #:		Operator Name:					
_ _			Lease Name:	License #:_				
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East _ West			
Recompletion Date		Recompletion Date	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						
Confidentiality Requested						
Date:						
Confidential Release Date:						
Wireline Log Received						
Geologist Report Received						
UIC Distribution						
ALT I III Approved by: Date:						

Page Two



Operator Name: Lease Name: _ Well #: _ County: _ INSTRUCTIONS: Show important tops 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. Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF). **Drill Stem Tests Taken** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
 ■
 Yes
 ■
 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: DISPOSITION OF GAS: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

KIM B. SHOEMAKER

CONSULTING GEOLOGIST

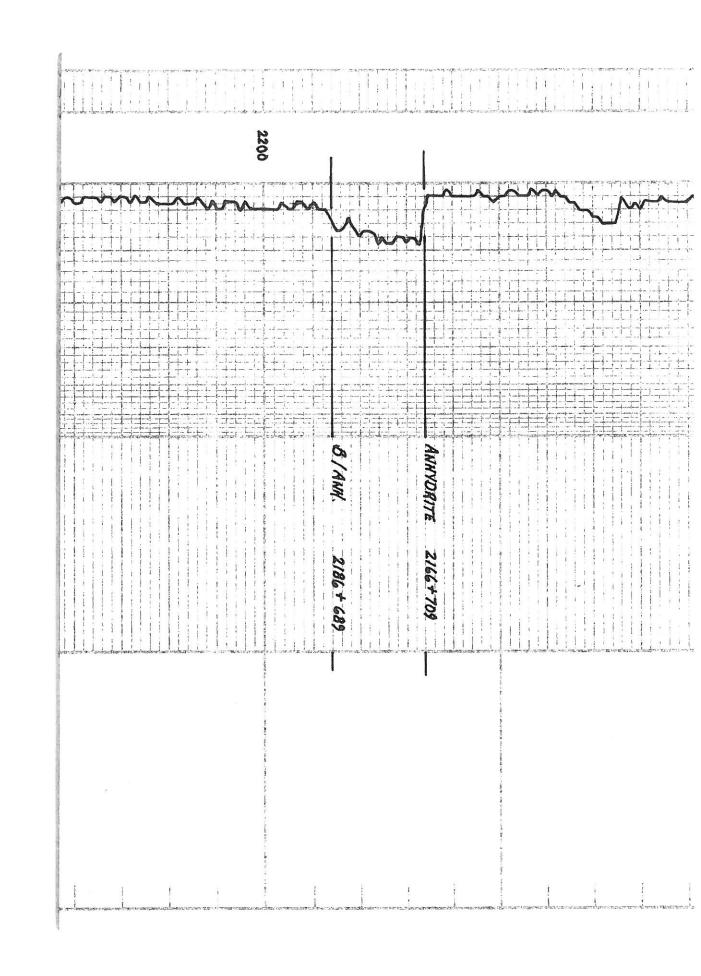
516-684-9709 * WICHITA,KS

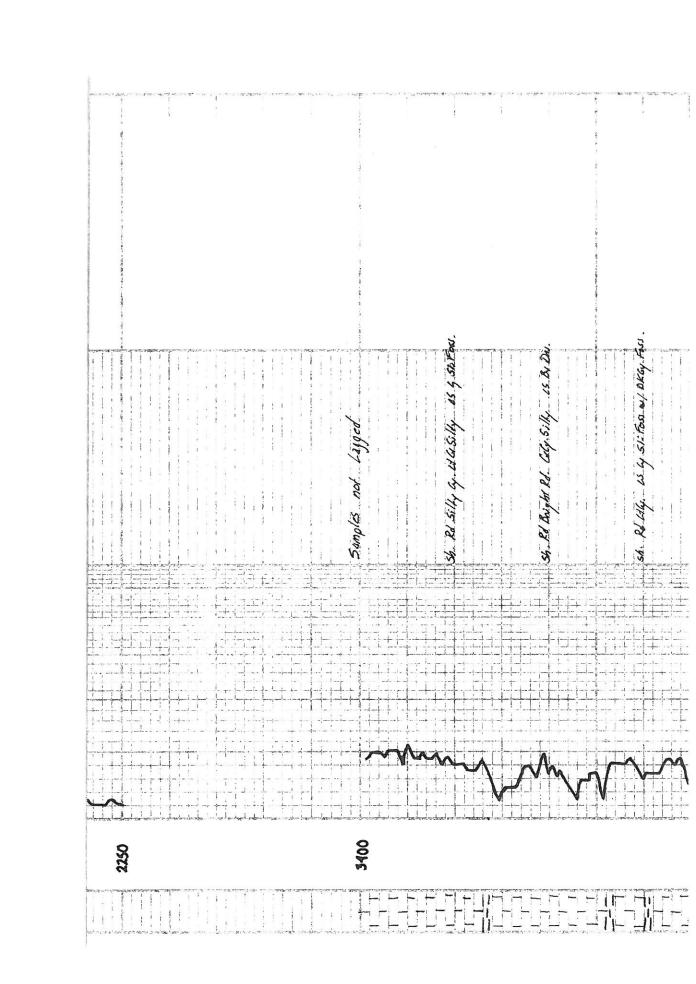
GEOLOGIST'S REPORT

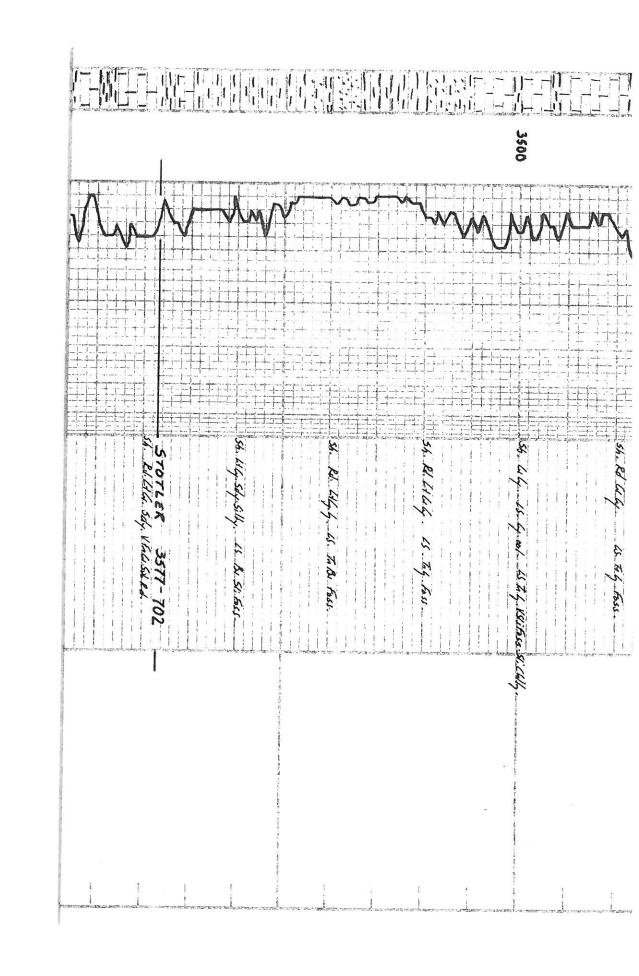
DRILLING TIME AND SAMPLE LOG

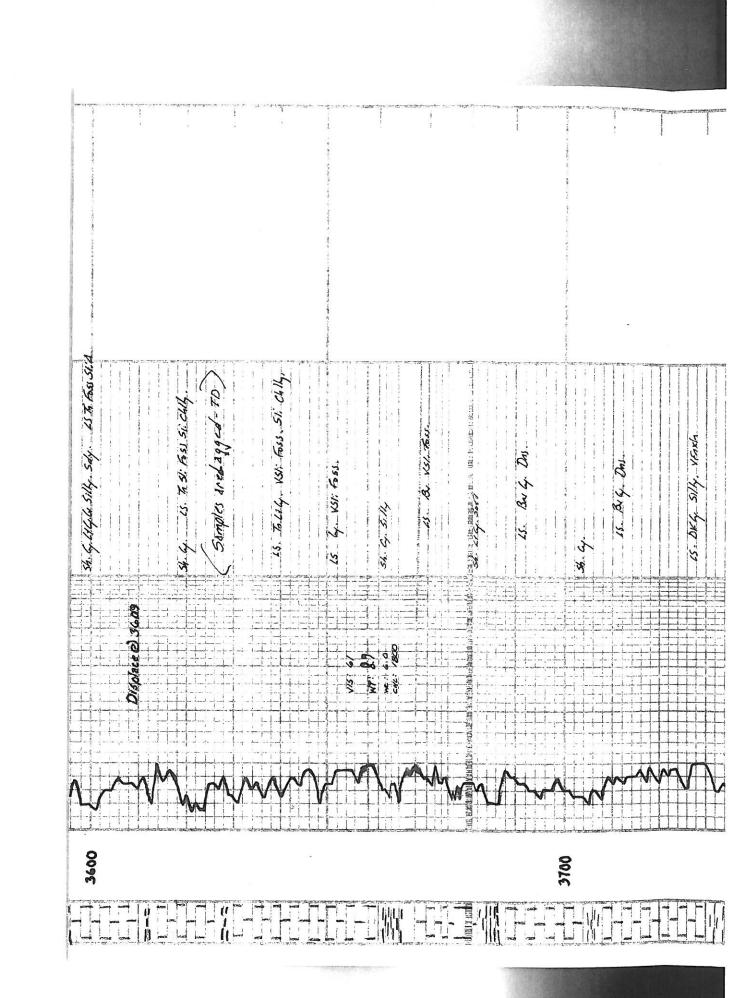
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COMPANY RAYMON			ELEVATIONS					
LEASE #1 BE	VAN REVOCAB	LE TRUST	T-PPL-mattidge					
FIELD			KB 2875					
			DF.					
LOCATION TOS' F			GL 2870					
