



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1153081
OIL & GAS CONSERVATION DIVISION

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 # _____

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1153081

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West 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 <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 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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> _____	PRODUCTION INTERVAL: _____ _____
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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 7413

Date	7-9-13	Sec.	31	Twp.	15	Range	12	County	Russell	State	KS	On Location		Finish	2:30 P.M.	
								Location								Russell 5 to CL 7E N12

Lease	Davenport / Peters	Well No.	1	Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.										
Contractor	Royal 2			Charge To	RJM										
Type Job	Surface			Street											
Hole Size	12 1/4	T.D.	431	City	State										
Csg.	8 5/8	Depth	431	The above was done to satisfaction and supervision of owner agent or contractor.											
Tbg. Size		Depth		Cement Amount Ordered 200 com 3% cc 2% gel											
Tool		Depth		Cement Left in Csg. 20 Shoe Joint 20											
Meas Line		Displace	26661												

EQUIPMENT

Pumptrk	15	No.	Cementer		Common
			Helper	Nick	Poz. Mix
Bulktrk	1	No.	Driver	David	Gel.
Bulktrk	PU	No.	Driver	Travis	Calcium

JOB SERVICES & REMARKS

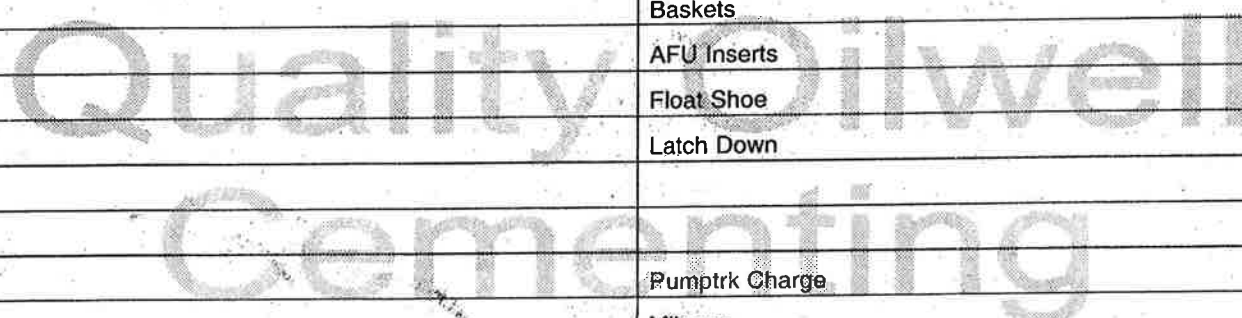
Remarks:	cement did circulate	Hulls
Rat Hole		Salt
Mouse Hole		Flowseal
Centralizers		Kol-Seal
Baskets		Mud CLR 48
D/V or Port Collar		CFL-117 or CD110 CAF 38
		Sand
		Handling
		Mileage

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

	Pumptrk Charge	
	Mileage	
		Tax
		Discount
		Total Charge

X Signature *Blake*



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 7263

Date	7-14-13	Sec.	31	Twp.	15	Range	12	County	Russell	State	KS	On Location		Finish	10:30 AM
Location														Beaver N to CL 2W N into	

Lease	Davenport/Peters		Well No.	1		Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.										
Contractor	Royal #2						Charge To	RJM									
Type Job	Production String						Street										
Hole Size	7 7/8		T.D.	3400'		City	State										
Csg.	5 1/2		Depth	3394		The above was done to satisfaction and supervision of owner agent or contractor.											
Tbg. Size			Depth			Cement Amount Ordered 180 com - 10% salt 5% gal/sun/c											
Tool			Depth			Meas Line Displace 80 1/4 bbl											
Cement Left in Csg.	21.14'		Shoe Joint	21.14'													

EQUIPMENT				Common											
Pumptrk	5	No.	Cementer	Poz. Mix											
			Helper	Gel.											
Bulktrk	1	No.	Driver	Calcium											
			Driver												
Bulktrk	PU	No.	Driver												
			Driver												

