



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1161350
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: _____



1161350

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: Yes No

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> _____			
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> <i>(Submit ACO-4)</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. 7516

Date	Sec.	Twp.	Range	County	State	On Location	Finish
9-25-13	21	18	13	Barton	KS		8:00 AM
				Location			
				Herington 25 3/4 E S 100			

Lease	George Miller	Well No. #1	Owner
Contractor	Royal #2		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.
Type Job	Production string		Charge To RJM
Hole Size	7 7/8	T.D. 3324'	
Csg.	5 1/2	Depth 3310	
Tbg. Size		Depth	Street
Tool		Depth	City
			State
Cement Left in Csg.	42.41	Shoe Joint 42.41	The above was done to satisfaction and supervision of owner agent or contractor.
			Cement Amount Ordered 180 10% Salt 5% Gilscrete
Meas Line		Displace 77 3/4 bbl	

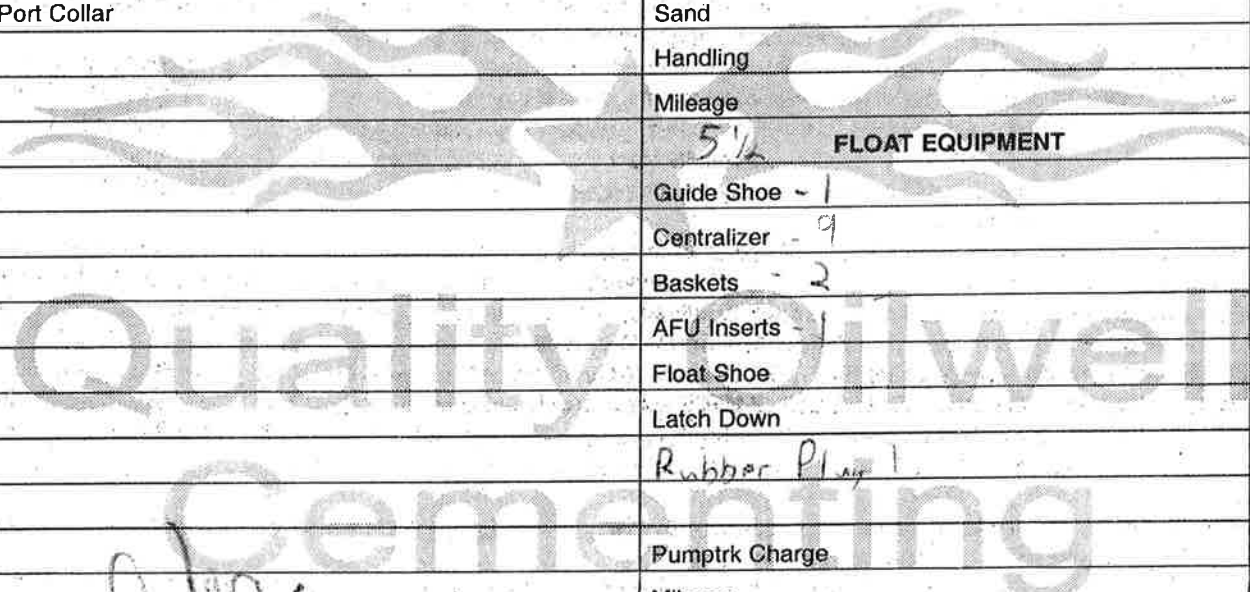
EQUIPMENT			Common
Pumptrk	15	No. Cementer Helper Nick	Poz. Mix
Bulktrk	3	No. Driver Driver David	Gel.
Bulktrk	PU	No. Driver Driver Brett	Calcium

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

5 1/2 FLOAT EQUIPMENT	
Guide Shoe	- 1
Centralizer	- 9
Baskets	- 2
AFU Inserts	- 1
Float Shoe	
Latch Down	
Rubber Plug	1

Pumptrk Charge		Tax
Mileage		Discount
		Total Charge

X Signature *[Handwritten Signature]*



GENERAL INFORMATION

Client Information:

Company: RJM COMPANY
Contact: CHRIS HOFFMAN
Phone: Fax: e-mail:

Site Information:

Contact: WYATT URBAN
Phone: Fax: e-mail:

Well Information:

