

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1262852
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: _____

1262852



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 <i>(Attach Additional Sheets)</i>	<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
<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:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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: _____ _____
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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. 1604

Date	8-11-15	Sec.	1	Twp.	17	Range	12	County	Barton	State	KS	On Location		Finish	11:15 PM
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Location OD in KS - 2 1/2 N E15

Lease	<u>Reif</u>	Well No.	<u>1</u>	Owner	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.
Contractor	<u>Southwind</u>	#	<u>3</u>	Charge To	<u>RJM Company</u>
Type Job	<u>Surface</u>	T.D.	<u>375'</u>	Street	
Hole Size	<u>12 1/4"</u>	Depth	<u>375'</u>	City	State
Csg.	<u>8 5/8"</u>	Depth	<u>375'</u>	The above was done to satisfaction and supervision of owner agent or contractor.	
Tbg. Size		Depth		Cement Amount Ordered	<u>180 80/20 3% CL 2% Gel</u>
Tool		Depth		Meas Line	
Cement Left in Csg.	<u>15'</u>	Shoe Joint	<u>15'</u>	Displace	<u>22 3/4 BLS</u>

EQUIPMENT

Pumptrk	<u>18</u>	No.		Cementer	<u>Traut's</u>	Common	<u>145</u>
Bulktrk	<u>14</u>	No.		Helper		Poz. Mix	<u>35</u>
Bulktrk	<u>P.U.</u>	No.		Driver	<u>Billy</u>	Gel.	<u>3</u>
				Driver	<u>Rick</u>	Calcium	<u>6</u>

JOB SERVICES & REMARKS

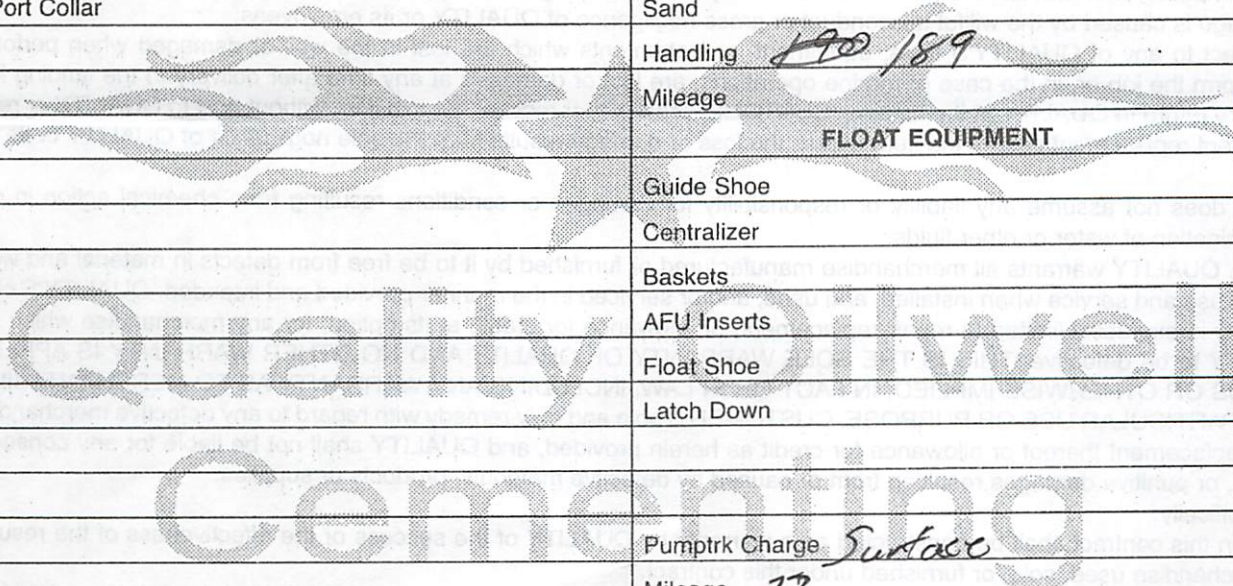
Remarks:	<u>Cement did Circulate</u>	Hulls	
Rat Hole		Salt	
Mouse Hole		Flowseal	
Centralizers		Kol-Seal	
Baskets		Mud CLR 48	
D/V or Port Collar		CFL-117 or CD110 CAF 38	
		Sand	
		Handling	<u>190 189</u>
		Mileage	