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HEEBNER	4001-1126	4003-1120						
LANSING		4046-1171						
STARK MARMATON	4350-1575	1334 - 1459	214					
FORT SCOTT		4 4 50-1575 4596-1721						
CHEROKEE	4616-1741	4617-1742						
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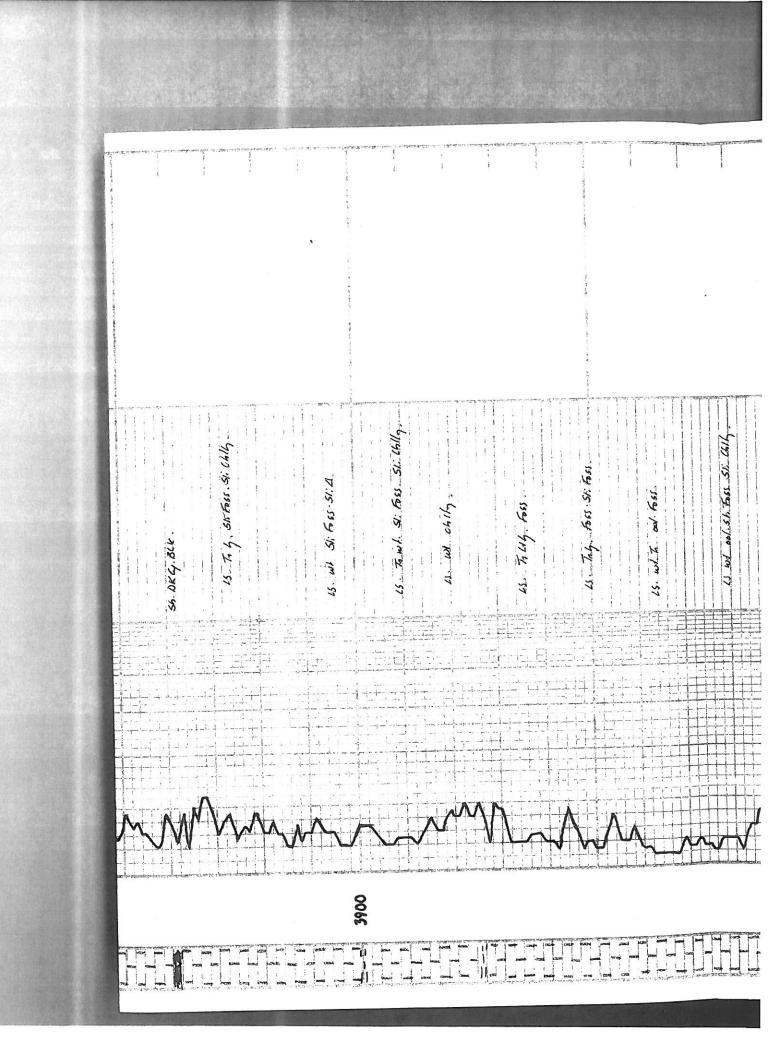
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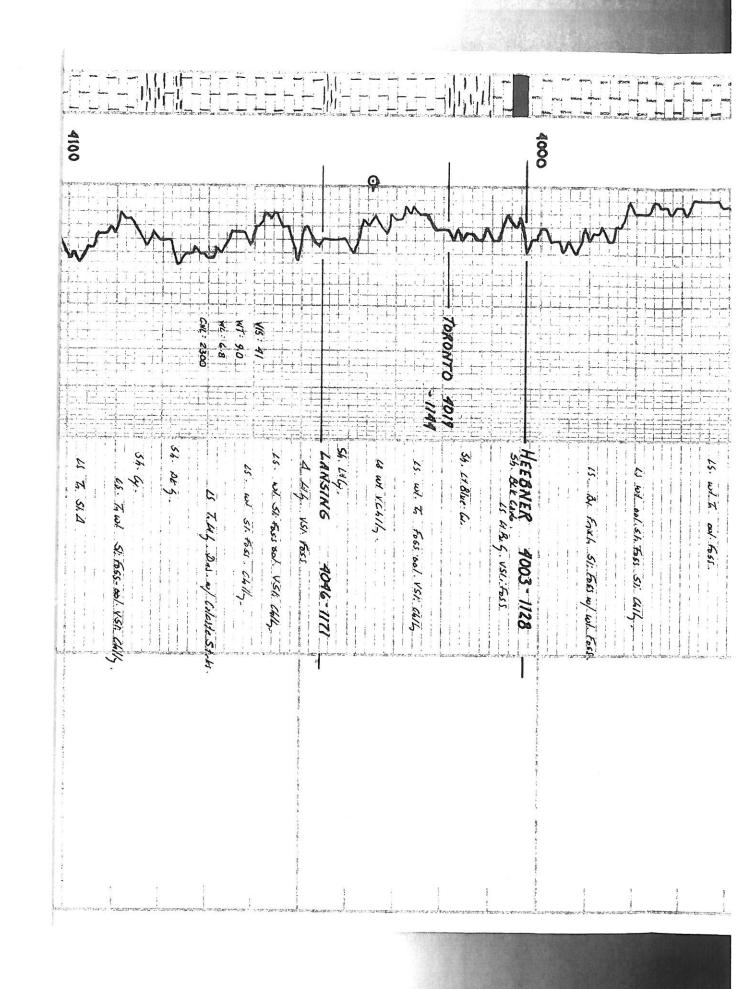




