

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1167110

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

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: _____



1167110

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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				

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> 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 (Explain) _____			
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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
--	---	--

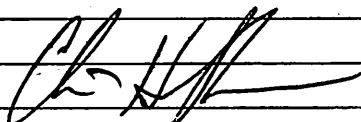
QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

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

No. 6885

Date 9-2-13	Sec. 9	Twp. 16	Range 19	County Rush	State KS	On Location	Finish 6:30 PM
				Location Liebenthal 1S, 4W, 2 1/2 N, Wn 2			
Lease Pfort Miller-kno		Well No. 1		Owner			
Contractor Southwind 3				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 long string				Charge To RJM			
Hole Size 7 7/8		T.D. 3751					
Csg. 5 1/2 15 1/2"		Depth 3715.94		Street			
Tbg. Size		Depth		City State			
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Left in Csg. 13.70		Shoe Joint 31.70		Cement Amount Ordered 180 sx com 10% salt 5% gilsonite			
Meas Line		Displace 87 1/2 bbl					
EQUIPMENT				Common 180			
Pumptrk 15	No.	Cementor		Poz. Mix			
		Helper Nick					
Bulktrk 8	No.	Driver		Gel.			
		Driver Doug					
Bulktrk PU	No.	Driver		Calcium			
		Driver Travis					
JOB SERVICES & REMARKS				Hulls			
Remarks:				Salt 16			
Rat Hole 30 sx				Flowseal			
Mouse Hole				Kol-Seal 900 lb			
Centralizers 1-9				Mud CLR 48 500 gal			
Baskets 2, 7				CFL-117 or CD110 CAF 38			
D/V or Port Collar				Sand			
pipe on bottom broke circulation. Plug Rat hole with 30 sx. Hooked to 5 1/2 pumped 500 gal Mud CLR 48 with 10 bbl fw behind				Handling 205			
1 1/2 Mixed 150 sx com 10% salt 5% gilsonite shut down washed pump and lines released plug and displaced with 87 1/2 bbl fw plug landed and held				Mileage			
				FLOAT EQUIPMENT			
lift pressure 800 psi				Guide Shoe 1			
Plug landed at 1500 psi				Centralizer 9 turbos			
				Baskets 2			
				AFU Inserts 1 with ball			
				Float Shoe			
				Latch Down			
				1 Rubber Plug			
				Pumptrk Charge proe long string			
				Mileage 24			
				Tax			
				Discount			
				Total Charge			
Signature 							

GENERAL TERMS AND CONDITIONS

DEFINITIONS: In these terms and conditions, "Quality" shall mean Quality Oilwell Cementing, Inc., and "Customer" shall refer to the party identified by that term on the front of this contract. As applicable, "job" relates to the services described on the front side of this contract, "merchandise" refers to the material described on the front of this contract and to any other materials, products, or supplies used, sold, or furnished under the requirements of this contract.

- TERMS: Unless satisfactory credit has been established, "CUSTOMER" must tender full cash payment to "QUALITY" before the job is undertaken or merchandise is delivered. If satisfactory credit has been established, the terms of payment for the job and/or merchandise, including bulk cement, are net cash, payable in 30 days from the completion of the job and/or delivery of the merchandise. For all past due invoices, "CUSTOMER" agrees to pay interest on amounts due at a rate of 18 percent per annum until paid. Notwithstanding the foregoing in no event shall this Contract provide for interest exceeding the maximum rate of interest that "CUSTOMER" may agree to pay under applicable law. If any such interest should be provided for, it shall be and hereby is deemed to be a mistake, and this contract shall be automatically reformed to lower the rate of interest to the maximum legal contract rate, any amounts previously paid as excess interest shall be deducted from the amounts owing from the "CUSTOMER" or at the option of "QUALITY," refunded directly to "CUSTOMER." For purposes of this paragraph, QUALITY and CUSTOMER agree that KANSAS law shall apply. Any discounts granted with this contract are null and void if the charges are not paid when due.

- ATTORNEY FEES: In any legal action or proceeding between the parties to enforce any of the terms of this Service Contract, or in any way pertaining to the term of this Contract, the prevailing party shall be entitled to recover all expenses, including, but not limit to, a reasonable sum as and attorney's fees.

- PRICES AND TAXES: All merchandise listed in "QUALITY'S" current price schedule are F.O.B. QUALITY'S local station and are subject to change without notice. All prices are exclusive of any federal, state, local, or special taxes for the sale or use of the merchandise or services listed. The amount of taxes required to be paid by QUALITY shall be added to the quoted prices charged to CUSTOMER.

- TOWING CHARGES: QUALITY will make a reasonable attempt to get to and from each job site using its own equipment. Should QUALITY be unable to do so because of poor or inadequate road conditions, and should it become necessary to employ a tractor or other pulling equipment to get to or from the job site, the tractor or pulling equipment will be supplied by CUSTOMER or, if furnished by QUALITY, will be charged to and paid by CUSTOMER.