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	

Pumptrk Charge Surface
Mileage 27

X Signature <u>Jay Shur</u>	Tax	
	Discount	
	Total Charge	



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 invoiced 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 construed 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
Cell 785-324-1041

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

No. 1608

Date	8-17-15	Sec.	1	Twp.	17	Range	12	County	Barton	State	Ks	On Location		Finish	3:45 AM
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Lease **Reif** Location **OD in Ks - 2 1/2 N, E1 Int**

Well No.	1	Owner	To Quality Oilwell Cementing, Inc.
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Contractor	Southwind	3	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
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Type Job	Long string	Charge To	Rjm Company
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Hole Size	7 7/8"	T.D.	3348'	Street	
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Csg.	5 1/2" New 15.50	Depth	3332'	City	State
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Tbg. Size		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
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Tool		Depth		Cement Amount Ordered	180 Com 10% Salt 5% Gilsomite
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Cement Left in Csg.	42.29'	Shoe Joint	42.29'	500 gal mud Clear 48
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Meas Line		Displace	78 1/4 BLS	Common
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EQUIPMENT

Pumptrk	18	No.	Cementer		Poz. Mix
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			Helper	Travis	
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Bulktrk	3	No.	Driver	Doucy	Gel.
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			Driver	Rick	Calcium
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JOB SERVICES & REMARKS

Remarks:		Hulls	
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Rat Hole		Salt	15
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Mouse Hole		Flowseal	
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Centralizers	1-9	Kol-Seal	900#
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Baskets	2-5	Mud CLR 48	500 gal
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D/V or Port Collar	pipe on bottom, break	CFL-117 or CD110 CAF 38	
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	Circulation pump 500 gal mud	Sand	
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	Clear 48, plug Rathole w/ 30 sx	Handling	204
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	Cement 5 1/2" Casing w/ 150 sx	Mileage	
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FLOAT EQUIPMENT

	Shut down wash pump + lines	Guide Shoe	
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	Released plug & Displaced w/ 78 1/4	Centralizer	9
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	BLS of H2O. Released & held.	Baskets	2
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		AFU Inserts	
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		Float Shoe	1
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		Latch Down	1
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		Rotating head Assy	
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		Pumptrk Charge	prod string
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		Mileage	27
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X Signature	Joy Harris		
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Tax
Discount
Total Charge

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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:

(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.

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Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	RJM COMPANY	Job Number	J3357
Contact	BRAD MILLER	Representative	JOHN RIEDL
Well Name	REIF #1	Well Operator	RJM COMPANY
Unique Well ID		Report Date	2015/08/15
Surface Location	S1/17S/12W	Prepared By	JOHN RIEDL
Field		Qualified By	WYATT URBAN

Test Information

Test Type	DST #1 CONVENTIONAL
Formation	LANS A-F
Well Fluid Type	
Test Purpose	

Start Test Date	2015/08/14	Start Test Time	22:00:00
Final Test Date	2015/08/15	Final Test Time	04:40:00

Test Recovery

RECOVERY: 970' SLIGHTLY MUD CUT GASSY FROTHY OIL (10%MUD 15%GAS 75%OIL)
500" 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.

