

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1255302  
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<br>Recompletion Date | Date Reached TD | Completion Date or<br>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: \_\_\_\_\_

1255302

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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>List All E. Logs Run: _____ | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>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<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><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:<br><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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
|                                   |           |         |             |               |         |

|  |   |   |
|--|---|---|
| <b>DISPOSITION OF GAS:</b><br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | <b>METHOD OF COMPLETION:</b><br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i><br><input type="checkbox"/> Other <i>(Specify)</i> _____ | <b>PRODUCTION INTERVAL:</b><br>_____<br>_____ |
|--|---|---|



# 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. 1426

|                    |                |                |                 |                      |                 |             |                       |
|--------------------|----------------|----------------|-----------------|----------------------|-----------------|-------------|-----------------------|
| Date <b>6-9-15</b> | Sec. <b>34</b> | Twp. <b>16</b> | Range <b>12</b> | County <b>Barton</b> | State <b>KS</b> | On Location | Finish <b>8:30 PM</b> |
|--------------------|----------------|----------------|-----------------|----------------------|-----------------|-------------|-----------------------|

Location **Bever, 1E, 1 1/2 S**

|                           |                            |  |
|---------------------------|----------------------------|--|
| Lease <b>Redetzke</b>     | Well No.                   | Owner  |
| Contractor <b>Royal 1</b> |                            | To Quality Oilwell Cementing, Inc.<br>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 <b>Surface</b>   |                            |  |
| Hole Size <b>12 1/2</b>   | T.D. <b>378</b>            | Charge <b>RJM</b>  |
| Csg. <b>8 5/8</b>         | Depth <b>378</b>           | To   |
| Tbg. Size                 | Depth                      | Street   |
| Tool                      | Depth                      | City   |
| Cement Left in Csg.       | Shoe Joint <b>20</b>       | State  |
| Meas Line                 | Displace <b>22 3/4 bbl</b> | The above was done to satisfaction and supervision of owner agent or contractor.   |
|                           |                            | Cement Amount Ordered <b>180 sk 80/20, 3% acc, 2% gel</b>  |

**EQUIPMENT**

|                  |     |                       |          |
|------------------|-----|-----------------------|----------|
| Pumptrk <b>5</b> | No. | Cementer <b>Brett</b> | Common   |
| Bulktrk <b>3</b> | No. | Driver <b>Brian</b>   | Poz. Mix |
| Bulktrk <b>4</b> | No. | Driver <b>Travis</b>  | Gel.     |
|                  |     |                       | Calcium  |

**JOB SERVICES & REMARKS**

|                                      |                         |
|--------------------------------------|-------------------------|
| Remarks: <b>Cement did circulate</b> | 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        |

X Signature **Tom Blake**

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. 1278  
6-14-15

|          |      |      |       |                                 |        |             |         |
|----------|------|------|-------|---------------------------------|--------|-------------|---------|
| Date     | Sec. | Twp. | Range | County                          | State  | On Location | Finish  |
| 6-13-15  | 34   | 16   | 12    | BARTON                          | Kansas |             | 3:15 AM |
| Lease    |      |      |       | Location                        |        |             |         |
| Redetzke |      |      |       | Beaver ks, 1 E 1/2 S 1/4 E T170 |        |             |         |

|                     |                           |  |  |
|---------------------|---------------------------|--|--|
| Lease               | Well No.                  | Owner  |  |
| Redetzke            | #1                        | To Quality Oilwell Cementing, Inc.   |  |
| Contractor          | Royal Dels. Rig #1 "Doug" | 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         |  |  |
| Hole Size           | 7 7/8                     | Charge To  |  |
| Csg.                | 5 1/2 New                 | R. J. M. Company   |  |
| Tbg. Size           | 5 3/8 # csg               | Street   |  |
| Tool                | LATCH DOWN @              | City   |  |
| Cement Left in Csg. |                           | State  |  |
| Meas Line           | Displace                  | The above was done to satisfaction and supervision of owner agent or contractor.   |  |
|                     | 79 1/2 / BBL              | Cement Amount Ordered 180 SX 10% SALT 5% GILSONITE   |  |
| EQUIPMENT           |                           | 500 GAL MUD-CLR  |  |

| No.        | Cementor | Helper |
|------------|----------|--------|
| Pumptrk 18 | Glenn G. |        |
| Bulktrk 14 | Cody B.  |        |
| Bulktrk    | Chad M.  |        |

**JOB SERVICES & REMARKS**

Remarks: Cement Tax Collected @ 52 BBL / DISP.

