



KANSAS CORPORATION COMMISSION 1137957
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: _____



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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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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

May 06, 2013

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

Re: ACO1
API 15-063-22071-00-00
REIDEL FAMILY TRUST 1-2
NW/4 Sec.02-12S-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



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

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

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

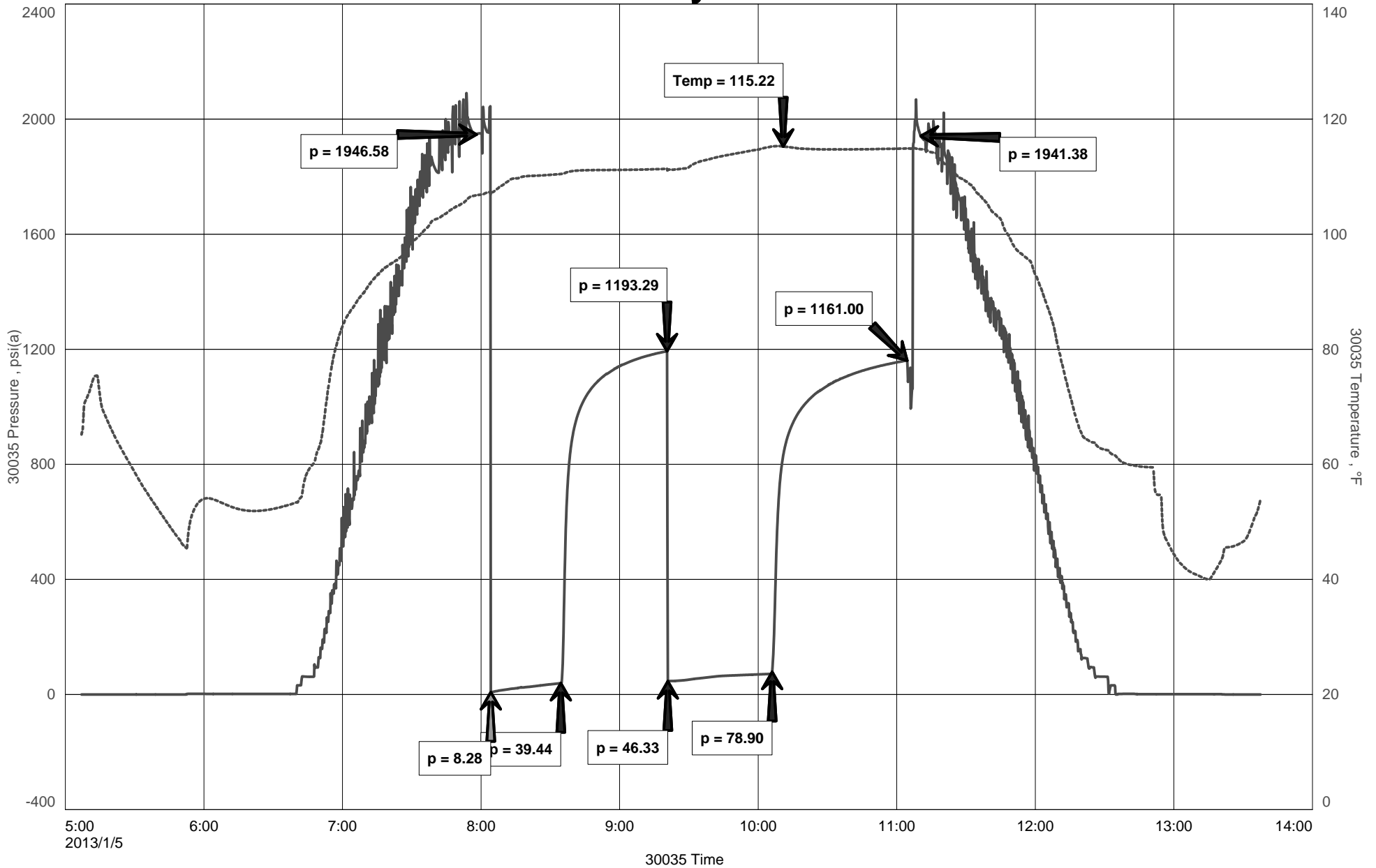
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
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. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ 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.