- PREPARATION CHARGES: If a job and/or merchandise is ordered and CUSTOMER cancels the order after preparation of a chemical solution or other material, CUSTOMER will pay QUALITY for the expenses incurred by QUALITY as a result of the cancellation.

- DEADHAUL CHARGES: Unless otherwise specified on the front of this Contract, a deadhaul charges as set forth in QUALITY'S current price book will be charged each way for each service unit which is ordered by CUSTOMER but not used.

- SERVICE CONDITIONS AND LIABILITIES: 1. QUALITY carries public liability and property damage insurance, but since there are so many uncertain and unknown conditions beyond QUALITY'S control, QUALITY shall not be liable for injuries to property or persons or for loss or damage arising from the performance of the job or delivery of the merchandise. Customer shall be responsible for and indemnify, defend, and hold harmless QUALITY, its officers, agents and employees, from and against any and all claims or suits for:

(A) Damage to property or for bodily injury, sickness, disease, or death, brought by any person, including CUSTOMER and/or the well owner; and;

(B) Oil spills, pollution, surface or sub-surface damage, injury to the well, reservoir loss, or damage arising from a well blowout arising out of or in connection with QUALITY'S performance of the job or furnishing of merchandise in accordance with this contract, unless such loss or damage is caused by the willful misconduct or gross negligence of QUALITY or its employees.

2. With respect to any of QUALITY'S tools, equipment, or instruments which are lost in the well or damaged when performing or attempting to perform the job or, in the case of marine operations, are lost or damaged at any time after delivery to the landing for CUSTOMER and before return to QUALITY at the landing, CUSTOMER shall either recover the lost item without cost to QUALITY or reimburse QUALITY the current replacement cost of the item unless the loss or damage results from the sole negligence of QUALITY or its employees.

3. QUALITY does not assume any liability or responsibility for damages or conditions resulting from chemical action in cements caused by contamination of water or other fluids.

WARRANTIES: 1. QUALITY warrants all merchandise manufactured or furnished by it to be free from defects in material and workmanship under normal use and service when installed, and used, and/or serviced in the manner provided and intended. QUALITY'S obligation under this warranty is expressly limited to repair replacement, or allowance for credit, at its option, for any merchandise which is determined by QUALITY to be defective. THIS IS THE SOLE WARRANTY OF QUALITY AND NO OTHER WARRANTY IS APPLICABLE, EITHER EXPRESS OR OTHERWISE IMPLIED, IN FACT OR IN LAW, INCLUDING ANY WARRANTY AS TO MERCHANTABILITY OR FITNESS FOR A PARTICULAR USE OR PURPOSE, CUSTOMER'S sole and only remedy with regard to any defective merchandise shall be the repair or replacement thereof or allowance for credit as herein provided, and QUALITY shall not be liable for any consequential, special, incidental, or punitive damages resulting from or caused by defective materials, products or supplies.

2. More specifically:

(A) Nothing in this contract shall be constructed as a warranty by QUALITY of the success or the effectiveness of the result of any work done or merchandise used, sold, or furnished under this contract.

(B) Nothing in this contract shall be construed as a warranty of the accuracy or correctness of any facts, information, or data furnished by QUALITY or any interpretation of test, meter readings, chart information, analysis or research, or recommendations made by QUALITY, unless the inaccuracy or incorrectness is caused by the willful misconduct or gross negligence of QUALITY or its employees in the preparation or furnishing of such facts, information or data. (C) Work done by QUALITY shall be under the direct supervision and control of the CUSTOMER or his agent and QUALITY will accomplish the job as an independent contractor and not as an employee or agent of the CUSTOMER.

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 6881

Cell 785-324-1041

Date	8-27-13	Sec.	9	Twp.	16	Range	19	County	Rush	State	KS	On Location		Finish	11:00AM				
								Location								Lidenthal 15, 4W, 2 1/2 N			
Lease								Pfort Miller-Knoll		Well No.		Owner							
Contractor								Southwend 3				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								Surface											
Hole Size								12 1/4		T.D.		1063		Charge To		RJM			
Csg.								8 5/8		Depth		1063		Street					
Tbg. Size										Depth				City		State			
Tool										Depth				The above was done to satisfaction and supervision of owner agent or contractor.					
Cement Left in Csg.								45		Shoe Joint		45		Cement Amount Ordered				375 sx com 3% cc 2% gel	
Meas Line										Displace		64 3/4 bbl							
EQUIPMENT				Common								375							
Pumptrk		17		No.		Cementor		Helper		Cody				Poz. Mix					
Bulktrk		19		No.		Driver		Driver		David				Gel.		7			
Bulktrk		P4		No.		Driver		Driver		Travis				Calcium		14			
JOB SERVICES & REMARKS				Hulls															
Remarks:				Cement did circulate								Salt							
Rat Hole												Flowseal							
Mouse Hole												Kol-Seal							
Centralizers												Mud CLR 48							
Baskets												CFL-117 or CD110 CAF 38							
D/V or Port Collar												Sand							
												Handling		396					
												Mileage							
												FLOAT EQUIPMENT							
												Guide Shoe							
												Centralizer							
												Baskets							
												AFU Inserts							
												Float Shoe							
												Latch Down							
												1 Rubber Plug							
												Pumptrk Charge				Long Surface			
												Mileage				24			
												Tax							
												Discount							
												Total Charge							
X Signature				Joy Hines															

