



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1216914
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 |
|-----------------------------------|-----------------|---|

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: _____

1216914

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 |
|--|---|

| 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 |
|----------------|-------|---------|------------|---|

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

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | RJM Company |
| Well Name | Chris Schneider 2 |
| Doc ID | 1216914 |

Tops

| Name | Top | Datum |
|------------------|-------|-------|
| Anhydrite | +1016 | KB |
| Base Anhydrite | +993 | KB |
| Heebner | -1181 | KB |
| Brown Lime | -1247 | KB |
| Lansing | -1257 | KB |
| Base Kansas City | -1456 | KB |
| Arbuckle | -1498 | KB |
| Granite | -1738 | KB |

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. 039

| | | | | | | | | | | | | | | | |
|------|---------|------|----|------|----|-------|----|--------|--------|-------|----|-------------|--|--------|---------|
| Date | 7-15-14 | Sec. | 32 | Twp. | 17 | Range | 14 | County | Barton | State | KS | On Location | | Finish | 6:05 AM |
|------|---------|------|----|------|----|-------|----|--------|--------|-------|----|-------------|--|--------|---------|

Lease: Chris Schneider
Well No. #2
Location: 281 + 4 St, 3W to 70 Ave
Owner: 1/5 E 11th N to Rig

Contractor: Royal 2
Type Job: Surface
To Quality Oilwell Cementing, Inc:
You are hereby requested to rent cementing equipment and furnish
cementor and helper to assist owner or contractor to do work as listed.

Hole Size: 12 1/4"
Csg.: 8 5/8"
T.D.: 887'
Depth: 887'
Charge To: RSM Company

Tbg. Size: _____
Tool: _____
Street: _____
City: _____ State: _____

Cement Left in Csg.: 34'
Shoe Joint: 34'
The above was done to satisfaction and supervision of owner agent or contractor.
Cement Amount Ordered: 350 Com 302

Meas Line: _____ Displace: 54 1/4 BLS

| EQUIPMENT | | | Common |
|-----------|------|---------------------------|----------|
| Pumptrk | 16 | No. Cementer Helper Billy | Poz. Mix |
| Bulktrk | 4 | No. Driver Chad | Gel. |
| Bulktrk | p.u. | No. Driver Rick | Calcium |

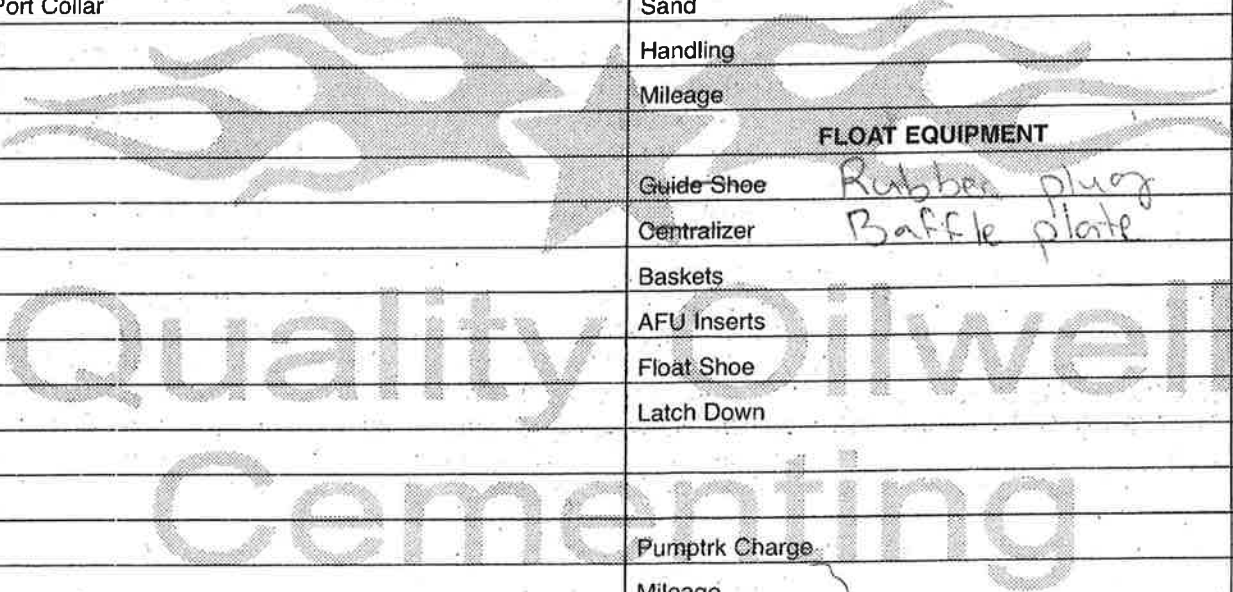
JOB SERVICES & REMARKS
Remarks: Cement did Circulate

| | |
|--------------------|-------------------------|
| 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 |
| | Mileage |

| FLOAT EQUIPMENT | |
|-----------------|--------------|
| Guide Shoe | Rubber plug |
| Centralizer | Baffle plate |
| Baskets | |
| AFU Inserts | |
| Float Shoe | |
| Latch Down | |

