



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1232865  
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: \_\_\_\_\_

1232865

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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. 686

Date 11-6-14	Sec. 24	Twp. 17	Range 12	County Barton	State KS	On Location	Finish 12:00AM
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Location *Odin, 15, 1/2 E, N n 2*

Lease <i>Gregory</i>	Well No. 1	Owner
Contractor <i>Royal #2</i>		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 <i>Surface</i>		Charge To <i>RJM</i>
Hole Size <i>12 1/4</i>	T.D. <i>389</i>	Street
Csg. <i>8 5/8</i>	Depth <i>389</i>	City
Tbg. Size	Depth	State
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg.	Shoe Joint <i>20</i>	Cement Amount Ordered <i>180 SK COM, 3% CC, 2% gel</i>
Meas Line	Displace <i>23661</i>	

**EQUIPMENT**

Pumptrk <i>17</i>	No.	Cementer	Common
		Helper <i>Loaniew</i>	Poz. Mix
Bulktrk <i>15</i>	No.	Driver	Gel.
		Driver <i>Doug</i>	Calcium
Bulktrk <i>PU</i>	No.	Driver	Hulls
		Driver <i>Travis</i>	Salt

**JOB SERVICES & REMARKS**

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

**FLOAT EQUIPMENT**

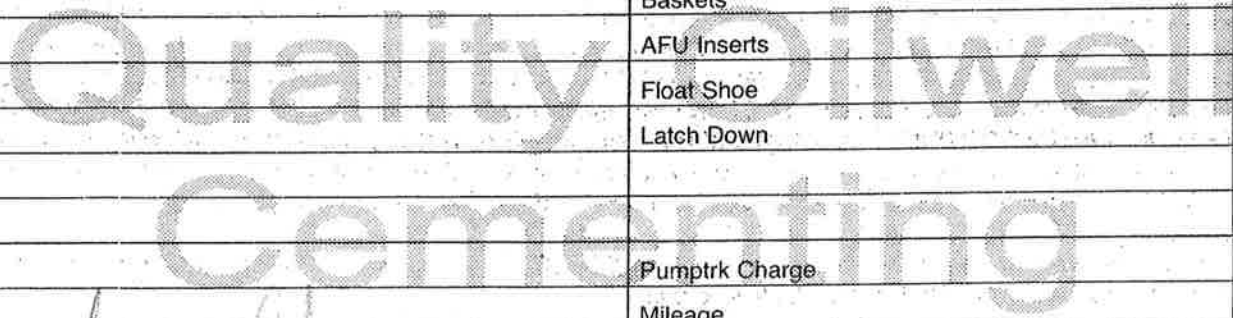
	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

Pumptrk Charge

Mileage

X Signature *[Signature]*

Tax  
Discount  
Total Charge



# 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. 691

Date	Sec.	Twp.	Range	County	State	On Location	Finish
11-12-14	24	17	12	Barton	KS		7:00PM

Location *Odin 15, 1/2 E, N 2*

Lease <i>Gregory</i>	Well No. <i>1</i>	Owner
Contractor <i>Royal #2</i>		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 <i>long string</i>		Charge To <i>RJM</i>
Hole Size	T.D. <i>3450</i>	Street
Csg.	Depth <i>3437.40</i>	City
Tbg. Size	Depth	State
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg.	Shoe Joint <i>9.71</i>	Cement Amount Ordered <i>180 com, 10% salt, 5% Gilsomite</i>
Meas Line	Displace <i>8 1/2 bbl</i>	

**EQUIPMENT**

Pumptrk <i>17</i>	No.	Cementer	Common
		Helper <i>Lonniew.</i>	Poz. Mix
Bulktrk <i>9</i>	No.	Driver	Gel.
		Driver <i>Taylor</i>	Calcium
Bulktrk <i>P4</i>	No.	Driver	
		Driver <i>Travis</i>	

**JOB SERVICES & REMARKS**

Remarks:	Hulls
Rat Hole <i>30sx</i>	Salt
Mouse Hole <i>15sx</i>	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48 <i>500gal</i>
D/V or Port Collar	CFL-117 or CD110 CAF 38

*Pipe on bottom broke circulation. Pumped 500 gal Mud CLR 48 and 100 lb Eubehind it. Plug in Rat hole with 30 sx and mouse hole with 15 sx. Hooked up to 5 1/2 and mixed 135 sx shut down and washed pump and lines. Released Plug and displaced with 8 1/2 bbl Plugged lander cement hole.*