Name: G. MILLER #1
Operator: RJM COMPANY
Location-Downhole:
Location-Surface: S21/18S/13W

Test Information:

Company: DIAMOND TESTING
Representative: JOHN RIEDL
Supervisor: WYATT URBAN
Test Type: DST #1 CONVENTIONAL Job Number: D1373
Test Unit:
Start Date: 2013/09/23 Start Time: 05:00:00
End Date: 2013/09/23 End Time: 10:20:00
Report Date: 2013/09/13 Prepared By: JOHN RIEDL
Qualified By: WYATT URBAN

Remarks:

RECOVERY: 400' GAS IN PIPE, 70' GAS+OIL CUT MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: STC/Gmiller1dst2

TIME ON: 05:00 9/23/13
TIME OFF: 10:20 9/23/13

Company RJM COMPANY Lease & Well No. G. MILLER #1
Contractor ROYAL DRILLING RIG #2 Charge to RJM COMPANY COMPANY
Elevation 1814 K.B Formation LANSING A-F Effective Pay _____ Ft. Ticket No. D1373
Date 9/23/13 Sec. 21 Twp. 18 S Range 13 W County BARTON State KANSAS
Test Approved By WYATT URBAN Diamond Representative JOHN RIEDL

Formation Test No. 1 Interval Tested from 3060 ft. to 3150 ft. Total Depth 3150 ft.

Packer Depth 3055 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Packer Depth 3060 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3063 ft. Recorder Number 30046 Cap. 6000 P.S.I.

Bottom Recorder Depth (Outside) 3147 ft. Recorder Number 11073 Cap. 4000 P.S.I.

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

Mud Type CHEMICAL Viscosity 62 Drill Collar Length 0 ft. I.D. 2 1/4 in.

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

Chlorides 4,000 P.P.M. Drill Pipe Length 3040 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 90 ft. Size 4 1/2-FH in

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. 69' DRILL PIPE Surface Choke Size 1 in. Bottom Choke Size 5/8 in

Blow: 1st Open: STRONG (B.O.B 12 MIN.) NO BB

2nd Open: STRONG (B.O.B IMMEDIATE) NO BB

Recovered 400 ft. of GAS IN PIPE

Recovered 70 ft. of GAS+OIL CUT MUD (10%GAS 8%OIL 82%MUD)

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: TOTAL FLUID RECOVERY:70' IN DRILL PIPE

TOOL SAMPLE GRINDOUT: (10%GAS 15%OIL 85%MUD)

Time Set Packer(s) 6:20 A.M. A.M. Time Started Off Bottom 8:50 A.M. A.M. Maximum Temperature 107

Initial Hydrostatic Pressure..... (A) 1463 P.S.I.

Initial Flow Period..... Minutes 30 (B) 15 P.S.I. to (C) 26 P.S.I.

Initial Closed In Period..... Minutes 30 (D) 221 P.S.I.

Final Flow Period..... Minutes 45 (E) 31 P.S.I. to (F) 45 P.S.I.