Pumptrk Charge: _____
Mileage: _____
Tax: _____
Discount: _____
Total Charge: _____

X Signature: *Jim Blake*



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 095
7-21-14

Cell 785-324-1041

| | | | | | | | | | | | | | | | |
|------|---------|------|----|------|----|-------|----|--------|--------|-------|----|-------------|--|--------|----------|
| Date | 7-20-14 | Sec. | 32 | Twp. | 17 | Range | 14 | County | Barton | State | Ks | On Location | | Finish | 12:30 AM |
|------|---------|------|----|------|----|-------|----|--------|--------|-------|----|-------------|--|--------|----------|

Lease: Chris Schneider
Well No. 2
Owner: E/Info
Location: 281 + 4 1/2 Sec, 3w to 70 Ave, 1/2 S

Contractor: Royal 2
Type Job: Production
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.

Hole Size: 7 7/8"
T.D.: 3656'
Charge To: RJM Company

Csg. 5 1/2" 15.50# new
Depth: 3456"
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. 10'
Shoe Joint 10'
Cement Amount Ordered 180 sx Com 10% Salt 5%

Meas Line Displace 82 BLS Gilsonite - 500 gal mud Clear 48

EQUIPMENT

| | | | | |
|--------------|-----|----------|--|----------|
| Pumptrk 16 | No. | Cementer | | Common |
| | | Helper | | |
| Bulktrk 9 | No. | Driver | | Poz. Mix |
| | | Driver | | |
| Bulktrk P.M. | No. | Driver | | Gel. |
| | | Driver | | |
| | | | | Calcium |

JOB SERVICES & REMARKS

Remarks: Halls

Rat Hole: Salt

Mouse Hole: Flowseal

Centralizers 1-9: Kol-Seal

Baskets 3-5: Mud CLR 48

D/V or Port Collar Circulation, Pump 500 gal: CFL-117 or CD110 CAF 38

mud Clear 48, plug Rathole w/ 30sx: Sand

plug manhole w/ 15 sx, back to casing: Handling

* mix 135sx Cement, shut down: Mileage

wash pump + lines Released plug +: **FLOAT EQUIPMENT**

Displaced with 82 BLS of H2O: Guide Shoe Triplex Shoe

Released & held. Baskets 2

AFU Inserts

Float Shoe

Latch Down 1

Land plug to 1500 #

Pumptrk Charge

Mileage

Tax
Discount
Total Charge

X Signature: [Signature]



Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

| | | | |
|-------------------------|--------------------|-----------------------|--------------|
| Company Name | RJM COMPANY | Job Number | J3257 |
| Contact | CHRIS HOFFMAN | Representative | JOHN RIEDL |
| Well Name | CHRIS SCHNEIDER #2 | Well Operator | RJM COMPANY |
| Unique Well ID | | Report Date | 2014/07/18 |
| Surface Location | S32/17S/14W | Prepared By | JOHN RIEDL |
| Field | | Qualified By | JIM MUSGROVE |

Test Information

| | |
|------------------------|---------------------|
| Test Type | CONVENTIONAL |
| Formation | DST #1 CONVENTIONAL |
| Well Fluid Type | |
| Test Purpose | |

| | | | |
|------------------------|------------|------------------------|----------|
| Start Test Date | 2014/07/18 | Start Test Time | 09:00:00 |
| Final Test Date | 2014/07/18 | Final Test Time | 14:45:00 |

Test Recovery

RECOVERY: 25' DRILLING MUD



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.