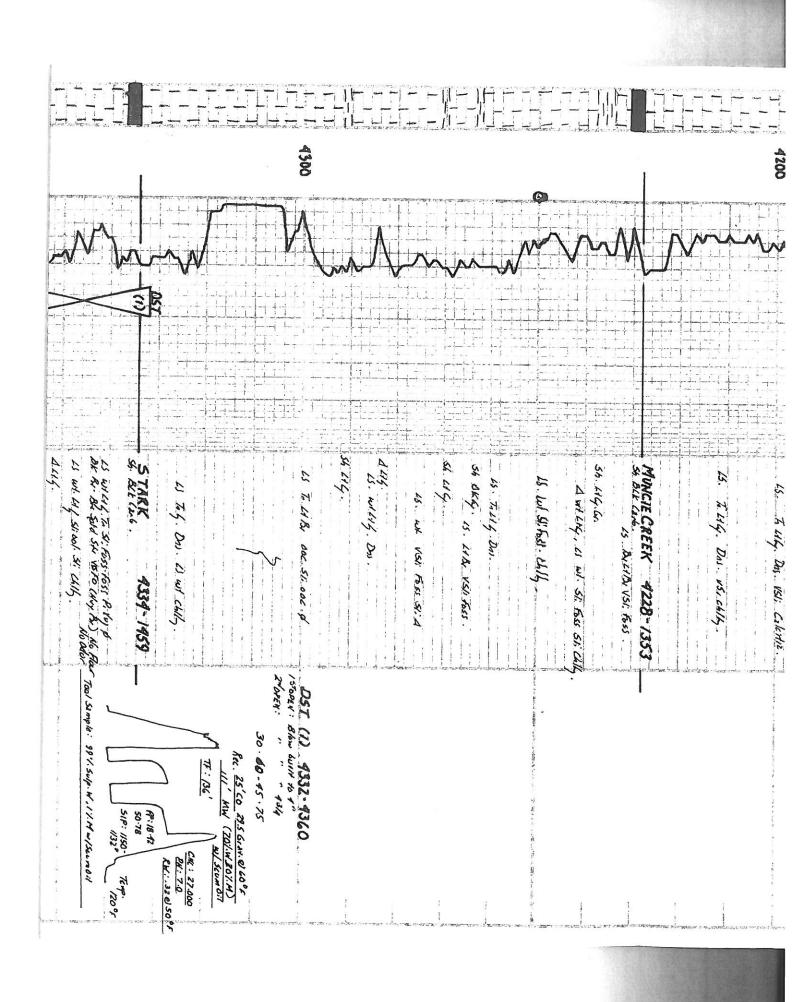


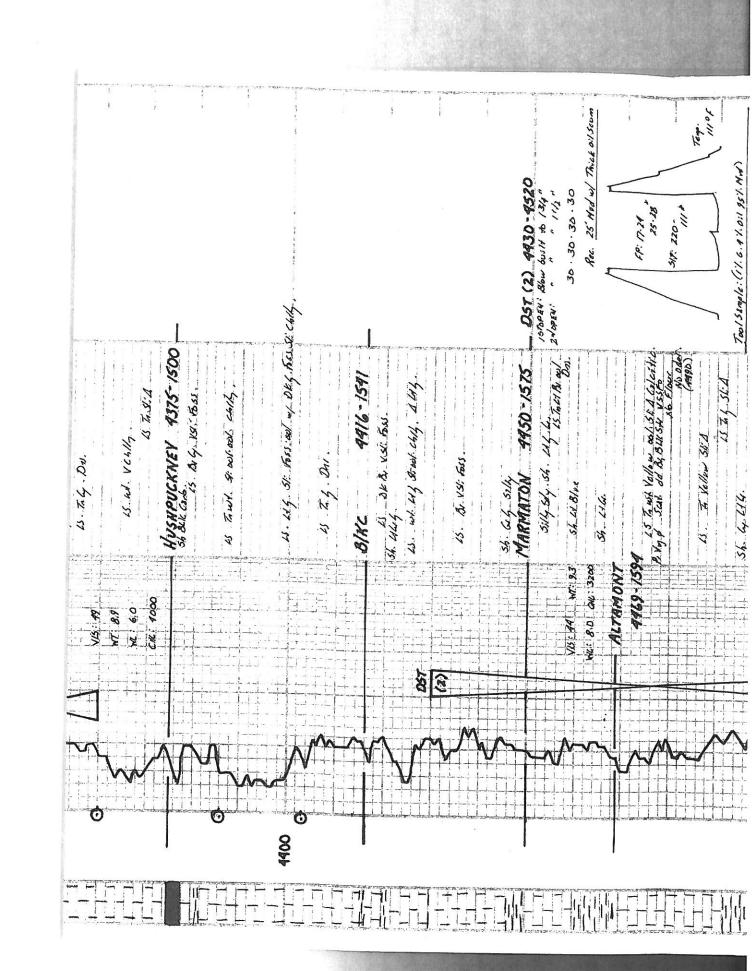


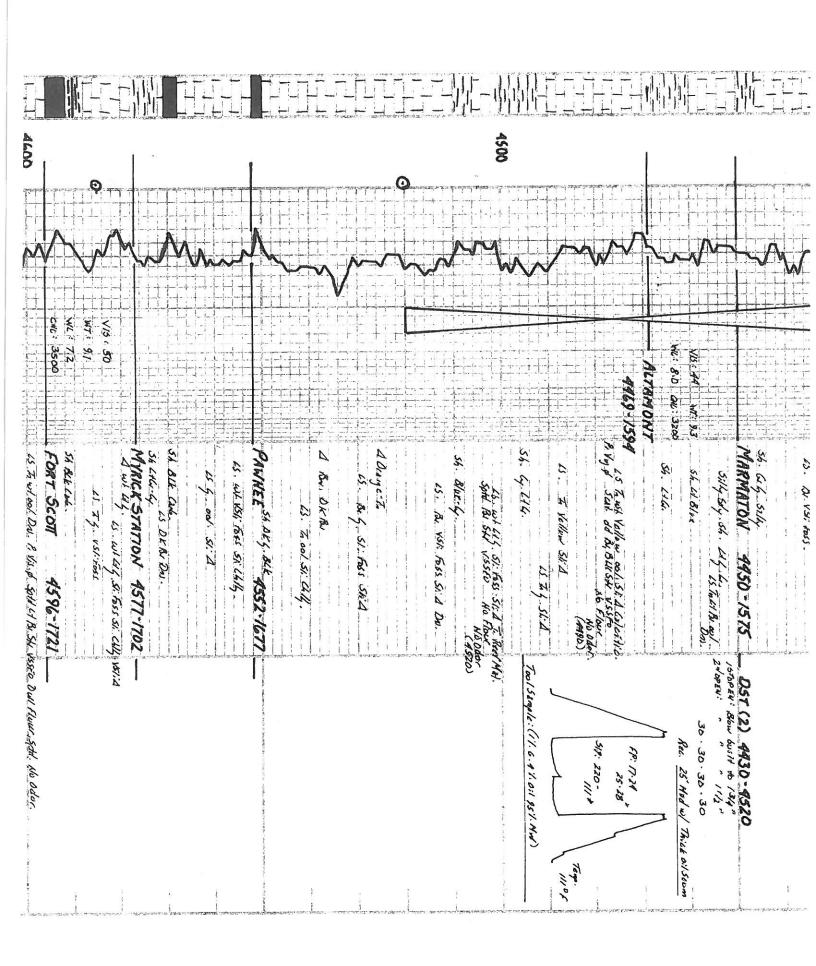