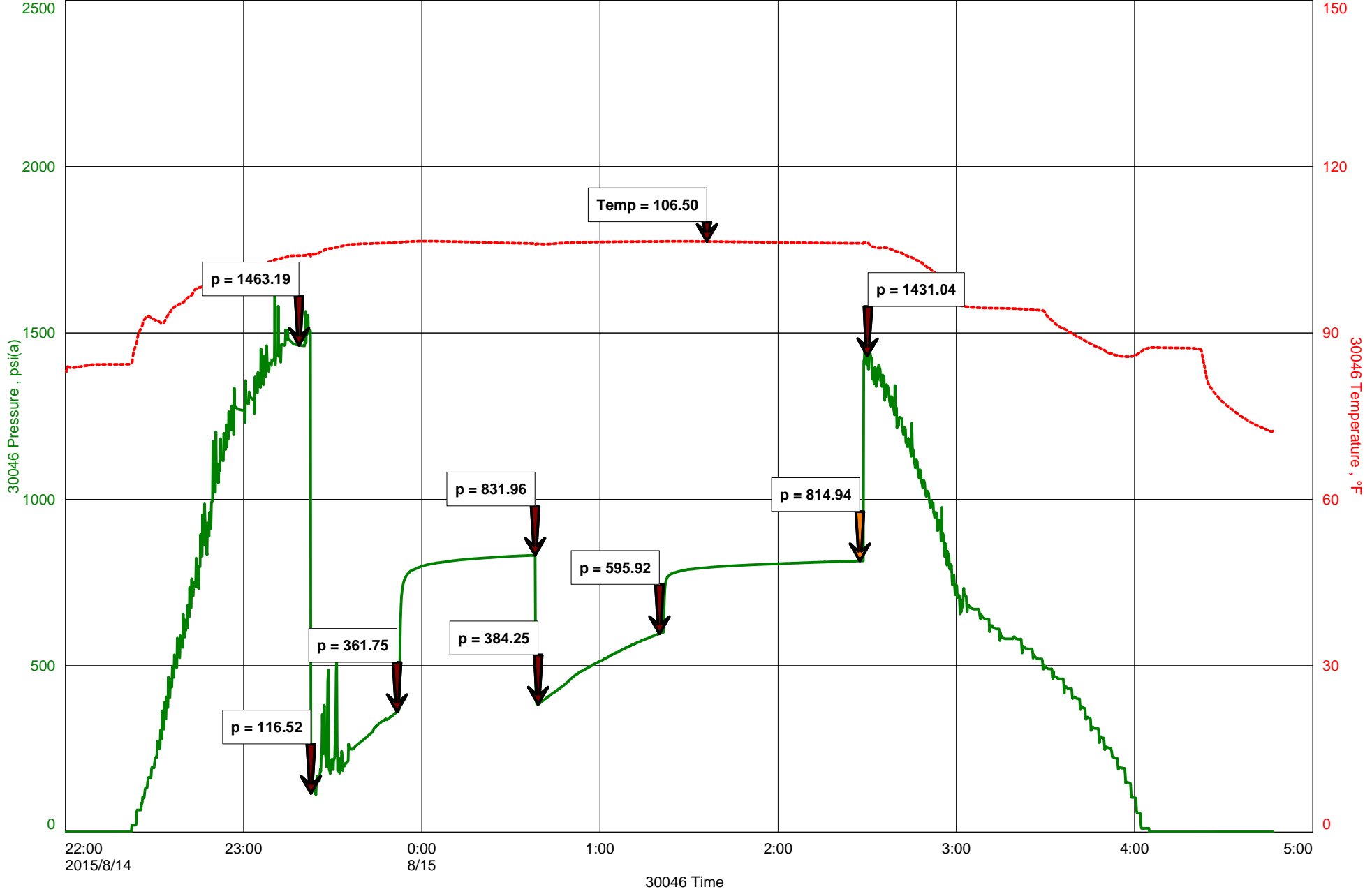
Blow: 1st Open: _____
2nd Open: _____

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.

REIF #1





Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	RJM COMPANY	Job Number	J3358
Contact	BRAD MILLER	Representative	JOHN RIEDL
Well Name	REIF #1	Well Operator	RJM COMPANY
Unique Well ID		Report Date	2015/08/15
Surface Location	S1/17S/12W	Prepared By	JOHN RIEDL
Field		Qualified By	WYATT URBAN

Test Information

Test Type	DST #2 CONVENTIONAL
Formation	ARBUCKLE
Well Fluid Type	
Test Purpose	

Start Test Date	2015/08/16	Start Test Time	01:00:00
Final Test Date	2015/08/16	Final Test Time	07:00:00

Test Recovery

RECOVERY: 50' GCO (10%GAS 90%OIL)30 GRAVITY
40' GMO (10%GAS 40%MUD)50%OIL)



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.