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(A) Damage to property or for bodily injury, sickness, disease, or death, brought by any person, including CUSTOMER and/or the well owner; and:

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WARRANTIES: 1. QUALITY warrants all merchandise manufactured or furnished by it to be free from defects in material and workmanship under normal use and service when installed, and used, and/or serviced in the manner provided and intended. QUALITY'S obligation under this warranty is expressly limited to repair replacement, or allowance for credit, at its option, for any merchandise which is determined by QUALITY to be defective. THIS IS THE SOLE WARRANTY OF QUALITY AND NO OTHER WARRANTY IS APPLICABLE, EITHER EXPRESS OR OTHERWISE IMPLIED, IN FACT OR IN LAW, INCLUDING ANY WARRANTY AS TO MERCHANTABILITY OR FITNESS FOR A PARTICULAR USE OR PURPOSE. CUSTOMER'S sole and only remedy with regard to any defective merchandise shall be the repair or replacement thereof or allowance for credit as herein provided, and QUALITY shall not be liable for any consequential, special, incidental, or punitive damages resulting from or caused by defective materials, products or supplies.

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GENERAL INFORMATION

Client Information:

Company: RJM COMPANY

Contact: CHRIS HOFFMAN

Phone: Fax: e-mail:

Site Information:

Contact: JIM MUSGROVE

Phone: Fax: e-mail:

Well Information:

Name: PFMK #1

Operator: RJM COMPANY

Location-Downhole:

Location-Surface: 9S/16S/19W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: DST #1 CONVENTIONAL

Job Number: D1353

Test Unit:

Start Date: 2013/08/30

Start Time: 13:30:00

End Date: 2013/08/30

End Time: 19:40:00

Report Date: 2013/08/30

Prepared By: JOHN RIEDL

Remarks:

Qualified By: JIM MUSGROVE

RECOVERY: 120' GAS IN PIPE, ~~70'~~ SLIGHTLY GAS CUT MUDDY OIL



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: STC/Pfortmillerknoll1dst1

TIME ON: 13:30 8/30/13
TIME OFF: 19:40 8/30/13

Company RJM COMPANY Lease & Well No. Pfort/MILLER/KNOLL #1
Contractor SOUTHWIND RIG #3 Charge to RJM COMPANY
Elevation _____ Formation _____ LKC Effective Pay _____ Ft. Ticket No. D1353
Date 8304/13 Sec. 9 Twp. 16 S Range 19 W County RUSH State KANSAS
Test Approved By JIM MUSGROVE Diamond Representative JOHN RIEDL

Formation Test No. 1 Interval Tested from 3377 ft. to 3411 ft. Total Depth 3411 ft.

Packer Depth 3372 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Packer Depth 3377 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3380 ft. Recorder Number 30046 Cap. 6000 P.S.I.

Bottom Recorder Depth (Outside) 3408 ft. Recorder Number 11073 Cap. 4000 P.S.I.

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

Mud Type CHEMICAL Viscosity 64 Drill Collar Length _____ ft. I.D. 2 1/4 in.

Weight 9 Water Loss 8.7 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.

Chlorides 5,000 P.P.M. Drill Pipe Length 3355 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 34 ft. Size 4 1/2-FH in.

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

Blow: 1st Open: WEAK (UILDING THROUGHOUT TO 1") NO BB

2nd Open: STRONG (8") NO BB

Recovered 120 ft. of GIP

Recovered 65 ft. of SLGCMO (10%GAS 25%MUD 65%OIL)

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: TOTAL FLUID RECOVERY: 65' IN DRILL PIPE

TOOL SAMPLE GRINDOUT: 5%GAS 20% MUD 75%OIL)

Price Job

Other Charges

Insurance

Total

Time Set Packer(s) 3:10 P.M. A.M. P.M. Time Started Off Bottom 6:10 P.M. A.M. P.M. Maximum Temperature 111

Initial Hydrostatic Pressure..... (A) 1574 P.S.I.

Initial Flow Period..... Minutes 30 (B) 15 P.S.I. to (C) 23 P.S.I.

Initial Closed In Period..... Minutes 30 (D) 790 P.S.I.