**FLOAT EQUIPMENT**

Handling
Mileage
Guide Shoe
Centralizer <i>9</i>
Baskets <i>2</i>
AFU Inserts
Float Shoe <i>1</i>
Latch Down <i>1</i>

*1st pressure 700 psi*

*Plug landed at 1000 psi*

*[Signature]*

X Signature

Pumptrk Charge	Tax
Mileage	Discount
	Total Charge

# DIAMOND TESTING

## General Information Report

### General Information

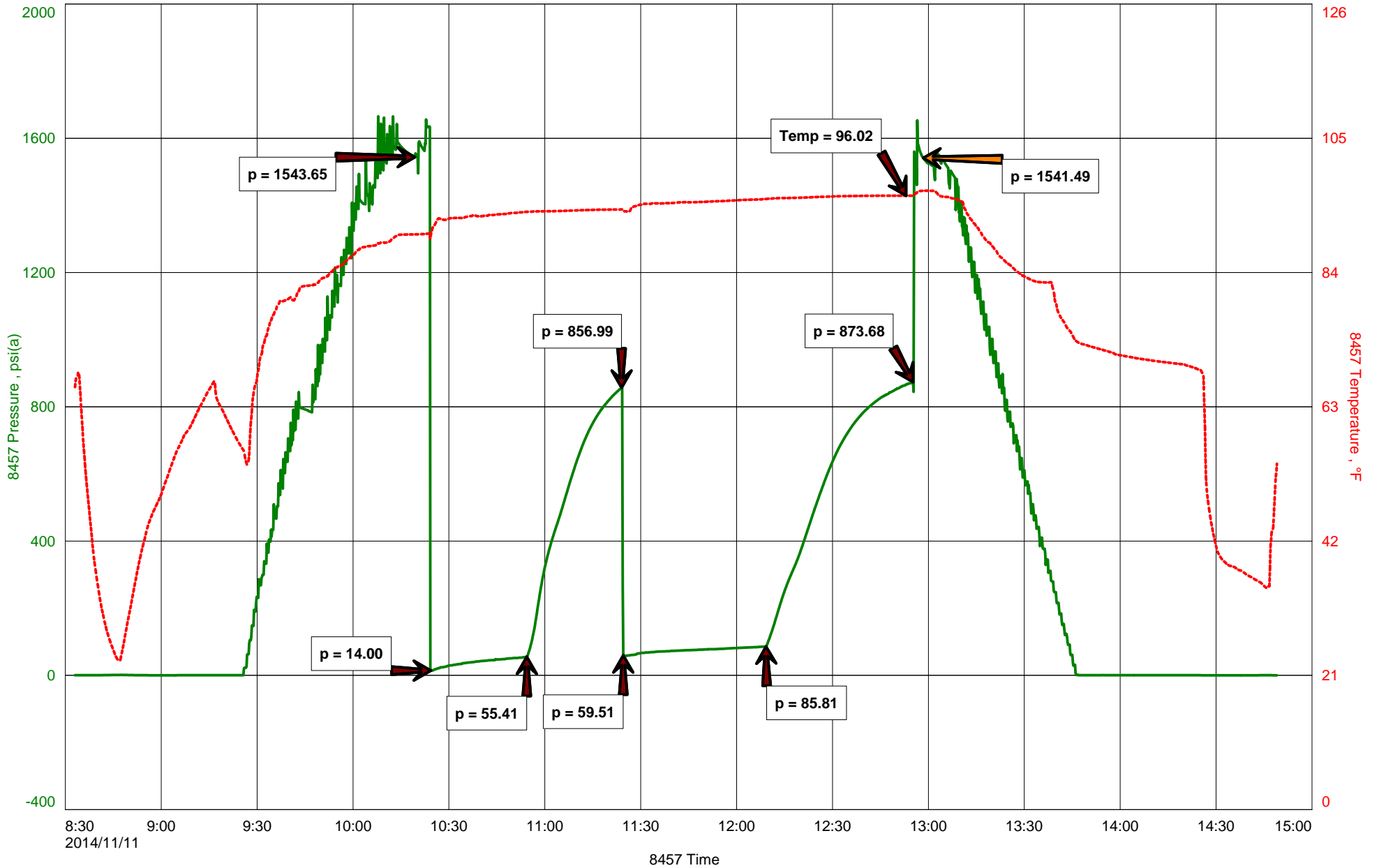
<b>Company Name</b>	RJM COMPANY	<b>Representative</b>	TIM VENTERS
<b>Contact</b>	CHRIS HOFFMAN	<b>Well Operator</b>	RJM COMPANY
<b>Well Name</b>	GREGORY #1	<b>Report Date</b>	2014/11/11
<b>Unique Well ID</b>	DST #1, LANSING "H-M", 3218-3340	<b>Prepared By</b>	TIM VENTERS
<b>Surface Location</b>	SEC 24-17S-12W, BARTON CO. KS.	<b>Qualified By</b>	WYATT URBIN
<b>Field</b>	WILDCAT		
<b>Well Type</b>	Vertical		
<b>Test Type</b>	CONVENTIONAL		
<b>Formation</b>	DST #1, LANSING "H-M", 3218-3340		
<b>Well Fluid Type</b>	01 Oil		
<b>Start Test Date</b>	2014/11/11	<b>Start Test Time</b>	08:33:00
<b>Final Test Date</b>	2014/11/11	<b>Final Test Time</b>	14:49:00