Reidal Family Trust #1-2



Diamond Testing

General information Report

General Information

Company Name R.L. Investment LLC

Contact	Randall Pfeifer	Job Number	S0264
Well Name	Reidal Family Trust #1-2	Representative	Jacob McCallie
Unique Well ID	DST #1 Lansing H-I 3998-4056'	Well Operator	R.L. Investment LLC
Surface Location	SEC 2-12S-28W Gove County	Report Date	2013/01/05
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #1 Lansing H-I 3998-4056'		
Well Fluid Type	01 Oil	Start Test Time	05:07:00
		Final Test Time	13:39:00
Start Test Date	2013/01/05		
Final Test Date	2013/01/05		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:
134' MW 64% W 36% M

PH: 7
RW: .31 @ 58 degrees F
Chlorides: 28,000 ppm

TOOL SAMPLE:
82% W 18%M



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

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

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

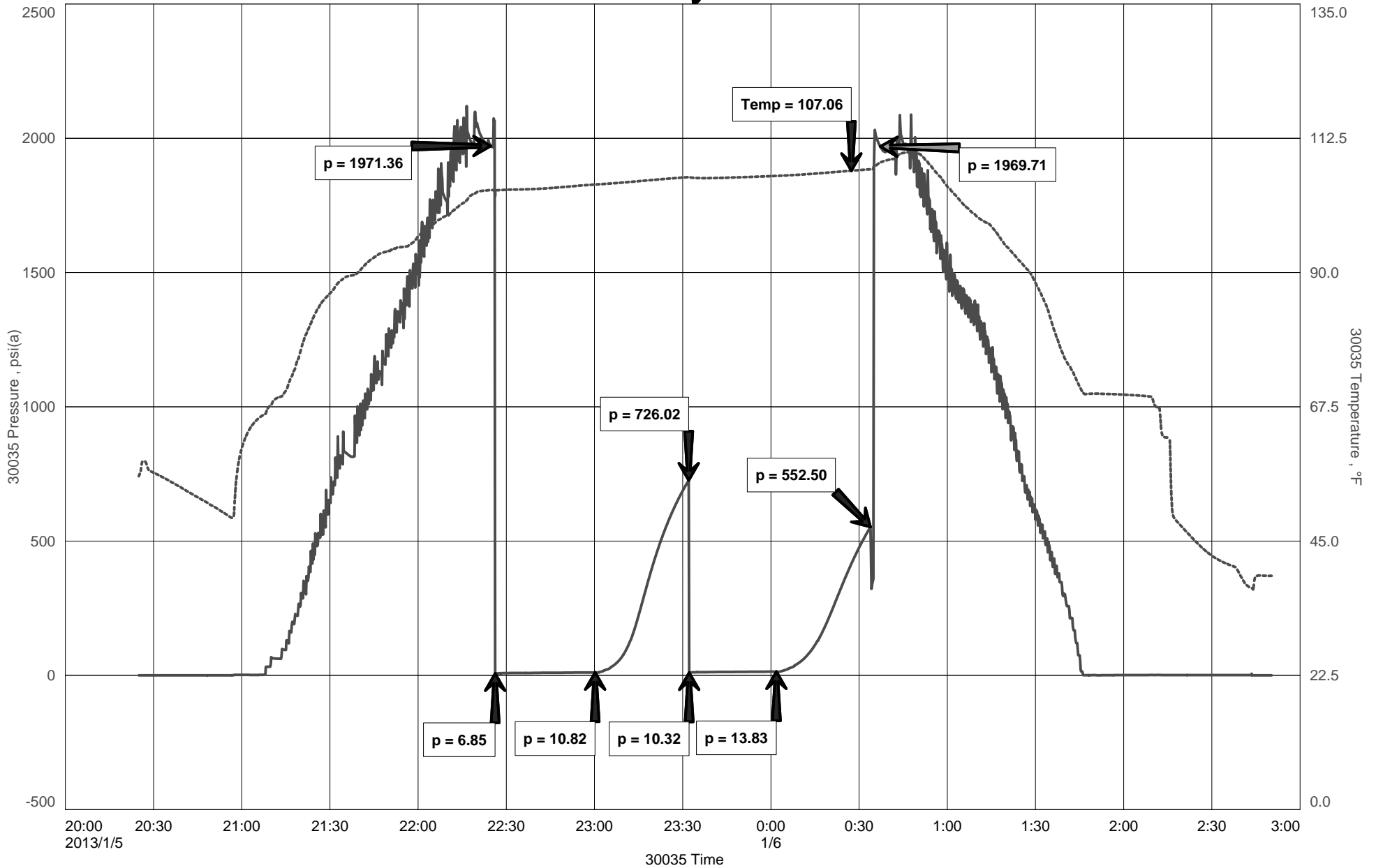
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
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. 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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Reidal Family Trust #1-2