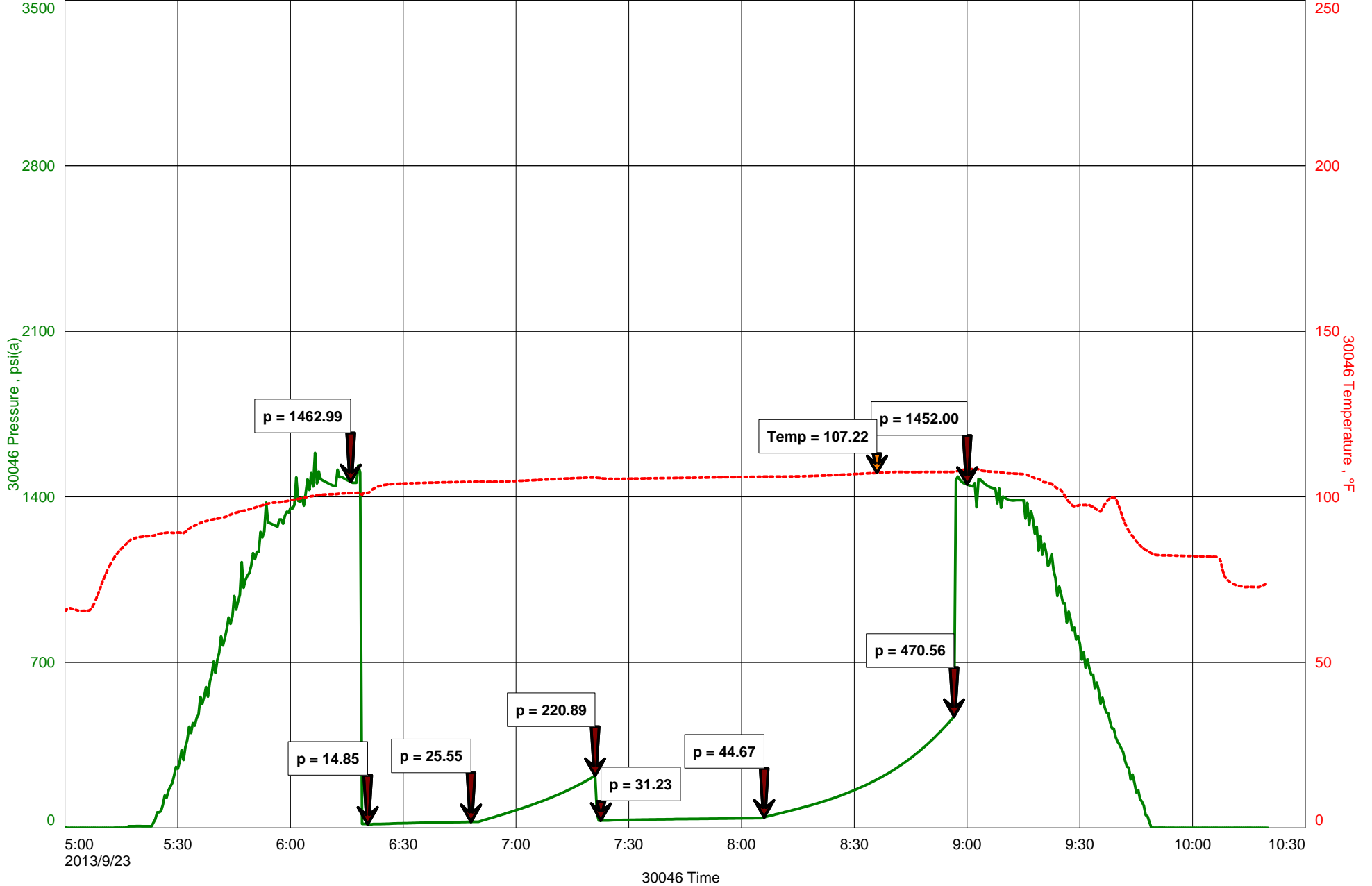
Final Closed In Period..... Minutes 45 (G) 471 P.S.I.

Final Hydrostatic Pressure..... (H) 1452 P.S.I.

Price Job
Other Charges
Insurance
Total

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.

G. MILLER #1



GENERAL INFORMATION

Client Information:

Company: RJM COMPANY

Contact: CHRIS HOFFMAN

Phone: Fax: e-mail:

Site Information:

Contact: WYATT URBAN

Phone: Fax: e-mail:

Well Information:

Name: G. MILLER #2

Operator: RJM COMPANY

Location-Downhole:

Location-Surface: S21/18S/13W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: WYATT URBAN

Test Type: DST #2 CONVENTIONAL Job Number: D1374

Test Unit:

Start Date: 2013/09/23 Start Time: 23:30:00

End Date: 2013/09/24 End Time: 04:30:00

Report Date: 2013/09/24 Prepared By: JOHN RIEDL

Qualified By: WYATT URBAN

Remarks:

RECOVERY: 30' MUDDY WATER



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: STC/Gmiller1dst1

TIME ON: 23:30 9/23/13
TIME OFF: 04:20 9/24/13

Company RJM COMPANY Lease & Well No. G. MILLER #1
Contractor ROYAL DRILLING RIG #2 Charge to RJM COMPANY COMPANY
Elevation 1814 K.B Formation LANSING H-J Effective Pay _____ Ft. Ticket No. D1374
Date 9/24/13 Sec. 21 Twp. 18 S Range 13 W County BARTON State KANSAS
Test Approved By WYATT URBAN Diamond Representative JOHN RIEDL