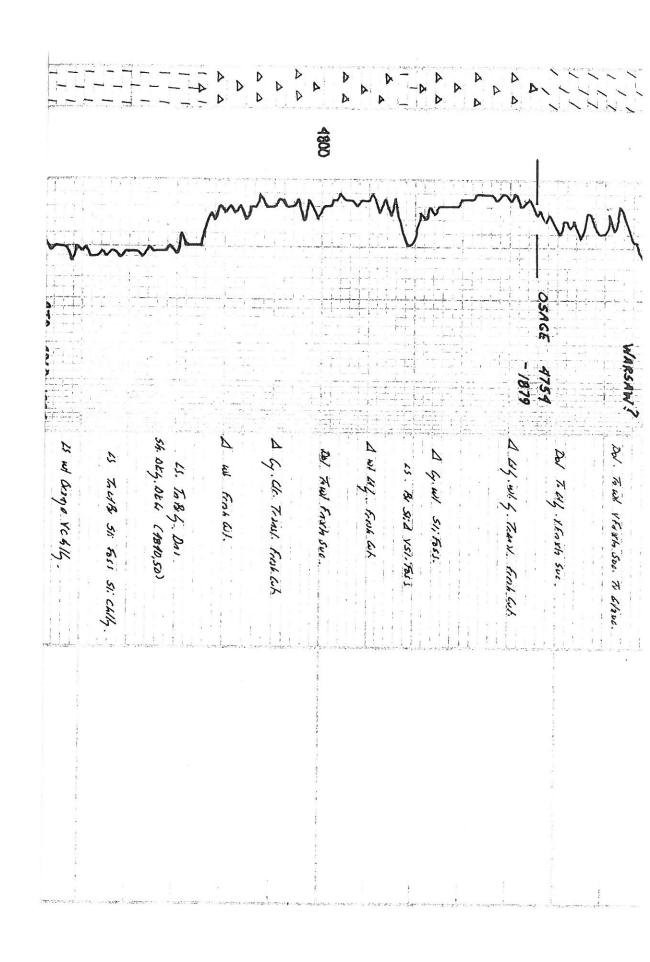
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Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