Rat Hole 30 SX

Mouse Hole 15 SX

Centralizers 1-9

Baskets 3 + 5

D/V or Port Collar

Set @ 3336, Received Circulation

Drop "AFU" BALL. Circulate HR on Bottom. Pump 500 GAL mud flush

Cement Down Hole w/ 135 SX

Comp. 10% SALT 5% GILSONITE

Stop - Close Line, Release Latch - Down Plug, & Displace w/ TOTAL OF 79 BBL 1/2 Land Plug @ 1500 #. HAD 700 # LIFT PRESSURE

DID ROTATE w/ CEMENT TURN CORNER

STOP ROTATING @ 69 BBL / DISP.

Release Pressure, & "AFU" Plug - (Hold)

|                         |         |
|-------------------------|---------|
| Common                  |         |
| Poz. Mix                |         |
| Gel.                    |         |
| Calcium                 |         |
| Hulls                   |         |
| Salt                    |         |
| Flowseal                |         |
| Kol-Seal                |         |
| Mud CLR 48              | 500 Gal |
| CFL-117 or CD110 CAF 38 |         |
| Sand                    |         |
| Handling                |         |
| Mileage                 |         |

|                        |           |
|------------------------|-----------|
| <b>FLOAT EQUIPMENT</b> |           |
| Guide Shoe             |           |
| Centralizer            | TURBO X 9 |
| Baskets                | X 2       |
| AFU Inserts            |           |
| Float Shoe             | X 1       |
| Latch Down Plug Assy   | X 1       |
| ROTATING - HEAD        |           |
| Pumptrk Charge         |           |
| Mileage                |           |

X Signature 

|              |  |
|--------------|--|
| Tax          |  |
| Discount     |  |
| Total Charge |  |



# Diamond Testing General Report

**John Riedl**  
**TESTER**  
**CELL: 620-793-0550**

## General Information

|                         |             |                       |              |
|-------------------------|-------------|-----------------------|--------------|
| <b>Company Name</b>     | RJM COMPANY | <b>Job Number</b>     | J34345       |
| <b>Contact</b>          | BRAD MILLER | <b>Representative</b> | JOHN RIEDL   |
| <b>Well Name</b>        | REDETZKE #1 | <b>Well Operator</b>  | RJM CO.      |
| <b>Unique Well ID</b>   |             | <b>Report Date</b>    | 2015/06/13   |
| <b>Surface Location</b> | S34/16S/12W | <b>Prepared By</b>    | JOHN RIEDL   |
| <b>Field</b>            |             | <b>Qualified By</b>   | JIM MUSGROVE |

## Test Information

|                        |                     |
|------------------------|---------------------|
| <b>Test Type</b>       | DST #1 CONVENTIONAL |
| <b>Formation</b>       | ARBUCKLE            |
| <b>Well Fluid Type</b> |                     |
| <b>Test Purpose</b>    |                     |

|                        |            |                        |          |
|------------------------|------------|------------------------|----------|
| <b>Start Test Date</b> | 2015/06/13 | <b>Start Test Time</b> | 12:20:00 |
| <b>Final Test Date</b> | 2015/06/13 | <b>Final Test Time</b> | 18:30:00 |

## Test Recovery

RECOVERY: 180' GAS IN PIPE  
1400' GO (15%GAS 85%OIL) 38 GRAVITY



**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 _____ |               |
| Recovered _____ ft. of _____ |               |
| Recovered _____ ft. of _____ |               |
| Recovered _____ ft. of _____ |               |
| Recovered _____ ft. of _____ | Price Job     |
| Recovered _____ ft. of _____ | Other Charges |
| Remarks: _____               | Insurance     |
|                              | Total         |

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.

# REDETZKE #1