JOB SERVICES & REMARKS				Hulls											
Remarks:				Salt											
Rat Hole	30 30sx			Flowseal											
Mouse Hole	5 20sx			Kol-Seal											
Centralizers	1 thru 9			Mud CLR 48 500 gal											
Baskets	2 + 5			CFL-117 or CD110 CAF 38											
D/V or Port Collar				Sand											

Ran 500 gal mud flush				Mileage											
Plugged Rat + mouse				5 1/2 FLOAT EQUIPMENT											
Mixed 150 sx down hole				Guide Shoe 1											
Broke off washed clean				Centralizer 9											
Displaced 80 1/4 bbl				Baskets 2											
Held 1500 lbs				AFU Inserts 1											
				Float Shoe 1											
				Latch Down											

Lifted 700 lbs															
Landed 1500 lbs				Pumptrk Charge											
				Mileage											

Signature <i>Blake</i>				Tax											
				Discount											
				Total Charge											

GENERAL INFORMATION

Client Information:

Company: RJM COMPANY

Contact: BRAD MILLER

Phone: Fax: e-mail:

Site Information:

Contact: JIM MUSGROVE

Phone: Fax: e-mail:

Well Information:

Name: DAVENPORTPETERS #1

Operator: RJM COMPANY

Location-Downhole:

Location-Surface: S31/15S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: CONVENTIONAL Job Number: D1335

Test Unit:

Start Date: 2013/07/12 Start Time: 12:30:00

End Date: 2013/07/12 End Time: 18:00:00

Report Date: 2013/07/12 Prepared By: JOHN RIEDL

Qualified By: JIM MUSGROVE

Remarks:

RECOVERY: GAS TO SURFACE TSTM, 140' OIL+GASCUT WATERY MUD
130' SLIGHTLU MUD CUT WATERY GASSY OIL, 60' WATER



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

TIME ON: 12:30 07/12/13
 TIME OFF: 18:01 07/12/13

DRILL-STEM TEST TICKET
 FILE: STC/Davenport/peters1dst1

Company RJM COMPANY Lease & Well No. DAVENPORT/PETERS #1
 Contractor ROYAL RIG #2 Charge to RJM COMPANY
 Elevation 1886 G.L Formation LKC "A+B" Effective Pay _____ Ft. Ticket No. D1335
 Date 7/12/13 Sec. 31 Twp. 15 S Range 12 W County RUSSELL State KANSAS
 Test Approved By JIM MUSGROVE Diamond Representative JOHN RIEDL

Formation Test No. 1 Interval Tested from 3076 ft. to 3123 ft. Total Depth 3123 ft.

Packer Depth 3071 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Packer Depth 3076 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3079 ft. Recorder Number 30046 Cap. 6000 P.S.I.

Bottom Recorder Depth (Outside) 3120 ft. Recorder Number 11073 Cap. 4000 P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 55 Drill Collar Length 0 ft. I.D. 2 1/4 in.

Weight 9 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in

Chlorides 6,000 P.P.M. Drill Pipe Length 3049 ft. I.D. 3 1/2 in

Jars: Make STERLING Serial Number NOT REQUESTED Test Tool Length 3051 ft. Tool Size 3 1/2-IF in

Did Well Flow? NO Reversed Out NO Anchor Length 47 ft. Size 4 1/2-FH in

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. 30' DRILL PIPE Surface Choke Size 1 in. Bottom Choke Size 5/8 in

Blow: 1st Open: STRONG (B.O.B 1 MIN. GTS 20 MIN.) STRONG BB

2nd Open: STRONG (B.O.B 1 1/2 MIN. GTS THROUGHOUT) GAS GUAGE: TSTM GOOD BB

Recovered 140 ft. of O+GCWM (10%OIL 15%GAS 10%WATER 65%MUD)

Recovered 130 ft. of GLMCG+WCO(8%MUD 10%GAS 10%WATER 72%OIL)

Recovered 60 ft. of WATER (100%WATER) CHLORIDES 60,000 Ppm Res. 0.14

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: TOTAL FLUID RECOVERY:330' IN PIPE

TOOL SAMPLE GRINDOUT: 100% WATER

GAS SAMPLE CAPTURED

Time Set Packer(s) 1:45 P.M A.M. Time Started Off Bottom 4:30 P.M P.M. Maximum Temperature 113

Initial Hydrostatic Pressure..... (A) 1464 P.S.I.