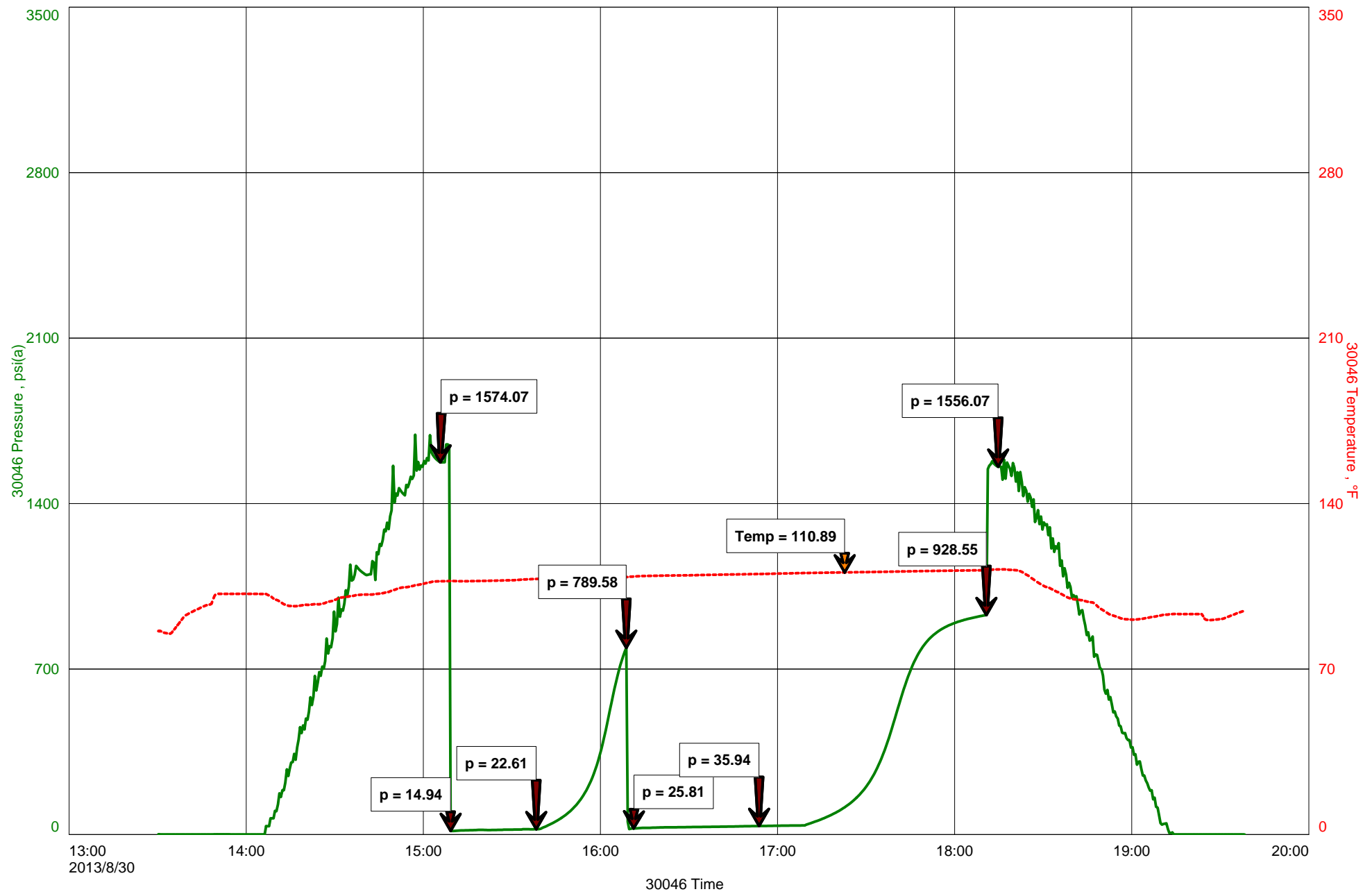
Final Flow Period..... Minutes 60 (E) 26 P.S.I. to (F) 36 P.S.I.

Final Closed In Period..... Minutes 60 (G) 929 P.S.I.

Final Hydrostatic Pressure..... (H) 1557 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.

PFMK #1



GENERAL INFORMATION

Client Information:

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

Site Information:

Contact: JIM MUSGROVE
Phone: Fax: e-mail:

Well Information:

Name: PFORTMILLER/KNOLL #1
Operator: RJM COMPANY
Location-Downhole:
Location-Surface: S9/16S/19W

Test Information:

Company:	DIAMOND TESTING		
Representative:	JOHN RIEDL		
Supervisor:	JIM MUSGROVE		
Test Type:	DST #1 CONVENTIONAL	Job Number:	D1353
Test Unit:			
Start Date:	2013/08/31	Start Time:	02:15:00
End Date:	2013/08/31	End Time:	07:10:00
Report Date:	2013/08/31	Prepared By:	JOHN RIEDL
		Qualified By:	JIM MUSGROVE

Remarks:

RECOVERY: 8' OIL SPECKED DRILLING MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: STC/Pfortmillerknoll1dst2

TIME ON: 02:15 8/31/13
TIME OFF: 07:30 8/31/13

Company RJM COMPANY Lease & Well No. PFORTMILLER/KNOLL #1
Contractor SOUTHWIND RIG #3 Charge to RJM COMPANY
Elevation _____ Formation _____ LKC Effective Pay _____ Ft. Ticket No. D1354
Date 8304/13 Sec. 9 Twp. 16 S Range 19 W County RUSH State KANSAS
Test Approved By JIM MUSGROVE Diamond Representative JOHN RIEDL

Formation Test No. 2 Interval Tested from 3410 ft. to 3446 ft. Total Depth 3446 ft.