Diamond Testing

General information Report

General Information

Company Name R.L. Investment LLC

Contact	Randall Pfeifer	Job Number	S0265
Well Name	Reidal Family Trust #1-2	Representative	Jacob McCallie
Unique Well ID	DST #2 Lansing J 4051-4078'	Well Operator	R.L. Investment LLC
Surface Location	SEC 2-12S-28W Gove County	Report Date	2013/01/06
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test	Start Test Time	20:25:00
Formation	DST #2 Lansing J 4051-4078'	Final Test Time	02:51:00
Well Fluid Type	01 Oil		
Start Test Date	2013/01/05		
Final Test Date	2013/01/06		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:
5' Mud 100% M

TOOL SAMPLE:
100% M



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

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

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

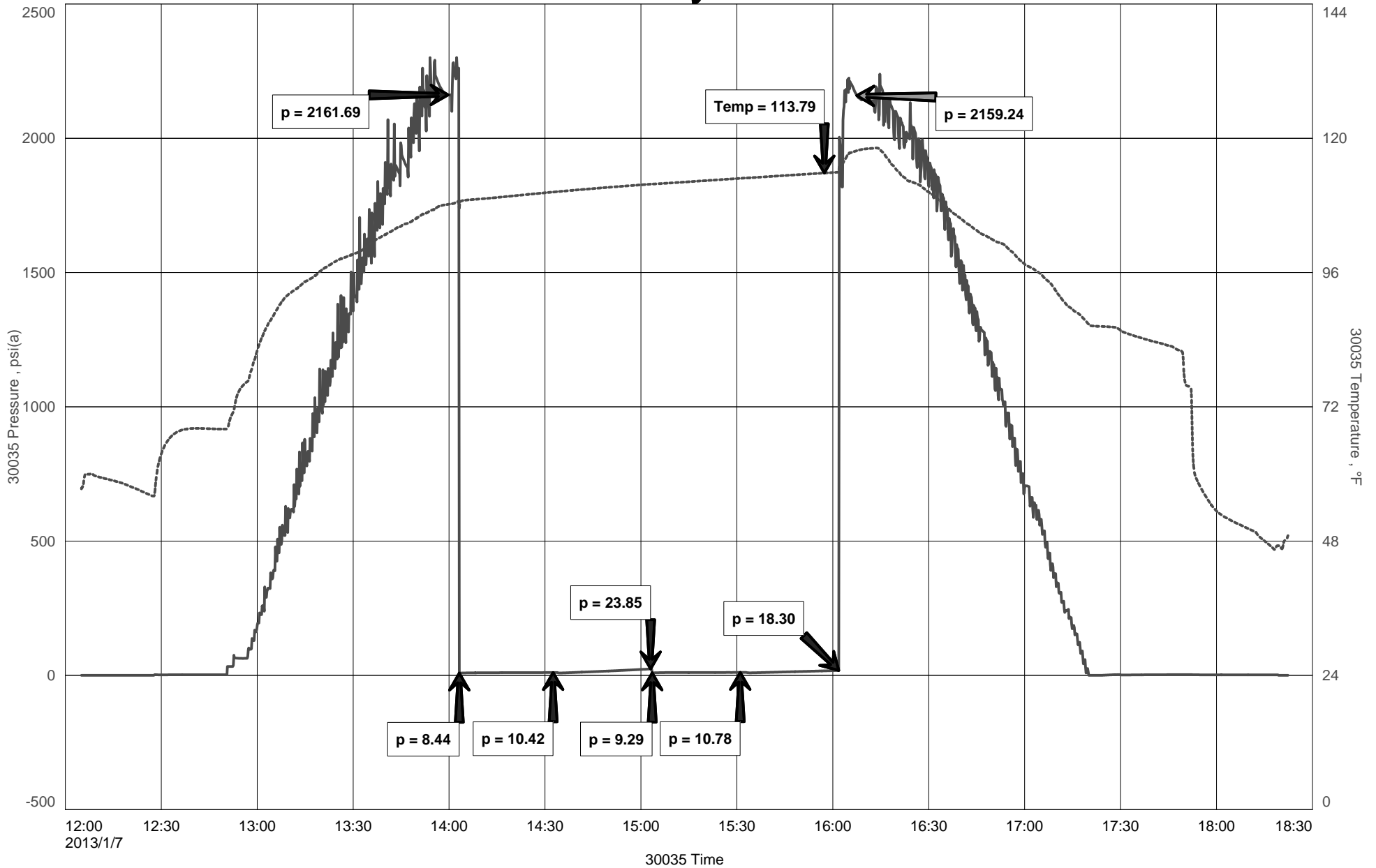
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
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. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ 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.