Initial Flow Period..... Minutes 30 (B) 31 P.S.I. to (C) 65 P.S.I.

Initial Closed In Period..... Minutes 30 (D) 534 P.S.I.

Final Flow Period..... Minutes 45 (E) 78 P.S.I. to (F) 127 P.S.I.

Final Closed In Period..... Minutes 60 (G) 441 P.S.I.

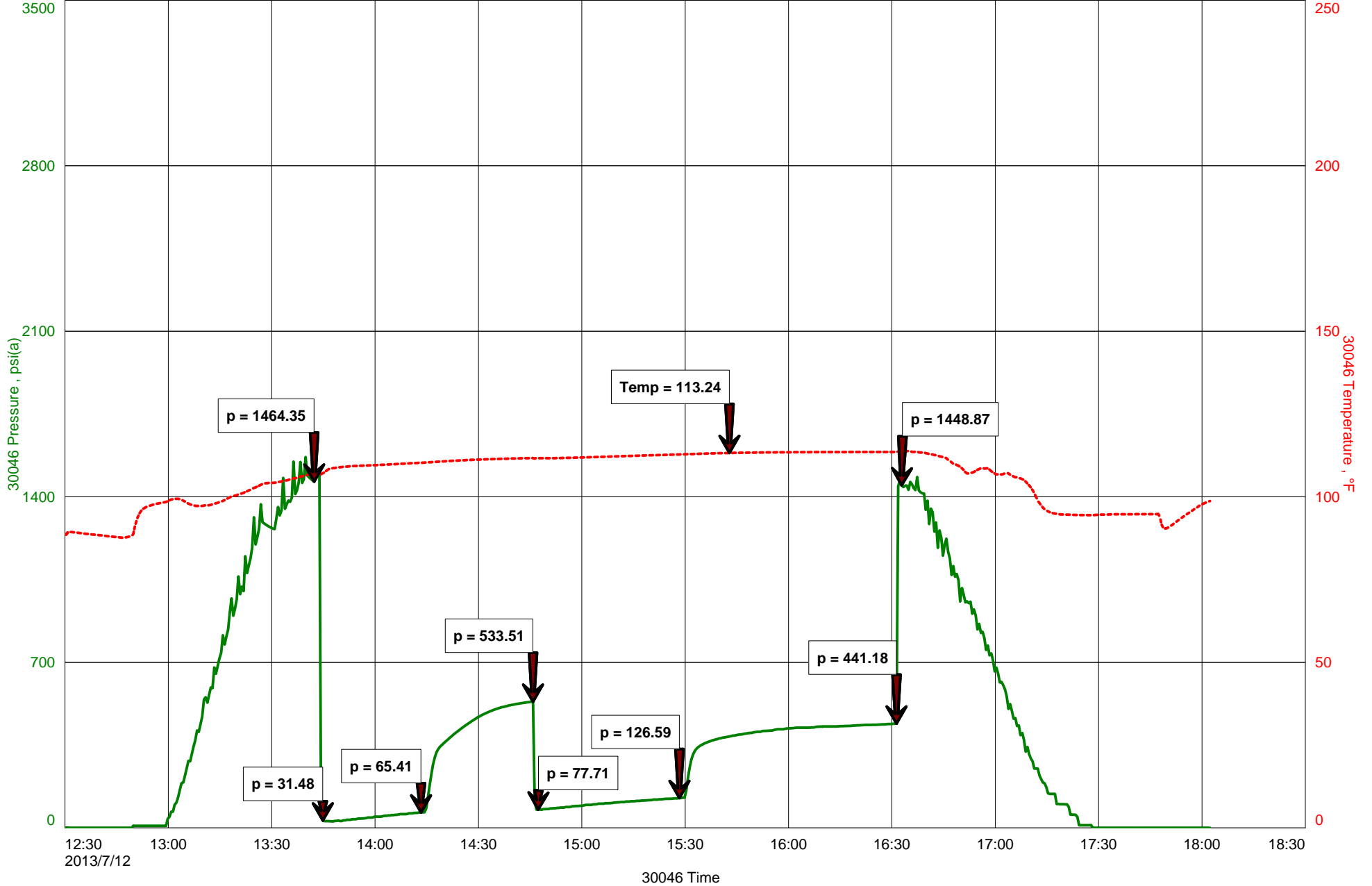
Final Hydrostatic Pressure..... (H) 1449 P.S.I.