Formation Test No. 2 Interval Tested from 3208 ft. to 3250 ft. Total Depth 3250 ft.
Packer Depth 3203 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3208 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3211 ft. Recorder Number 30046 Cap. 6000 P.S.I.
Bottom Recorder Depth (Outside) 3247 ft. Recorder Number 11073 Cap. 4000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 62 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9 Water Loss 8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 4,000 P.P.M. Drill Pipe Length 3188 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 42 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: WEAK (2") NO BB
2nd Open: WEAK (1/4") NO BB

Recovered 30 ft. of MW (20%MUD 80%WATER)
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

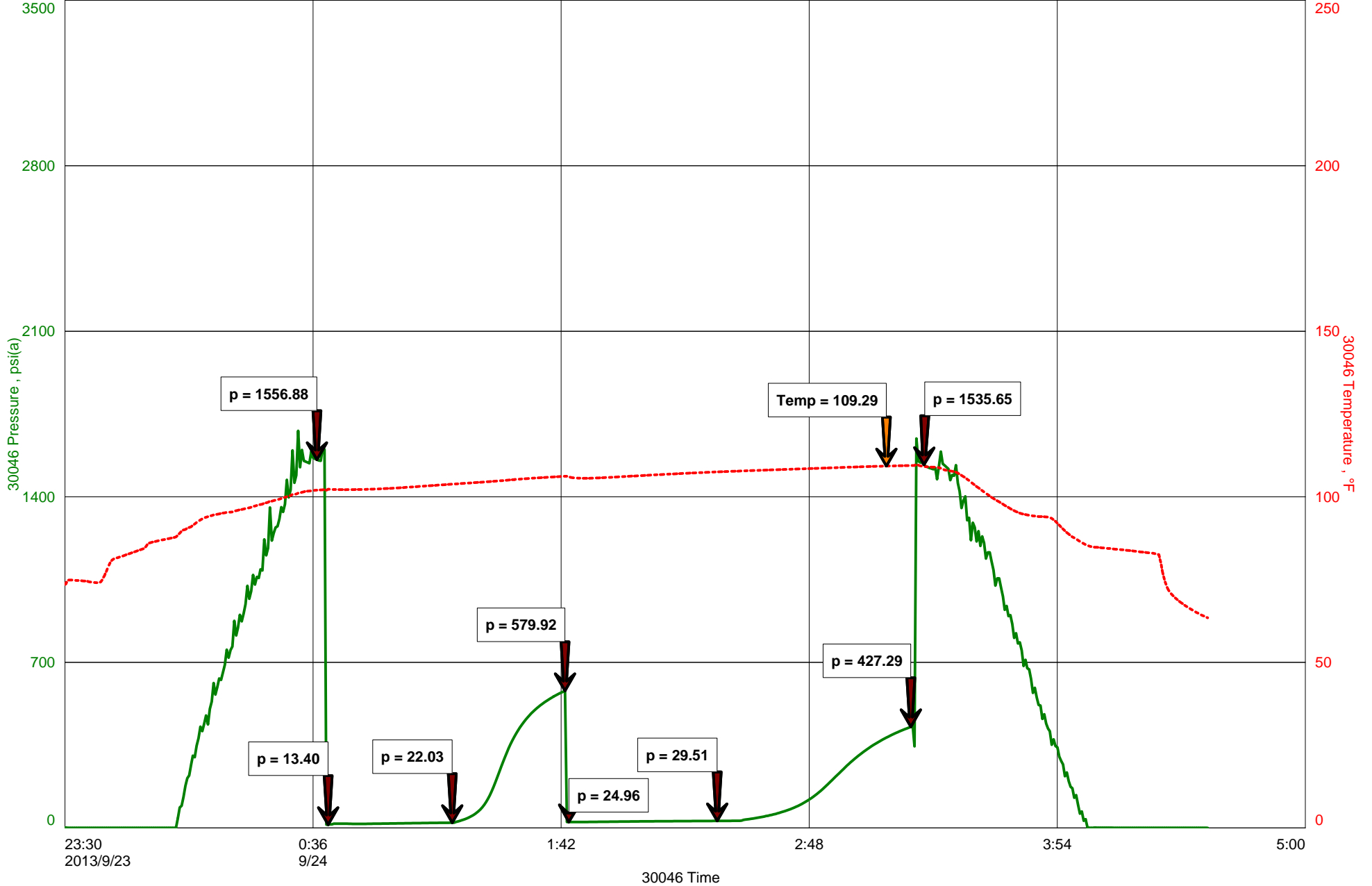
Remarks: <u>TOTAL FLUID RECOVERY:30' IN DRILL PIPE</u> <u>TOOL SAMPLE GRINDOUT: 10% MUD 90%WATER)</u>	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) 12:45 A.M A.M. P.M. Time Started Off Bottom 3:15 A.M A.M. P.M. Maximum Temperature 108