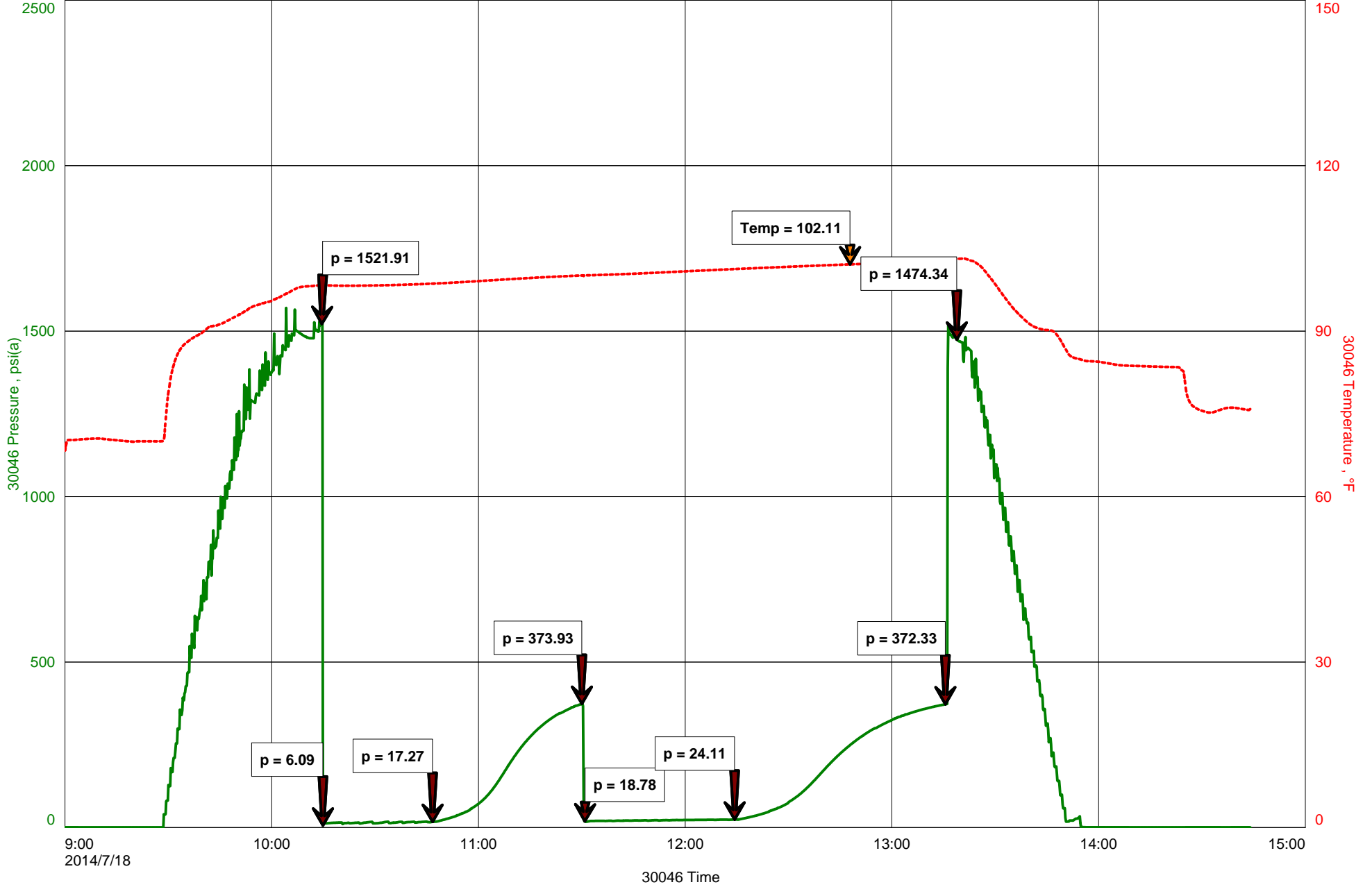
Blow: 1st Open: _____
2nd Open: _____

| | |
|------------------------------|--|
| 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.

CHRIS SCHNEIDER #2





Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

| | | | |
|-------------------------|--------------------|-----------------------|--------------|
| Company Name | RJM COMPANY | Job Number | J3258 |
| Contact | CHRIS HOFFMAN | Representative | JOHN RIEDL |
| Well Name | CHRIS SCHNEIDER #1 | Well Operator | RJM COMPANY |
| Unique Well ID | | Report Date | 2014/07/19 |
| Surface Location | S32/17S/14W | Prepared By | JOHN RIEDL |
| Field | | Qualified By | JIM MUSGROVE |

Test Information

| | |
|------------------------|---------------------|
| Test Type | DST #1 CONVENTIONAL |
| Formation | ARBUCKLE |
| Well Fluid Type | |
| Test Purpose | |

| | | | |
|------------------------|------------|------------------------|----------|
| Start Test Date | 2014/07/19 | Start Test Time | 11:50:00 |
| Final Test Date | 2014/07/19 | Final Test Time | 17:30:00 |

Test Recovery

RECOVERY: 80' MUDDY WATER



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.