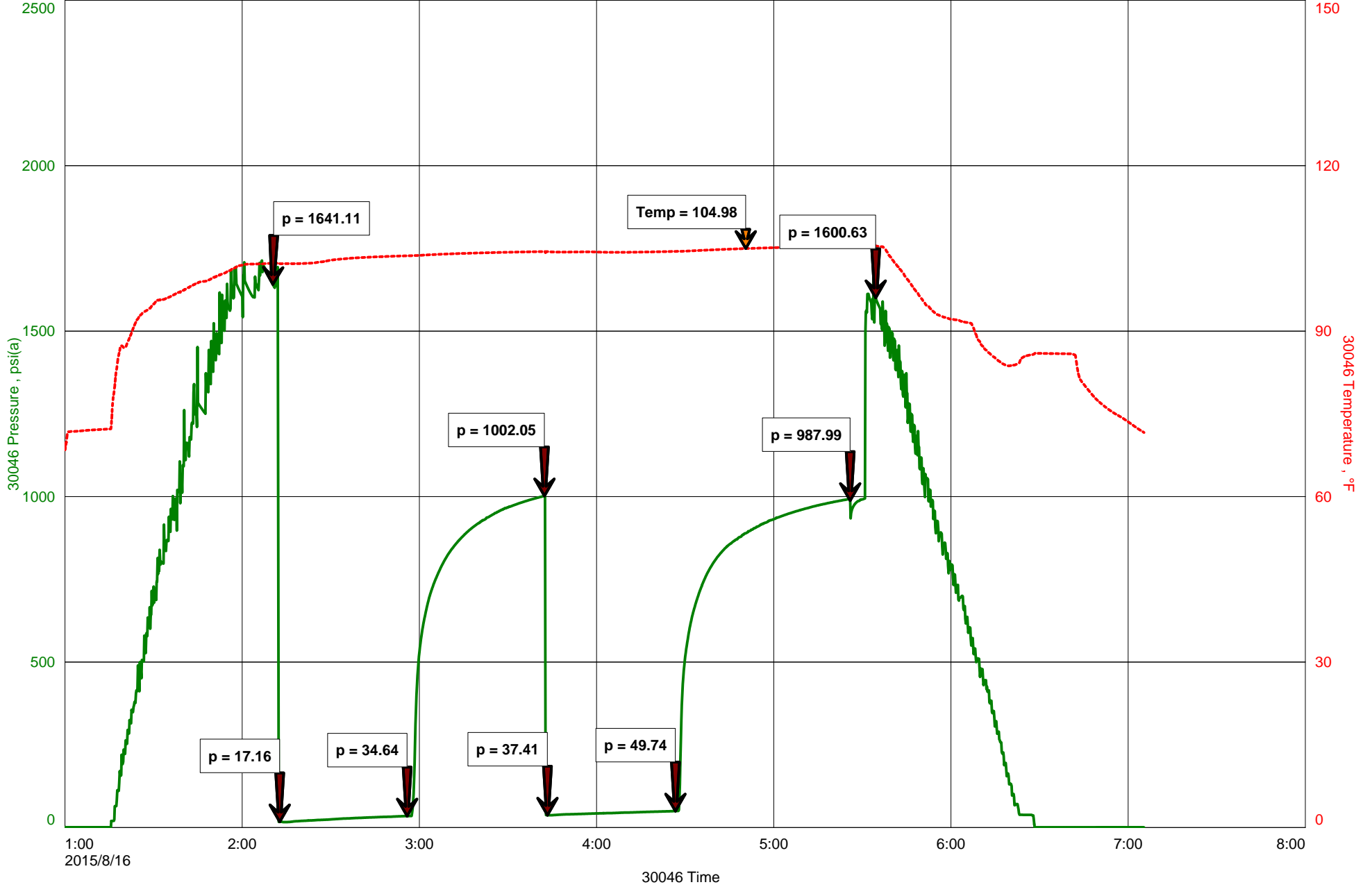
Blow: 1st Open: _____
2nd Open: _____

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.

REIF #1





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: Reif 1 Dst 3

TIME ON: 12:14
TIME OFF: 18:07

Company RJM Company Lease & Well No. Reif 1
Contractor Southwind Drilling Rig 3 Charge to RJM Company
Elevation 1880 KB Formation _____ Arbuckle Effective Pay _____ Ft. Ticket No. RR192
Date Aug-16-2015 Sec. 1 Twp. _____ 17 S Range _____ 12 W County _____ Barton State KANSAS
Test Approved By Wyatt Urban Diamond Representative RICKY RAY

