

Confidentiality Requested:

Yes No

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD
 Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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 | | | | |
| | | | | |

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

| | | | | |
|---|--|---------|-------------|-----------------------|
| Date of first Production/Injection or Resumed Production/Injection: | 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) (Submit ACO-4)</i> | PRODUCTION INTERVAL: Top Bottom |
|---|--|------------------------------------|

| Shots Per Foot | Perforation Top | Perforation Bottom | Bridge Plug Type | Bridge Plug Set At | Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i> |
|----------------|-----------------|--------------------|------------------|--------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | |
|----------------|-------|---------|------------|--|
| TUBING RECORD: | Size: | Set At: | Packer At: | |
|----------------|-------|---------|------------|--|

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | RJM Company |
| Well Name | CENTRAL KANSAS AG 1 |
| Doc ID | 1329652 |

All Electric Logs Run

| |
|---------|
| |
| DIL/MEL |
| BHCS |
| CNL |
| CDL |

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | RJM Company |
| Well Name | CENTRAL KANSAS AG 1 |
| Doc ID | 1329652 |

Perforations

| Shots Per Foot | Perforation Record | Material Record | Depth |
|----------------|--------------------|-------------------|-------|
| 16 | 3412-3416 | 1250 gal 15% acid | |
| 32 | 3359-3378 | 3000 gal 15% acid | |
| 16 | 3296-3300 | 1250 gal 15% acid | |

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 shall 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. 3042

| | | | | | | | | | | | | | | | |
|-------|---------|------|---|------|----|-------|----|----------|--------|-------------------------------|----|-------------|--|--------|---------|
| Date | 12-7-16 | Sec. | 6 | Twp. | 19 | Range | 13 | County | Barton | State | KS | On Location | | Finish | 4:30 PM |
| Lease | | | | | | | | Location | | 281 & 4 Jct 5 to 50 rd, 1/2 E | | | | | |

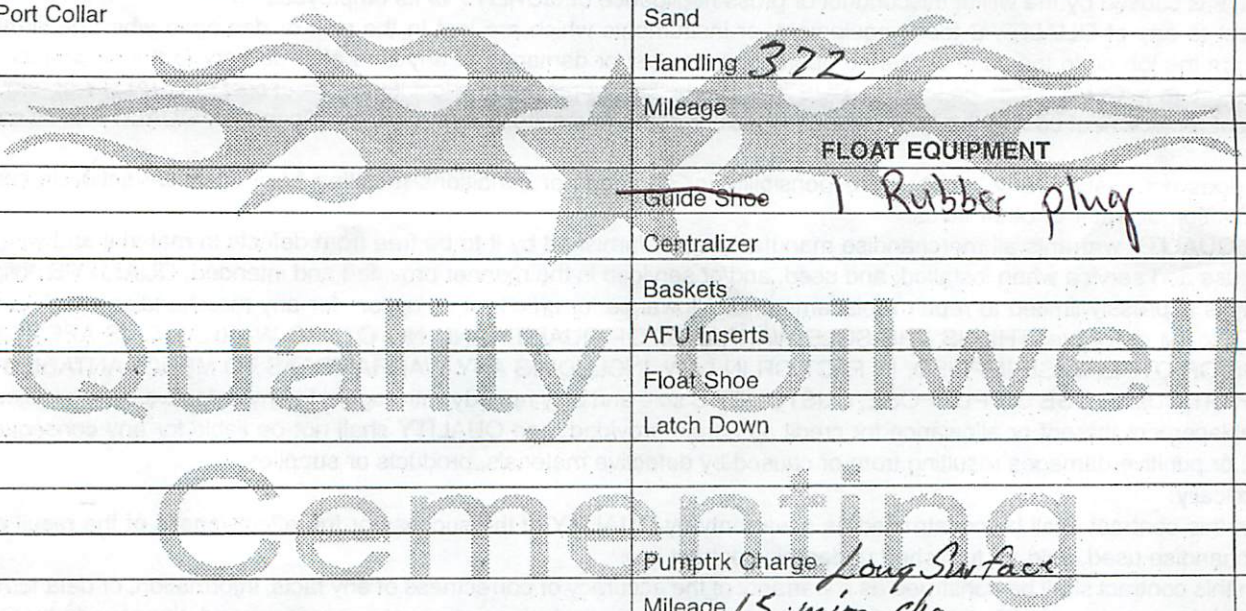
| | | | | | |
|---------------------|-----------|------------|------|--|------------------------|
| Lease | Donovan | Well No. | 1 | Owner | SI Info |
| Contractor | Southwind | | 3 | To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed. | |
| Type Job | Surface | | | Charge To | RJM Company |
| Hole Size | 12 1/4" | T.D. | 829' | Street | |
| Csg. | 8 5/8" | Depth | 821' | City | State |
| Tbg. Size | | Depth | | The above was done to satisfaction and supervision of owner agent or contractor. | |
| Tool | | Depth | | Cement Amount Ordered | 350 60/40 3% cc 2% Gel |
| Cement Left in Csg. | 20' | Shoe Joint | 20' | Meas Line | Displace |
| | | | | 51 BLS | 1/4 # Flo-seal |