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

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

March 07, 2013

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

Re: ACO1 API 15-101-22419-00-00 Bevans Revocable Trust 1 SE/4 Sec.21-20S-29W 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

DIAMOND **TESTING**

Pressure Survey Report

General Information

Company Name Well Name Unique Well ID Surface Location Field Well Type

RAYMOND OIL COMPANY Job Number BEVANS REVOCABLE TRUST #1 Representative DST#2 4430-4520 ALTAMONT Well Operator RAYMOND OIL COMPANY SEC.21-20S-29W LANE CO.KS. Report Date **WILDCAT** Prepared By **Vertical Qualified By**

Test Unit

M474 **MIKE COCHRAN** 2013/03/03 **MIKE COCHRAN** KIM SHOEMAKER NO. 1

Test Information

Test Type CONVENTIONAL **Formation DST#2 4430-4520 ALTAMONT Test Purpose (AEUB) Initial Test**

Start Test Date 2013/03/02 Start Test Time 20:45:00 **Final Test Date** 2013/03/03 Final Test Time 03:00:00 **Well Fluid Type** 01 Oil

0069 **Gauge Name Gauge Serial Number**

Test Results

Remarks RECOVERED:

25' DM ~100% MUD W/ A THICK SCUM OF OIL 25' TOTAL FLUID

TOOL SAMPLE: 1% GAS, 4% OIL, 95% MUD

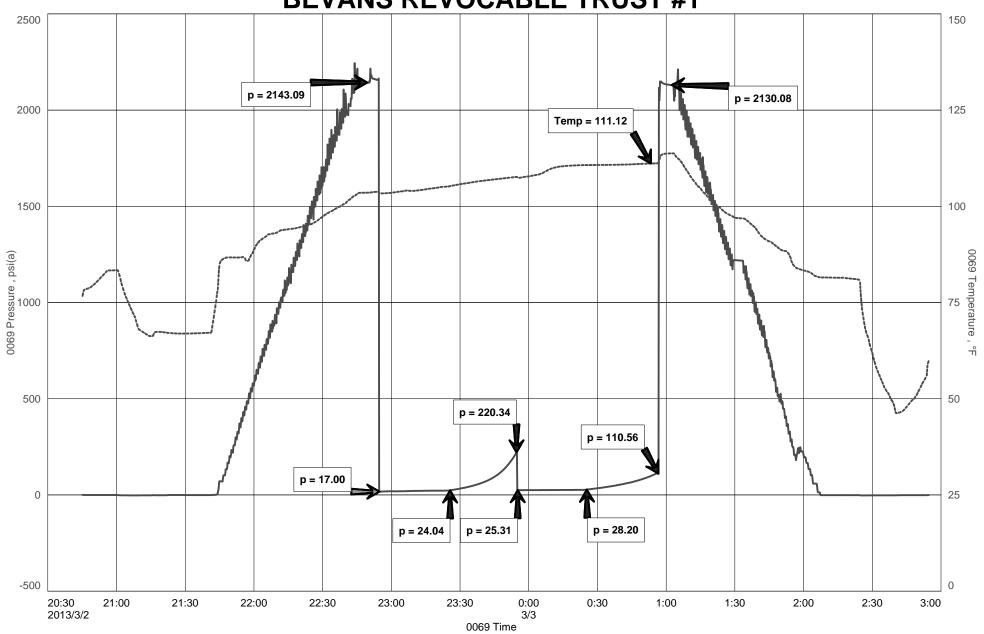
RAYMOND OIL COMPANY DST#2 4430-4520 ALTAMONT Start Test Date: 2013/03/02

Final Test Date: 2013/03/03

BEVANS REVOCABLE TRUST #1 Formation: DST#2 4430-4520 ALTAMONT

Pool: WILDCAT Job Number: M474

BEVANS REVOCABLE TRUST #1





P.O. Box 157 HOISINGTON, KANSAS 67544 (800) 542-7313

(800) 54	42-7313
DRILL-STEM	TEST TICKET

FILE: _____

TIME ON:	
TIME OFF:	