Initial Hydrostatic Pressure..... (A) 1557 P.S.I.
Initial Flow Period..... Minutes 30 (B) 13 P.S.I. to (C) 22 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 580 P.S.I.
Final Flow Period..... Minutes 45 (E) 25 P.S.I. to (F) 30 P.S.I.
Final Closed In Period..... Minutes 45 (G) 427 P.S.I.
Final Hydrostatic Pressure..... (H) 1536 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.

G. MILLER #2



GENERAL INFORMATION

Client Information:

Company: RJM COMPANY
Contact: CHRIS HOFFMAN
Phone: Fax: e-mail:

Site Information:

Contact: WYATT URBAN
Phone: Fax: e-mail:

Well Information:

Name: G MILLER #1
Operator: RJM COMPANY
Location-Downhole:
Location-Surface: S21/18S/13W

Test Information:

Company: DIAMOND TESTING
Representative: JOHN RIEDL
Supervisor: WYATT URBAN
Test Type: DST #3 CONVENTIONAL Job Number: D1375
Test Unit:
Start Date: 2013/09/24 Start Time: 16:30:00
End Date: 2013/09/24 End Time: 22:20:00
Report Date: 2013/09/24 Prepared By: JOHN RIEDL
Qualified By: WYATT URBAN

Remarks:

RECOVERY: 89' GAS IN PIPE, 290' GAS CUT MUDDY OIL



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: STC/Gmiller1dst3

TIME ON: 16:30 9/24/13
TIME OFF: 22:20 9/24/13

Company RJM COMPANY Lease & Well No. G. MILLER #1
Contractor ROYAL DRILLING RIG #2 Charge to RJM COMPANY COMPANY
Elevation 1814 K.B Formation ARBUCKLE Effective Pay _____ Ft. Ticket No. D1375
Date 9/24/13 Sec. 21 Twp. 18 S Range 13 W County BARTON State KANSAS
Test Approved By WYATT URBAN Diamond Representative JOHN RIEDL

Formation Test No. 3 Interval Tested from 3267 ft. to 3324 ft. Total Depth 3324 ft.
Packer Depth 3262 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3267 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3270 ft. Recorder Number 30046 Cap. 6000 P.S.I.
Bottom Recorder Depth (Outside) 3321 ft. Recorder Number 11073 Cap. 4000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 60 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.1 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 5,000 P.P.M. Drill Pipe Length 3247 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 57 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 15 MIN.) WEAK BB
2nd Open: STRONG)B.O.B 28 MIN.)

Recovered 80 ft. of GIP
Recovered 290 ft. of GMO (15%GAS 30%MUD 55%OIL) 37 GRAVITY
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks: TOTAL FLUID RECOVERY:290' IN DRILL PIPE
TOOL SAMPLE GRINDOUT: 5%GAS 20% MUD 75%OIL)