| EQUIPMENT | | | | | |
|-----------|------|-----|----------|----------|-----|
| Pumptrk | 16 | No. | Cementer | Common | 210 |
| | | | Helper | Poz. Mix | 140 |
| Bulktrk | 21 | No. | Driver | Gel. | 7 |
| | | | Driver | Calcium | 15 |
| Bulktrk | p.u. | No. | Driver | Hulls | |
| | | | Driver | Salt | |

| 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 |
| | 372 |
| | Mileage |

| FLOAT EQUIPMENT | |
|-----------------|---------------|
| Guide Shoe | 1 Rubber plug |
| Centralizer | |
| Baskets | |
| AFU Inserts | |
| Float Shoe | |
| Latch Down | |

| | | | |
|----------------|--------------|--------------|--|
| Pumptrk Charge | Long Surface | Tax | |
| Mileage | 15 min chg | Discount | |
| Signature | | Total Charge | |
| Jay Krui | | | |



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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.

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
Cell 785-324-1041

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

No. 3047

| | | | | | | | | | | | | | | | |
|------|----------|------|---|------|----|-------|----|--------|--------|-------|----|-------------|--|--------|----------|
| Date | 12-13-16 | Sec. | 6 | Twp. | 19 | Range | 13 | County | Barton | State | Ks | On Location | | Finish | 11:30 AM |
|------|----------|------|---|------|----|-------|----|--------|--------|-------|----|-------------|--|--------|----------|

Location 281 + 4 Jct S on Boyd Rd to 50 Rd

Lease Donovan Well No. 1 Owner 1 1/2 E S 1/4

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 Production Charge To ROM Company

Hole Size 7 7/8" T.D. 3480'

Csg. 5 1/2" 15.50# Depth 3468.98' Street _____ State _____

Tbg. Size _____ Depth _____ City _____ State _____

Tool _____ Depth _____ The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. 10.65' Shoe Joint 10.65' Cement Amount Ordered 180 Com 10% Salt 5% Gilsmit