Packer Depth 3405 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Packer Depth 3410 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3413 ft. Recorder Number 30046 Cap. 6000 P.S.I.

Bottom Recorder Depth (Outside) 3443 ft. Recorder Number 11073 Cap. 4000 P.S.I.

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

Mud Type CHEMICAL Viscosity 64 Drill Collar Length _____ ft. I.D. 2 1/4 in.

Weight 9 Water Loss 8.7 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.

Chlorides 5,000 P.P.M. Drill Pipe Length 3390 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 36 ft. Size 4 1/2-FH in.

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

Blow: 1st Open: WEAK DEAD IN 10 MIN.

2nd Open: NO BLOW

Recovered 8 ft. of OIL SPECKED MUD

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: TOTAL FLUID RECOVERY: 8' IN DRILL PIPE

TOOL SAMPLE GRINDOUT: 100% MUD

Price Job

Other Charges

Insurance

Total

Time Set Packer(s) 3:34 A.M. A.M. P.M. Time Started Off Bottom 5:34 A.M. A.M. P.M. Maximum Temperature 108

Initial Hydrostatic Pressure..... (A) 1591 P.S.I.

Initial Flow Period..... Minutes 30 (B) 15 P.S.I. to (C) 17 P.S.I.

Initial Closed In Period..... Minutes 30 (D) 875 P.S.I.

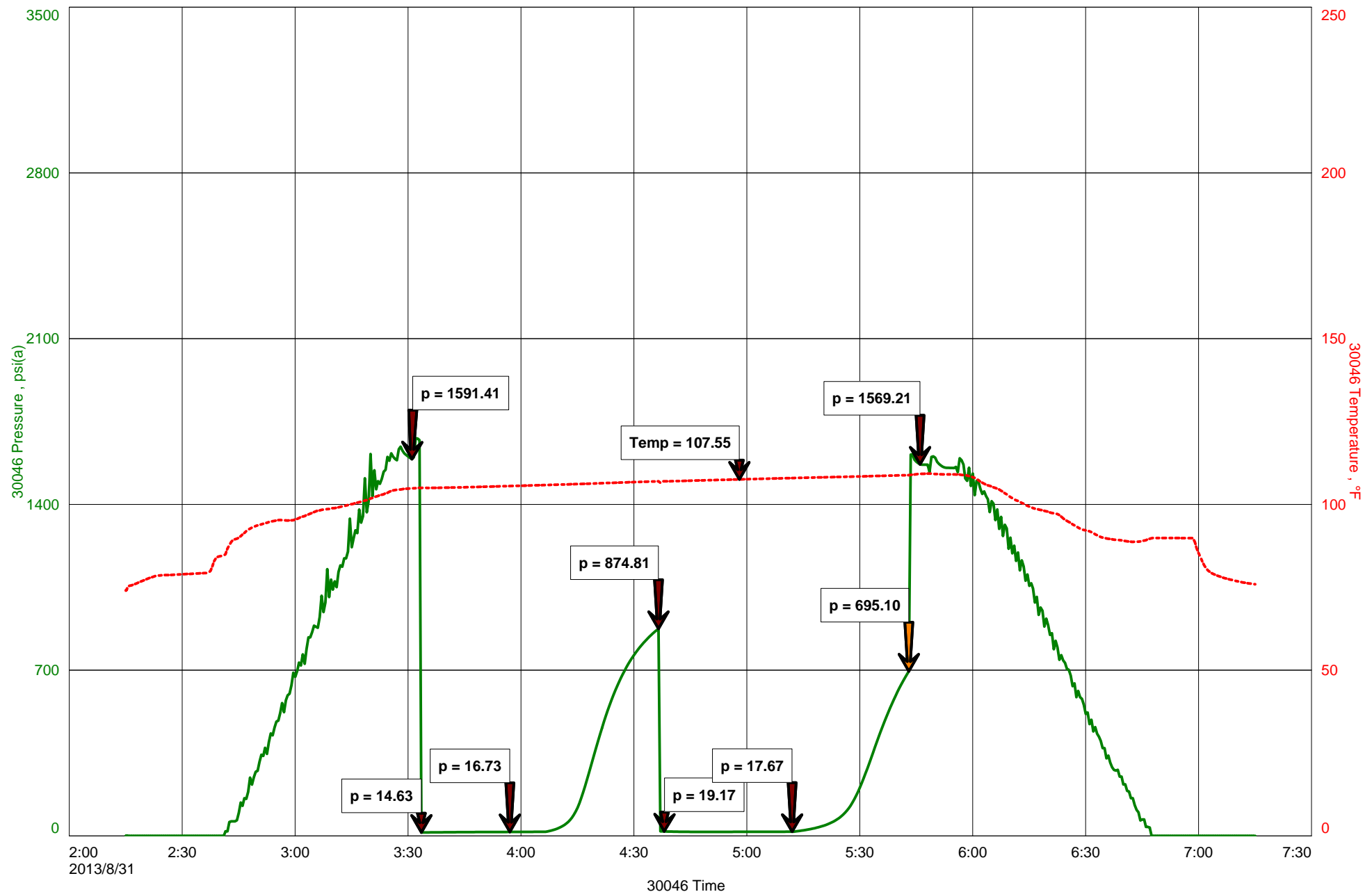
Final Flow Period..... Minutes 30 (E) 19 P.S.I. to (F) 18 P.S.I.