Reidal Family Trust #1-2



Diamond Testing

General information Report

General Information

Company Name R.L. Investments LLC

Contact	Randall Pfeifer	Job Number	S0266
Well Name	Reidal Family Trust #1-2	Representative	Jacob McCallie
Unique Well ID	DST #3 Ft. Scott-Cher Lm 4360-4415'	Well Operator	R.L. Investments LLC
Surface Location	SEC 2-12S-28W Gove County	Report Date	2013/01/07
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test	Start Test Time	12:05:00
Formation	DST #3 Ft. Scott-Cher Lm 4360-4415'	Final Test Time	18:23:00
Well Fluid Type	01 Oil		
Start Test Date	2013/01/07		
Final Test Date	2013/01/07		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:
3' Mud 100% M

TOOL SAMPLE:
100% M

REMIT TO
RR 1 BOX 90 D
HOXIE, KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

NO 657

DATE <i>12-12-12</i> SEC. <i>2</i>	RANGE/TWP. <i>12 28</i>	CALLED OUT <i>4:30 pm.</i>	ON LOCATION <i>6:30 pm.</i>	JOB START <i>8:00 pm.</i>	JOB FINISH <i>8:30 pm.</i>
LEASE <i>Reid / Family Trust</i>			WELL# <i>1-2</i>		
			COUNTY <i>GO</i>	STATE <i>KS</i>	

CONTRACTOR <i>WW #8</i>	OWNER <i>RK Investments</i>				
TYPE OF JOB <i>Surface</i>					
HOLE SIZE <i>12 1/4</i>	T.D.	CEMENT			
CASING SIZE <i>8 3/4</i>	DEPTH <i>218</i>	AMOUNT ORDERED	<i>175 cbs</i>	<i>Common 3%</i>	<i>1/2</i>
TUBING SIZE	DEPTH		<i>2 1/2 gal</i>		
DRILL PIPE	DEPTH				
TOOL	DEPTH				
PRES. MAX	MINIMUM	COMMON	<i>175</i>	<i>@ 15.50</i>	<i>2712.50</i>
DISPLACEMENT	SHOE JOINT	POZMIX		<i>@</i>	
CEMENT LEFT IN CSG. <i>15'</i>		GEL	<i>3</i>	<i>@ 26.00</i>	<i>78.00</i>
PERFS		CHLORIDE	<i>6</i>	<i>@ 52.00</i>	<i>312.00</i>
		ASC		<i>@</i>	
EQUIPMENT				<i>@</i>	
				<i>@</i>	
PUMP TRUCK				<i>@</i>	
<i>#1 Eric</i>				<i>@</i>	
BULK TRUCK				<i>@</i>	
<i>#1</i>				<i>@</i>	
BULK TRUCK <i>Pickup</i>				<i>@</i>	
<i># second pick</i>				<i>@</i>	
		HANDLING	<i>124</i>	<i>@ 2.15</i>	<i>395.60</i>
		MILEAGE	<i>30</i>	<i>@ 17.40/mi</i>	<i>552.00</i>
		TOTAL			<i>4050.10</i>