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.

RJM COMPANY
Start Test Date: 2013/07/12
Final Test Date: 2013/07/12

DAVENPORTPETERS #1
Formation: LKC A+B
Job Number: D1335

DAVENPORTPETERS #1



GENERAL INFORMATION

Client Information:

Company: RJM COMPANY

Contact: BRAD MILLER

Phone: Fax: e-mail:

Site Information:

Contact: JIM MUSGROVE

Phone: Fax: e-mail:

Well Information:

Name: DAVENPORTPETERS #1

Operator: RJM COMPANU

Location-Downhole:

Location-Surface: S31/15S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: CONVENTIONAL Job Number: D1336

Test Unit:

Start Date: 2013/07/13 Start Time: 10:00:00

End Date: 2013/07/13 End Time: 14:10:00

Report Date: 2013/07/13 Prepared By: JOHN RIEDL

Qualified By: JIM MUSGROVE

Remarks:

RECOVERY: 10' SLIGHTLY OIL CUT MUD



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

TIME ON: 10:00 07/13/13
 TIME OFF: 14:10 07/13/13

DRILL-STEM TEST TICKET
 FILE: STC/Davenport/peters1dst2

Company RJM COMPANY Lease & Well No. DAVENPORT/PETERS #2
 Contractor ROYAL RIG #2 Charge to RJM COMPANY
 Elevation 1886 G.L Formation LKC H,I,J Effective Pay _____ Ft. Ticket No. D1336
 Date 7/13/13 Sec. 31 Twp. 15 S Range 12 W County RUSSELL State KANSAS
 Test Approved By JIM MUSGROVE Diamond Representative JOHN RIEDL

Formation Test No. 2 Interval Tested from 3201 ft. to 3270 ft. Total Depth 3270 ft.

Packer Depth 3196 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Packer Depth 3201 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3204 ft. Recorder Number 30046 Cap. 6000 P.S.I.

Bottom Recorder Depth (Outside) 3267 ft. Recorder Number 11073 Cap. 4000 P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 56 Drill Collar Length 0 ft. I.D. 2 1/4 in.

Weight 9.2 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.

Chlorides 7,000 P.P.M. Drill Pipe Length 3281 ft. I.D. 3 1/2 in.

Jars: Make STERLING Serial Number NOT REQUESTED Test Tool Length 20 ft. Tool Size 3 1/2-IF in.

Did Well Flow? NO Reversed Out NO Anchor Length 69 ft. Size 4 1/2-FH in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. 60' DRILL PIPE Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: WEAK DEAD 10 MINUTES

2nd Open: NO BLOW

Recovered 10 ft. of SLOCM (2%OIL 98%MUD)

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: TOTAL FLUID RECOVERY:10 IN PIPE

TOOL SAMPLE GRINDOUT: 3%OIL 97% MUD

Price Job
Other Charges
Insurance
Total

Time Set Packer(s) 10:55 A.M A.M. P.M. Time Started Off Bottom 12:55 P.M A.M. P.M. Maximum Temperature 110

Initial Hydrostatic Pressure..... (A) 1539 P.S.I.

Initial Flow Period..... Minutes 30 (B) 13 P.S.I. to (C) 16 P.S.I.

Initial Closed In Period..... Minutes 30 (D) 196 P.S.I.

Final Flow Period..... Minutes 30 (E) 15 P.S.I. to (F) 22 P.S.I.

Final Closed In Period..... Minutes 30 (G) 98 P.S.I.