Final Closed In Period..... Minutes 30 (G) 695 P.S.I.

Final Hydrostatic Pressure..... (H) 1569 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.

PFORTMILLER/KNOLL #1



GENERAL INFORMATION

Client Information:

Company: RJM COMPANY

Contact: CHRIS HOFFMAN

Phone: Fax: e-mail:

Site Information:

Contact: JIM MUSGROVE

Phone: Fax: e-mail:

Well Information:

Name: PFORTMILLER/KNOLL #1

Operator: RJM COMPANY

Location-Downhole:

Location-Surface: S9/16S/19W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: DST #1CONVENTIONAL

Job Number: D1355

Test Unit:

Start Date: 2013/08/31

Start Time: 23:30:00

End Date: 2013/09/01

End Time: 04:30:00

Report Date: 2013/09/01

Prepared By: JOHN RIEDL

Remarks:

Qualified By: JIM MUSGROVE

RECOVERY: 30' OIL SPECKED MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: STC/Pfortmillerknoll1dst3

TIME ON: 11:30 8/31/13
TIME OFF: 04:30 9/1/31

Company RJM COMPANY Lease & Well No. PFORTMILLER/KNOLL #1
Contractor SOUTHWIND RIG #3 Charge to RJM COMPANY
Elevation _____ Formation _____ LKC Effective Pay _____ Ft. Ticket No. D1355
Date 9/01/31 Sec. 9 Twp. 16 S Range 19 W County RUSH State KANSAS
Test Approved By JIM MUSGROVE Diamond Representative JOHN RIEDL

Formation Test No. 3 Interval Tested from 3490 ft. to 3620 ft. Total Depth 3620 ft.

Packer Depth 3485 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Packer Depth 3490 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3493 ft. Recorder Number 30046 Cap. 6000 P.S.I.

Bottom Recorder Depth (Outside) 3617 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 _____ ft. I.D. 2 1/4 in.

Weight 9 Water Loss 8.5 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.

Chlorides 8,000 P.P.M. Drill Pipe Length 3470 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 130 ft. Size 4 1/2-FH in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. 94' DRILL PIPE Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: WEAK (BUILT THROUGHOUT TO 1")

2nd Open: WEAK (1/2" DECREASING TO A SURFACE BLOW)

Recovered 30 ft. of OIL SPECKED DRILLING MUD

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: TOTAL FLUID RECOVERY: 30' IN DRILL PIPE

TOOL SAMPLE GRINDOUT: 100% MUD

Price Job

Other Charges

Insurance

Total

Time Set Packer(s) 12:20 A.M. A.M. P.M. Time Started Off Bottom 3:20 A.M. A.M. P.M. Maximum Temperature 112

Initial Hydrostatic Pressure..... (A) 1686 P.S.I.

Initial Flow Period..... Minutes 30 (B) 17 P.S.I. to (C) 20 P.S.I.

Initial Closed In Period..... Minutes 45 (D) 745 P.S.I.