Formation Test No. 3 Interval Tested from 3311 ft. to 3348 ft. Total Depth 3348 ft.
Packer Depth 3306 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3311 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3319 ft. Recorder Number 5954 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 3345 ft. Recorder Number 13498 Cap. 6000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 54 Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight 9.3 Water Loss 9.6 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides 6500 P.P.M. Drill Pipe Length 3291 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number NA Test Tool Length 20 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NA Reversed Out NA Anchor Length 37 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: 1/4" Blow (BOB in 10 mins) 3/4" BB
2nd Open: 1/4" Blow (BOB in 13 mins) NOBB

Recovered 376 ft. of GW w/ HMO 7% G 44% O 14% W 35% M
Recovered 124 ft. of OMW 10% O 65% W 25% M
Recovered 500 ft. of Total Fluid

Recovered _____ ft. of _____	PH: <u>7</u>	
Recovered _____ ft. of _____	RW: <u>.45 @ 92 Deg</u>	Price Job
Recovered _____ ft. of _____	Chlorides: <u>12,000 PPM</u>	Other Charges
Remarks: <u>Tool Sample: 97% O 3% w</u>		Insurance
		Total

Time Set Packer(s) 1:30 PM A.M. P.M. Time Started Off Bottom 4:15 PM A.M. P.M. Maximum Temperature 109

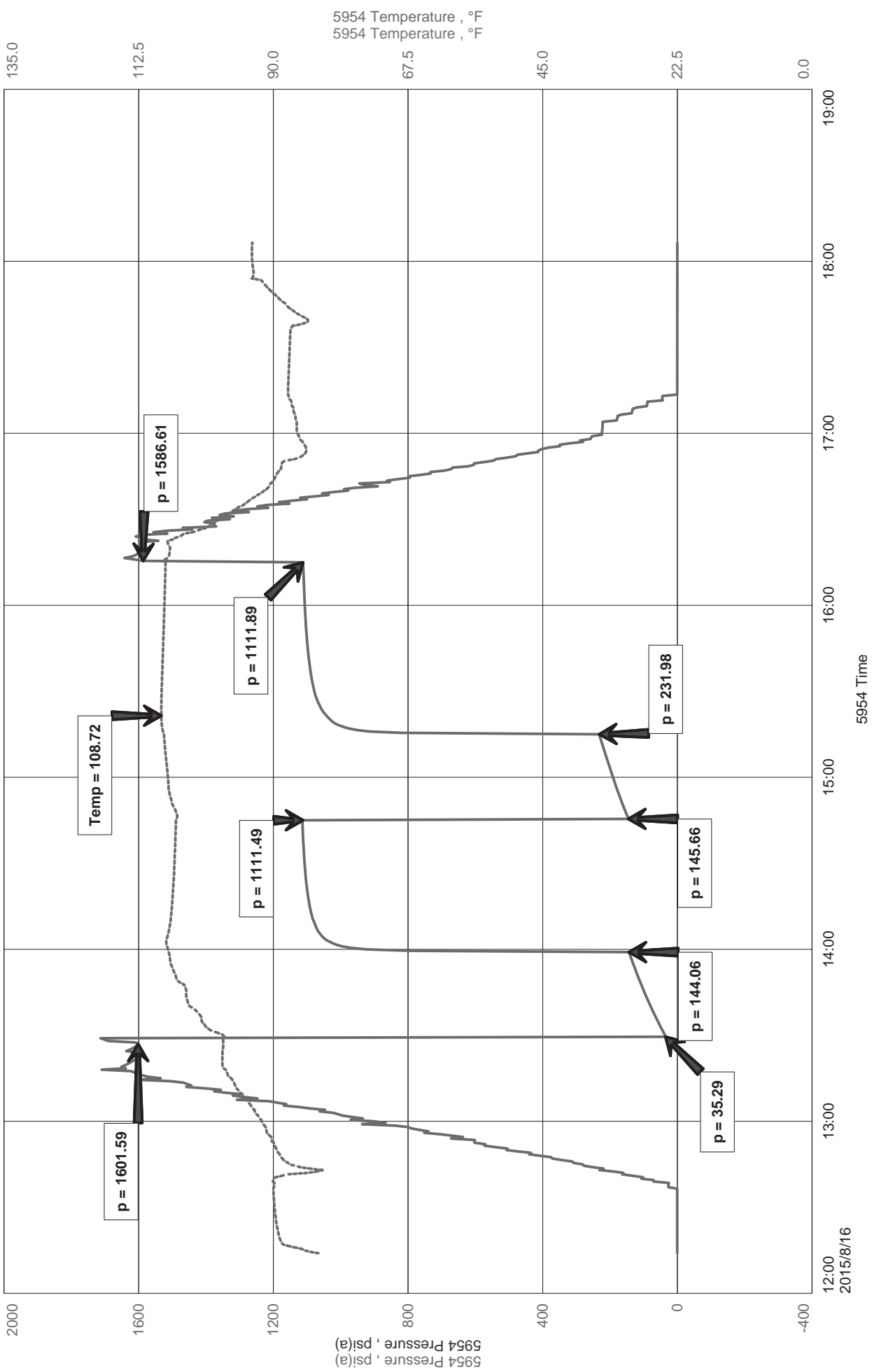
Initial Hydrostatic Pressure..... (A) 1602 P.S.I.
Initial Flow Period..... Minutes 30 (B) 35 P.S.I. to (C) 144 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 1111 P.S.I.
Final Flow Period..... Minutes 30 (E) 146 P.S.I. to (F) 232 P.S.I.
Final Closed In Period..... Minutes 60 (G) 1112 P.S.I.
Final Hydrostatic Pressure..... (H) 1587 P.S.I.