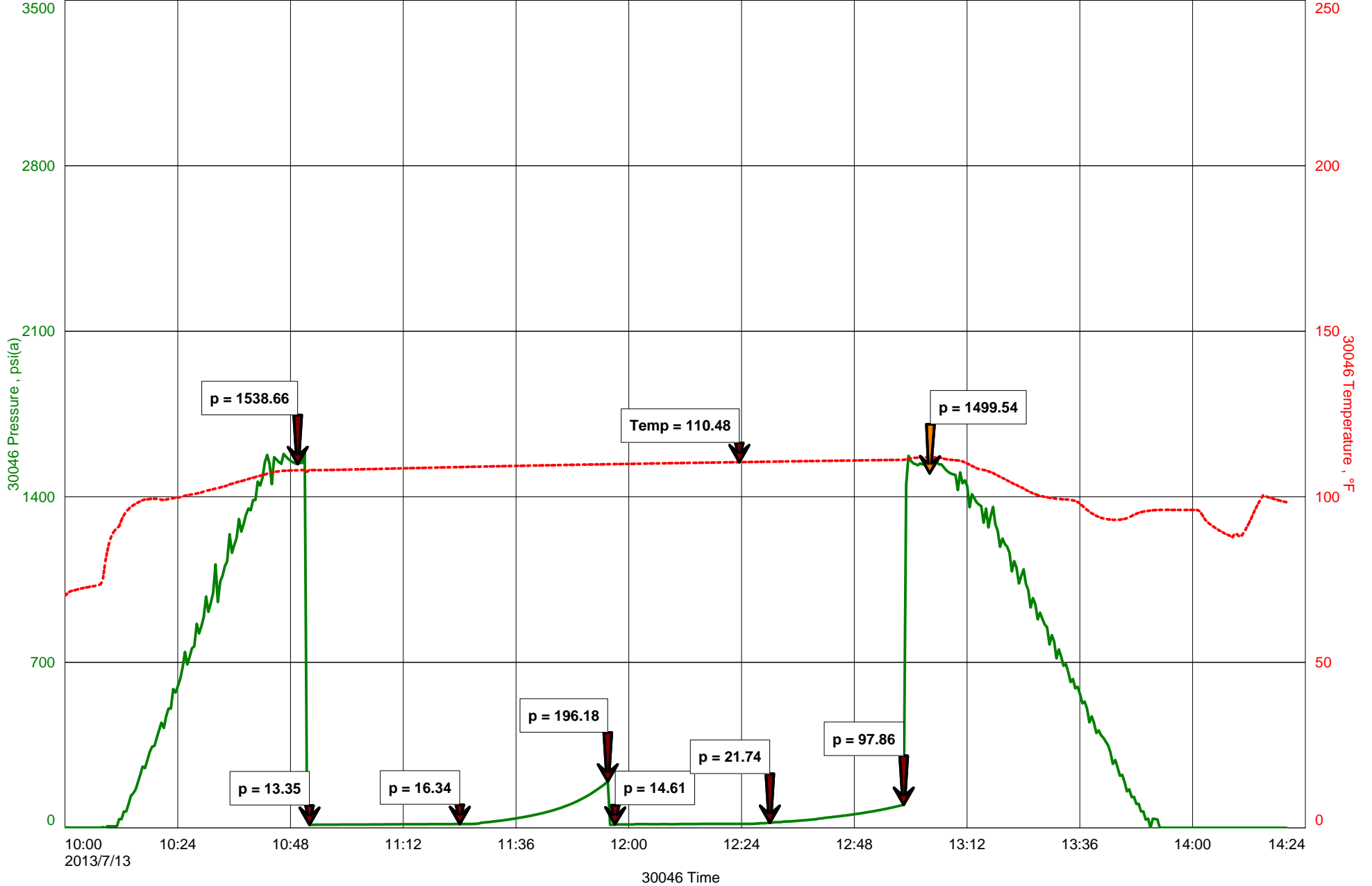
Final Hydrostatic Pressure..... (H) 1500 P.S.I.

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.

RJM COMPANY
Start Test Date: 2013/07/13
Final Test Date: 2013/07/13

DAVENPORTPETERS #1
Formation: DST #2 LKC "H,I,J"
Job Number: D1336

DAVENPORTPETERS #1



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

August 15, 2013

Brian Miller
RJM Company
PO BOX 256
CLAFLIN, KS 67525-0256

Re: ACO1
API 15-167-23889-00-00
Davenport/Peters 1
SW/4 Sec.31-15S-12W
Russell 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,
Brian Miller