Company			_Lease & Well No				
Contractor			_ Charge to				
Elevation	Formation		Effective Pay	F	t. Ticket	No	
DateSec	Twp	S Ra	ange W	/ County		State_	KANSAS
Test Approved By			_ Diamond Representative				
Formation Test No	Interval Tested	from	ft. to	ft. Total De	epth		ft.
Packer Depth	ft. Size6 3	3/4 in.	Packer depth	ft	. Size	6 3/4	in.
Packer Depth	ft. Size6 3	3/4 in.	Packer depth	ft	. Size	6 3/4	in.
Depth of Selective Zone Set_							
Top Recorder Depth (Inside)		ft.	Recorder Number	Ca	ар		_P.S.I.
Bottom Recorder Depth (Out	side)	ft.	Recorder Number	c	ар		_P.S.I.
Below Straddle Recorder De	pth	ft.	Recorder Number	Ca	ар		_ P.S.I.
Mud Type	Viscosity		Drill Collar Length	ft.	I.D	2 1/4	4 ir
Weight	Water Loss	cc.	Weight Pipe Length	ft.	I.D	2 7/8	3i
Chlorides		P.P.M.	Drill Pipe Length	ft.	I.D	3 1/2	2 i
Jars: MakeSTERLING	Serial Number		Test Tool Length	ft.	Tool Siz	e 3 1/2	2-IF i
Did Well Flow?	Reversed Out		Anchor Length	ft.	Size	4 1/2	2-FHi
Main Hole Size 7 7/8	Tool Joint Size	4 1/2 in.	Surface Choke Size	in.	Bottom	Choke Siz	e_5/8_i
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2nd Open:							5
Recoveredft. of							
Recoveredft. of _							
Recoveredft. of _							
Recoveredft. of _							
Recoveredft. of _				Pric	ce Job		
Recoveredft. of _				Oth	ner Charge	es	
Remarks:				Ins	urance		
	A N4			A.M.	al		
Time Set Packer(s)	A.M. P.M. Tir	ne Started Off Bo			m Tempei	rature	
Initial Hydrostatic Pressure			(A)	P.S.I.			
nitial Flow Period	Minutes		(B)	P.S.I. to (C)		F	P.S.I.
nitial Closed In Period	Minutes		(D)	P.S.I.			
Final Flow Period	Minutes		(E)	P.S.I. to (F)_		P	.S.I.
Final Closed In Period	Minutes		(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.



257208

TICKET NUMBER	39443
LOCATION Ogh	Talls
FOREMAN MILE	Shall

DATE

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)-431-9210 d	or 800-467-8676	i		CEMEN	SECTION	TOWNSHIP	RANGE	COUNTY
DATE	CUSTOMER#		WELL NAME & NOMBER				29W	Lane
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ΓY		STATE	ZIP CODE	WIND				
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		DRILL PIPE		_TUBING				
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Ravin 3737	21						TOTAL	5900.

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.

TITLE_



CUSTOMER#

256832

WELL NAME & NUMBER

TICKET NUMBER	39461
LOCATION Ogh	ay 115
FOREMAN MILES	Short

RANGE

PO	Box	884,	Cha	nute,	KS	66720
620	-431	9210	or	800-	467-	8676

DATE

FIELD TICKET & TREATMENT REPORT CEMENT

SECTION

TOWNSHIP

CUSTOMER MAILING ADDRES CITY JOB TYPE SW CASING DEPTH	STATE		Dishten south blad	TRUCK#	DRIVER	TRUCK#	DRIVER
CITY JOB TYPE SW	ss r		٥٥			TROOK#	DRIVER
JOB TYPE SW	STATE						5.
JOB TYPE SW	STATE		3/41	493	Traisw	 	†
		ZIP CODE	14.5	40	11-151500	 	
						 	
	face HOLE SIZE	12/4"	HOLE DEPTH	2/1/35	CASING SIZE & V	WEIGHT PSA	24#
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SLURRY WEIGHT		WATER gal/sk CEMENT LEFT in					
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	110110				•	TOTAL	5104,24
AUTHORIZTION_	$W \wedge V \wedge $, .	TITLE			DATE	,

account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.