Meas Line _____ Displace 8 2/4 BLS 500 gal mud Clear 48

EQUIPMENT

Pumptrk 18 No. 1 Cementer ~~██████████~~ Dave Common 180

Bulktrk 3 No. 1 Driver Stan Poz. Mix _____

Bulktrk P.W. No. 1 Driver Rick Gel. _____

JOB SERVICES & REMARKS

Remarks: _____ Hulls _____

Rat Hole _____ Salt 15

Mouse Hole _____ Flowseal 800#

Centralizers 1-9 Mud CLR 48 500 gal

Baskets 2-7 CFL-117 or CD110 CAF 38

D/V or Port Collar pipe on bottom break Sand _____

Circulation pump 500 gal mud Handling 203

Clear 48 plug Rothole w/ 30 SX Mileage _____

Hook to casing + mix 150 5x Cement **FLOAT EQUIPMENT**

Shut down wash pump + lines Guide Shoe _____

Released + displaced plug w/ 8 2/4 BLS Centralizer 9

Released + held. Baskets 2

Lift pressure 600 # AFU Inserts _____

Land plug to 1000 # Float Shoe 1

Rotating head Latch Down 1

Pumptrk Charge Prod 5000

Mileage 5 mile min

Signature _____ Tax _____

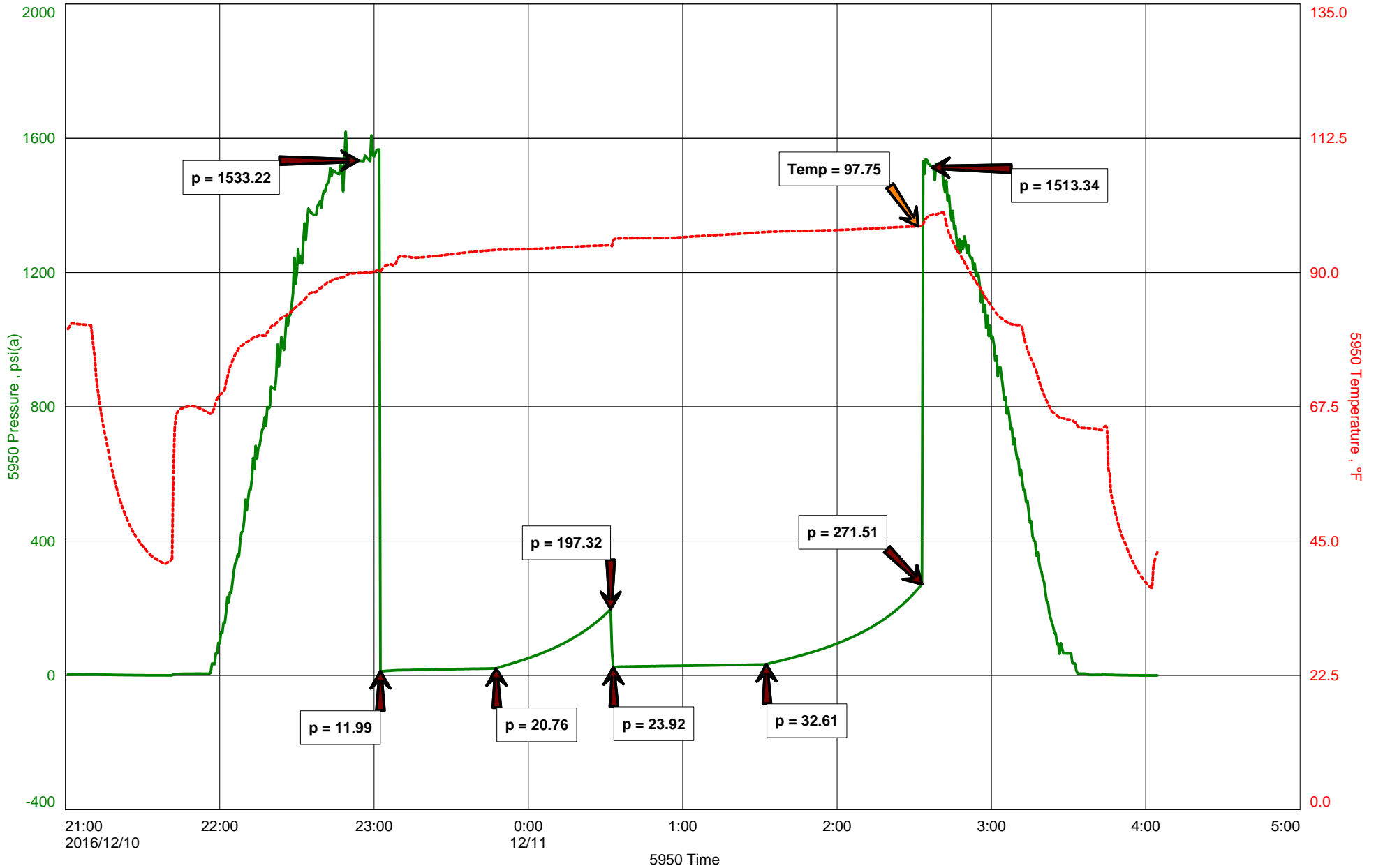
Discount _____

Total Charge _____

RJM
Dst #1 Lans A-F 3222-3302'
Start Test Date: 2016/12/10
Final Test Date: 2016/12/11