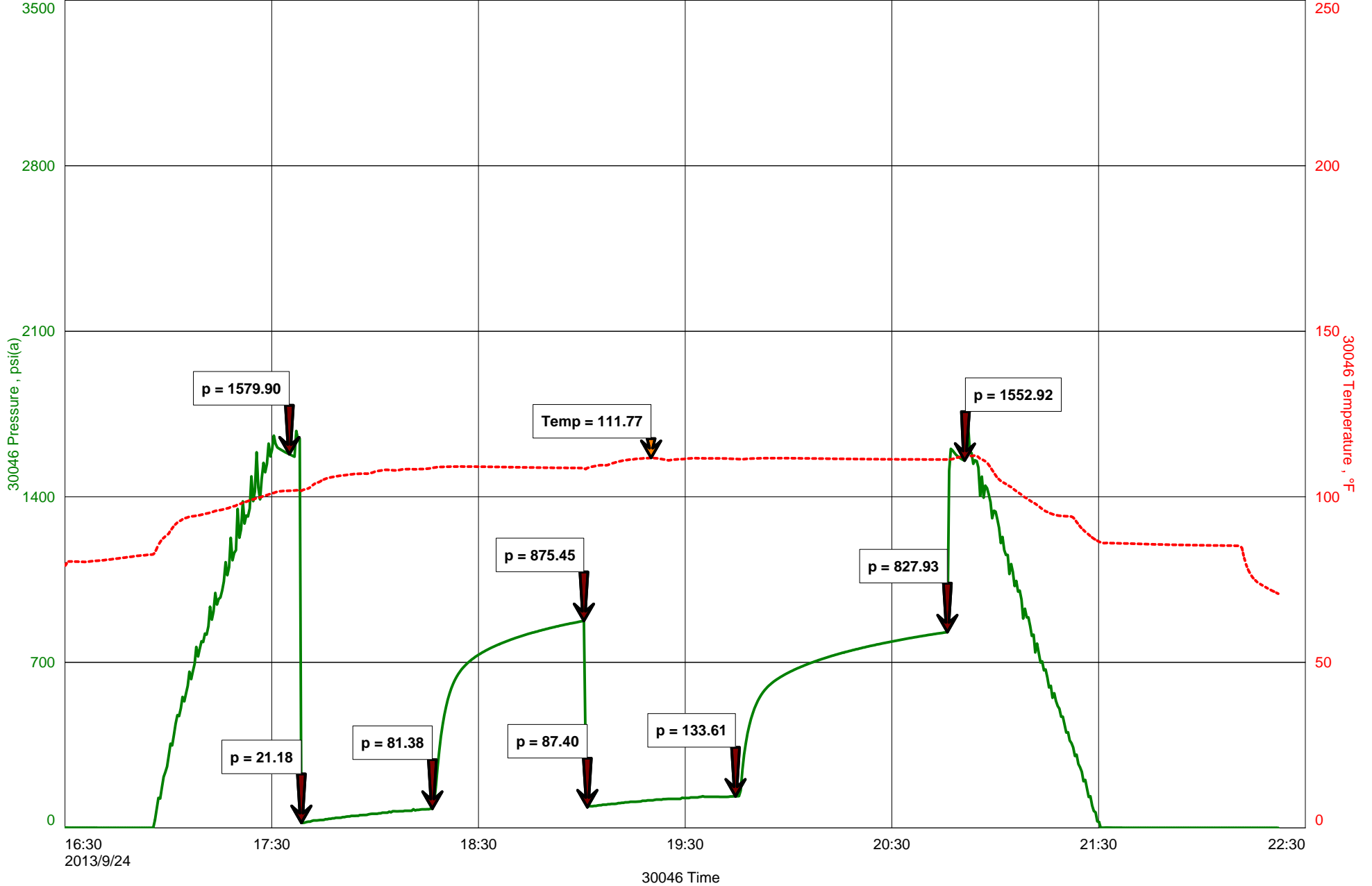
	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) 5:45 P.M ^{A.M.}/_{P.M.} Time Started Off Bottom 8:30 P.M ^{A.M.}/_{P.M.} Maximum Temperature 112

Initial Hydrostatic Pressure..... (A) 1580 P.S.I.
Initial Flow Period..... Minutes 30 (B) 21 P.S.I. to (C) 81 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 875 P.S.I.
Final Flow Period..... Minutes 45 (E) 87 P.S.I. to (F) 134 P.S.I.
Final Closed In Period..... Minutes 60 (G) 828 P.S.I.
Final Hydrostatic Pressure..... (H) 1552 P.S.I.

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G MILLER #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

October 17, 2013

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

Re: ACO1
API 15-009-25866-00-00
George Miller 1
NE/4 Sec.21-18S-13W
Barton 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