### Test Recovery:

RECOVERY: 315' GAS IN PIPE  
80' GO, 11% GAS, 89% OIL, GRAVITY: 35  
180' G,OCM, 13% GAS, 20% OIL, 67% MUD  
260' TOTAL FLUID

TOOL SAMPLE: 32% OIL, 68% MUD

# GREGORY #1







**DIAMOND TESTING**  
 P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
 (800) 542-7313  
**DRILL-STEM TEST TICKET**  
 FILE: GREGORY1DST1

TIME ON: 08:33  
 TIME OFF: 14:49

Company RJM COMPANY Lease & Well No. GREGORY #1  
 Contractor ROYAL DRILLING, INC. RIG #2 Charge to RJM COMPANY  
 Elevation 1869 KB Formation LALNSING "H-M" Effective Pay \_\_\_\_\_ Ft. Ticket No. T415  
 Date 11-11-14 Sec. 24 Twp. \_\_\_\_\_ 17 S Range \_\_\_\_\_ 12 W County BARTON State KANSAS  
 Test Approved By WYATT URBIN Diamond Representative TIMOTHY T. VENTERS

Formation Test No. 1 Interval Tested from 3218 ft. to 3340 ft. Total Depth 3340 ft.  
 Packer Depth 3213 ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.  
 Packer Depth 3218 ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.

Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) 3199 ft. Recorder Number 8457 Cap. 10,000 P.S.I.  
 Bottom Recorder Depth (Outside) 3337 ft. Recorder Number 11030 Cap. 5,025 P.S.I.  
 Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type CHEMICAL Viscosity 54 Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
 Weight 9.2 Water Loss 8.8 cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
 Chlorides 6,000 P.P.M. Drill Pipe Length 3185 ft. I.D. 3 1/2 in.  
 Jars: Make STERLING Serial Number 2 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.  
 Did Well Flow? NO Reversed Out NO Anchor Length 25 ft. Size 4 1/2-FH in.  
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. <sup>97' DP IN ANCHOR</sup> Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: GOOD 1 INCH BLOW, BUILDING, REACHING BOB 14 MIN. (NO BB)  
 2nd Open: WEAK 1/2 INCH BLOW, BUILDING, REACHING BOB 12 1/2 MIN. (NO BB)

Recovered 315 ft. of GAS IN PIPE  
 Recovered 80 ft. of GO, 11% GAS, 89% OIL, GRAVITY: 35  
 Recovered 180 ft. of G,OCM, 13% GAS, 20% OIL, 67% MUD  
 Recovered 260 ft. of TOTAL FLUID

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
TOOL SAMPLE: 32% OIL, 68% MUD	Total

Time Set Packer(s) 10:24 AM <sup>A.M.</sup> P.M. Time Started Off Bottom 12:54 PM <sup>A.M.</sup> P.M. Maximum Temperature 96 deg.

Initial Hydrostatic Pressure..... (A) 1544 P.S.I.  
 Initial Flow Period..... Minutes 30 (B) 14 P.S.I. to (C) 55 P.S.I.  
 Initial Closed In Period..... Minutes 30 (D) 857 P.S.I.  
 Final Flow Period..... Minutes 45 (E) 60 P.S.I. to (F) 86 P.S.I.  
 Final Closed In Period..... Minutes 45 (G) 874 P.S.I.  
 Final Hydrostatic Pressure..... (H) 1541 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.