REMARKS <i>Cement in cellar</i>	SERVICE			
	DEPT OF JOB		<i>@</i>	
<i>Plug down @ 8:30 pm</i>	PUMP TRUCK CHARGE	<i>1</i>	<i>@ 1050.00</i>	<i>1050.00</i>
	EXTRA FOOTAGE		<i>@</i>	
	MILEAGE	<i>30 x 2</i>	<i>@ 6.50</i>	<i>390.00</i>
	MANIFOLD		<i>@</i>	
	<i>Light Vehicle</i>	<i>30 x 2</i>	<i>@ 2.00</i>	<i>120.00</i>
	TOTAL			<i>1560.00</i>

CHARGES TO: <i>RK Investments</i>	
STREET	STATE
CITY	ZIP

PLUG & FLOAT EQUIPMENT	
	<i>@</i>

To: Schippers Oil Field Services L.L.C.

You are hereby requested to rent cementing equipment

REMIT TO
RR 1 BOX 90 D
HOXIE, KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

N^o 663

DATE	SEC. 2	RANGE/TWP. 12 28	12:00 PM CALLED OUT	7:00 AM ON LOCATION	8:00 AM JOB START	11:00 AM JOB FINISH
LEASE Roidel Family Trust			WELL# 12			
			COUNTY GO STATE KS			

CONTRACTOR WW 8	OWNER Rk Investments				
TYPE OF JOB Rotary Plug					
HOLE SIZE 7 7/8	T.D. 4530	CEMENT			
CASING SIZE	DEPTH	AMOUNT ORDERED	205 sbs	60/40 4 7/8 Gal	
TUBING SIZE	DEPTH		4 1/4 16/46	Flo-seal	
DRILL PIPE	DEPTH				
TOOL	DEPTH				
PRES. MAX	MINIMUM	COMMON	123	@ 15.50	1906.50
DISPLACEMENT	SHOE JOINT	POZMIX	82	@ 8.50	697.00
CEMENT LEFT IN CSG.		GEL	7	@ 26.00	182.00
PERFS		CHLORIDE		@	
		ASC		@	
EQUIPMENT		Flo-Seal	51	@ 2.25	114.75
				@	
PUMP TRUCK				@	
# 1 Lev				@	
BULK TRUCK				@	
# 1 Frisco				@	
BULK TRUCK Paken				@	
# Jarrod, Jack				@	
		HANDLING	214	@ 2.15	460.10
		MILEAGE	30	@ 10/41/41	642.00
		TOTAL			4002.35

REMARKS 25 sbs @ 2248'	SERVICE			
100 sbs @ 1310'	DEPT OF JOB		@	
40 sbs @ 567'	PUMP TRUCK CHARGE	1	@ 1350.00	1350.00
10 sbs @ top 40'	EXTRA FOOTAGE		@	
30 sbs in Roidel	MILEAGE	30 x 2	@ 6.50	390.00
205 sbs total	MANIFOLD		@	
Done @ 11:00 p.m.	Light Vehicle	30 x 2	@ 2.00	120.00
	TOTAL			1860.00

CHARGES TO: Rk Investments	
STREET	STATE
CITY	ZIP

PLUG & FLOAT EQUIPMENT	
8 5/8 Plug	1 @ 79.00

To: Schippers Oil Field Services L.L.C.

You are hereby requested to rent cementing equipment

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

May 09, 2013

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

Re: ACO-1
API 15-063-22071-00-00
REIDEL FAMILY TRUST 1-2
NW/4 Sec.02-12S-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 12/17/2012 and the ACO-1 was received on May 06, 2013 (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