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RJM Company
Dst 3 (Arbuckel) 3311-3348
Start Test Date: 2015/08/16
Final Test Date: 2015/08/16

Reif 1
Formation: Dst 3 (Arbuckel) 3311-3348
Pool: Infield
Job Number: RR192

Reif 1





Diamond Testing LLC

P.O. Box 157

HoisingtonKS 67544

Ricky Ray - Tester

(620) 617-7261

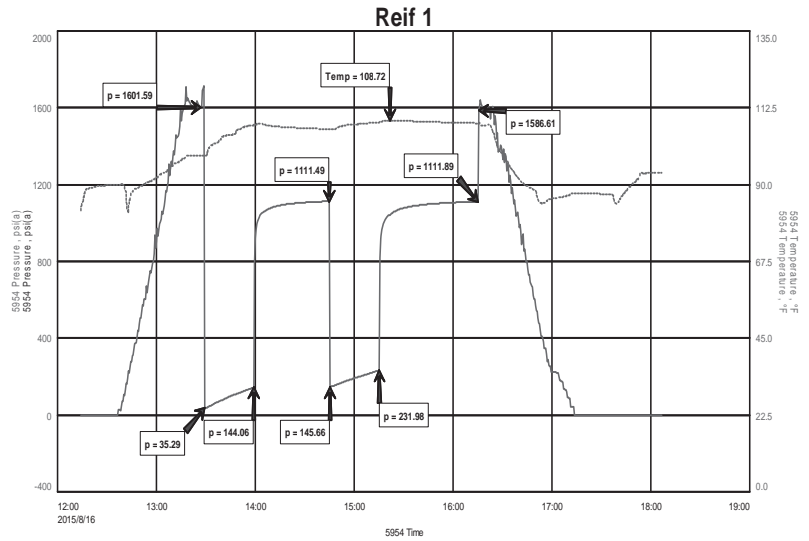
Wellsite Report

General Information

Company Name	RJM Company
Contact	Chris Hoffman
Well Operator	RJM Company
Well Name	Reif 1
Surface Location	Sec: 1-17s-12w (Barton County)
Field	Odin East
Well Type	Vertical
Pool	Infield
Test Purpose (AEUB)	Initial Test
Qualified By	Wyatt Urban
Gauge Name	5954

Test Information

Job Number	RR192
Test Type	Drill Stem Test
Well Fluid Type	01 Oil
Formation	Dst 3 (Arbuckel) 3311-3348
Start Test Date	2015/08/16 YYYY/MM/DD
Start Test Time	12:14:00 HH:mm:ss
Final Test Date	2015/08/16 YYYY/MM/DD
Final Test Time	18:07:00 HH:mm:ss



Test Results

Recovery:

376'	GW w/ HMO	7% G	44% O	14% W	35% M
124'	OMW	10% O	65% W	25% M	
500'	Total Fluid				

Tool Sample: 97% O 3% W

PH: 7
 RW: .45 @ 92 Deg
 Chlorides: 12,000 PPM