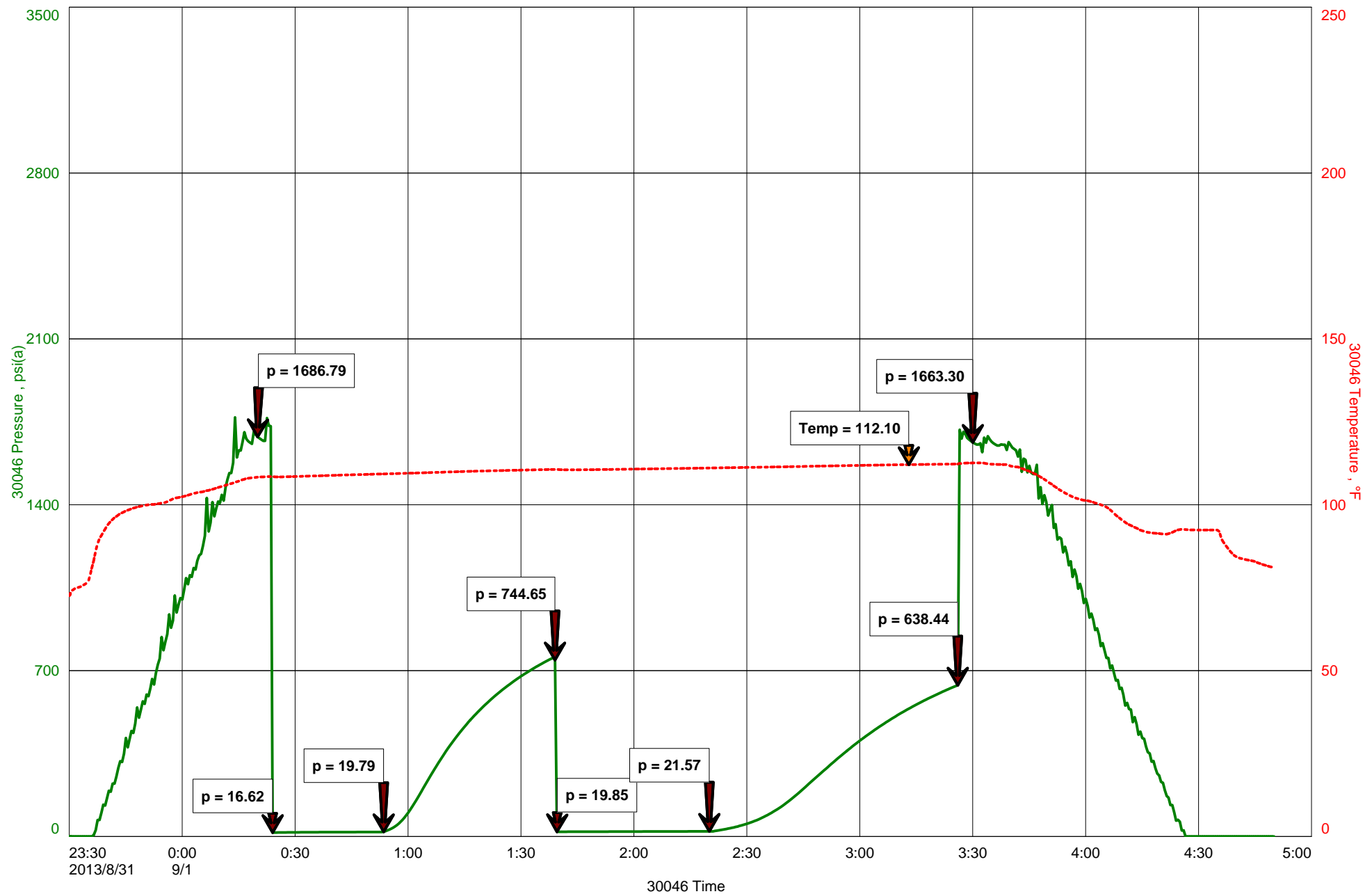
Final Flow Period..... Minutes 45 (E) 20 P.S.I. to (F) 22 P.S.I.

Final Closed In Period..... Minutes 60 (G) 638 P.S.I.

Final Hydrostatic Pressure..... (H) 1663 P.S.I.

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PFORTMILLER/KNOLL #1



GENERAL INFORMATION

Client Information:

Company: RJM COMPANY

Contact: CHRIS HOFFMAN

Phone: Fax: e-mail:

Site Information:

Contact: JIM MUSGROVE

Phone: Fax: e-mail:

Well Information:

Name: PFORTMILLER/KNOLL #1

Operator: RJM COMPANY

Location-Downhole:

Location-Surface: S9/16S/19W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: DST #4 CONVENTIONAL

Job Number: D1356

Test Unit:

Start Date: 2013/09/01

Start Time: 16:30:00

End Date: 2013/09/01

End Time: 22:30:00

Report Date: 2013/09/01

Prepared By: JOHN RIEDL

Remarks:

Qualified By: JIM MUSGROVE

RECOVERY: 1500' SULFUR WATER



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: STC/Pfortmillerknoll1dst4

TIME ON: 16:30 9/01/13
TIME OFF: 22:30 9/01/13

Company RJM COMPANY Lease & Well No. PFOITMILLER/KNOLL #1
Contractor SOUTHWIND RIG #3 Charge to RJM COMPANY
Elevation _____ Formation ARBUCKLE Effective Pay _____ Ft. Ticket No. D1356
Date 9/01/31 Sec. 9 Twp. 16 S Range 19 W County RUSH State KANSAS
Test Approved By JIM MUSGROVE Diamond Representative JOHN RIEDL

Formation Test No. 4 Interval Tested from 3611 ft. to 3701 ft. Total Depth 3701 ft.

Packer Depth 3606 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Packer Depth 3611 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3614 ft. Recorder Number 30046 Cap. 6000 P.S.I.

Bottom Recorder Depth (Outside) 3698 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 _____ ft. I.D. 2 1/4 in.

Weight 9 Water Loss 8.5 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.

Chlorides 6,000 P.P.M. Drill Pipe Length 3591 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. 60' DRILL PIPE Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: STRONG (B.O.B 2 MINUTES) NO BB

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

Recovered 1500 ft. of SULFUR WATER

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: TOTAL FLUID RECOVERY: 500' IN DRILL PIPE

TOOL SAMPLE GRINDOUT: 100% WATER

Price Job

Other Charges

Insurance

Total

Time Set Packer(s) 5:35 P.M. A.M. P.M. Time Started Off Bottom 7:35 P.M. A.M. P.M. Maximum Temperature 122

Initial Hydrostatic Pressure..... (A) 1748 P.S.I.

Initial Flow Period..... Minutes 15 (B) 118 P.S.I. to (C) 294 P.S.I.

Initial Closed In Period..... Minutes 30 (D) 1126 P.S.I.

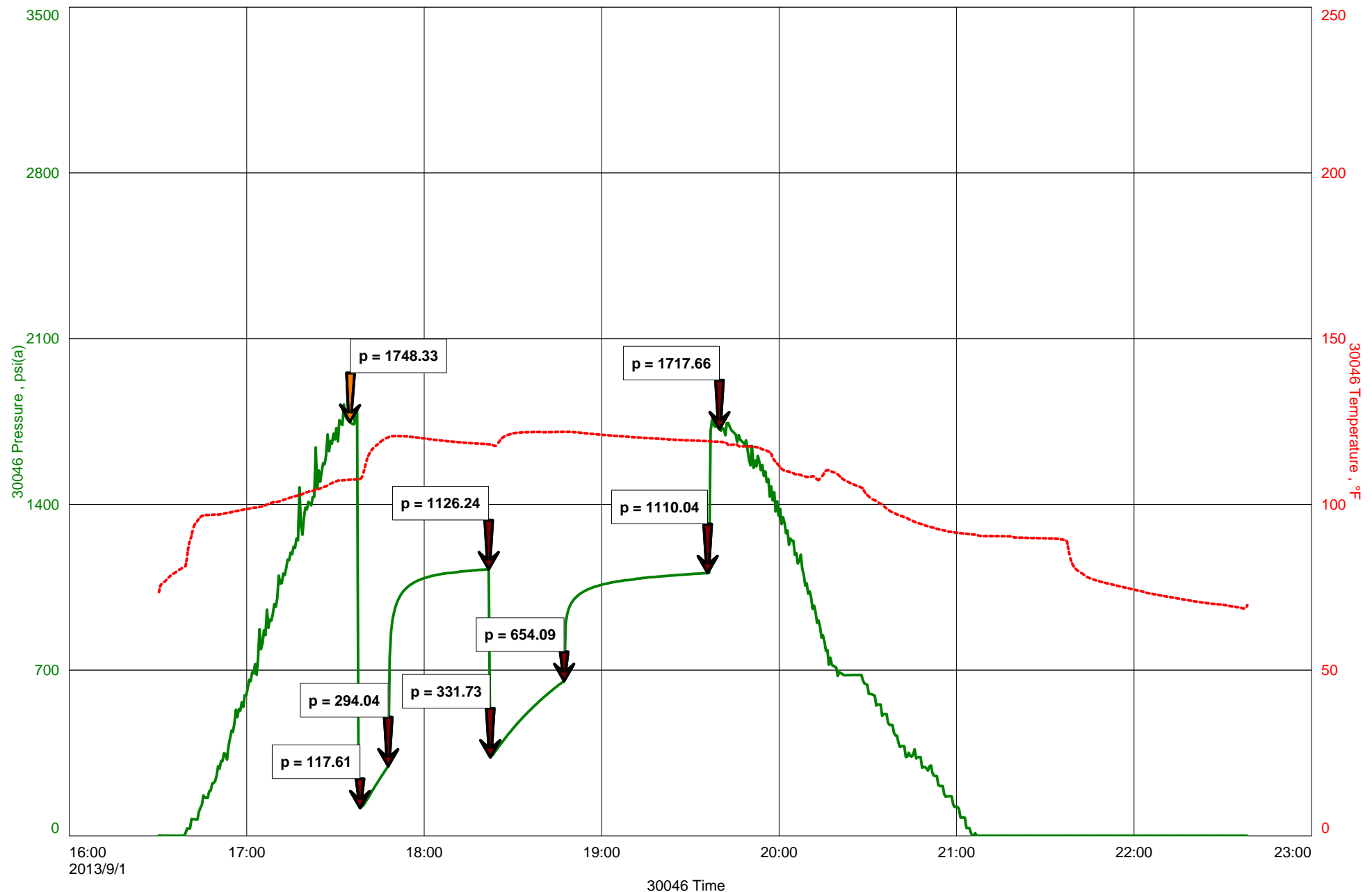
Final Flow Period..... Minutes 30 (E) 332 P.S.I. to (F) 654 P.S.I.

Final Closed In Period..... Minutes 45 (G) 1110 P.S.I.

Final Hydrostatic Pressure..... (H) 1718 P.S.I.

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PFORTMILLER/KNOLL #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

November 06, 2013

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

Re: ACO1
API 15-165-22038-00-00
Pfortmiller-Knoll 1
NE/4 Sec.09-16S-19W
Rush 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