Donovan #1
Formation: Dst #1 Lans A-F 3222-3302'
Pool: Infield
Job Number: P0151

Donovan #1





Michael Carroll
 620-617-0368
 carroll.dtlc@gmail.com

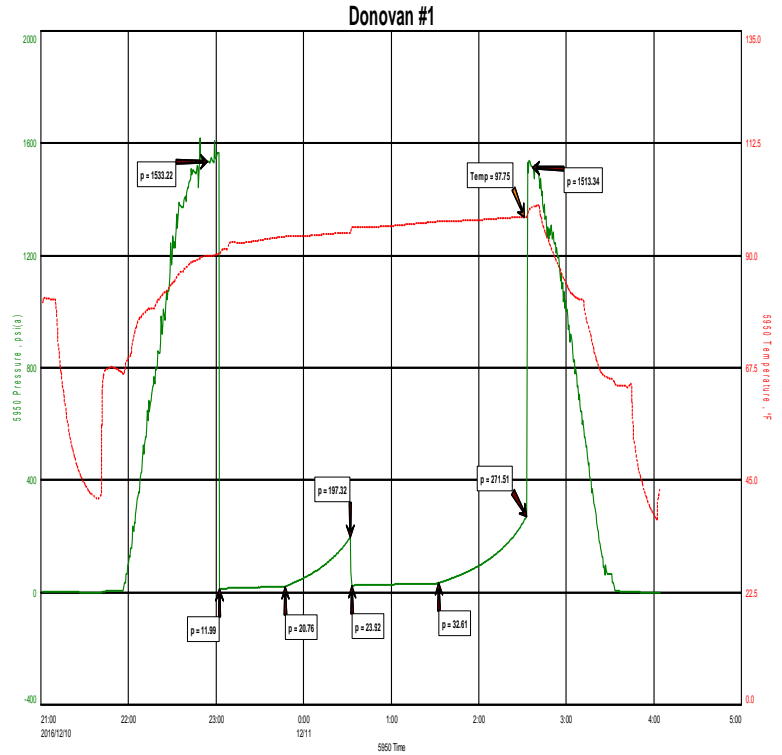
Hoisington, Kansas

General Information

Company Name RJM

Contact Chris Hoffman
Well Name Donovan #1
Unique Well ID Dst #1 Lans A-F 3222-3302'
Surface Location Sec 6-19s-13w Barton County
Field NA
Well Type Vertical
Test Type Drill Stem Test
Well Operator RJM

Formation Dst #1 Lans A-F 3222-3302'
Well Fluid Type 01 Oil
Test Purpose Initial Test
Start Test Date 2016/12/10
Start Test Time 21:01:00
Final Test Time 04:05:00
Job Number P0151
Report Date 2016/12/10
Prepared By Michael Carroll



TEST RECOVERY

Remarks Recovery: 165' Gas In Pipe

50' SLGCOCM 2%G 30%O 68%M

Total Fluid: 50'

Tool Sample: 2%G 46%O 52%M



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

TIME ON: 2101 12-10
 TIME OFF: 0405 12-11

Company RJM Lease & Well No. DONOVAN #1
 Contractor SOUTHWIND DRILLING RIG 3 Charge to RJM
 Elevation 1883 SUR Formation LANS A-F Effective Pay _____ Ft. Ticket No. P0151
 Date 12-10-16 Sec. 6 Twp. _____ 19 S Range _____ 13 W County BARTON State KANSAS
 Test Approved By WYATT URBAN Diamond Representative Michael Carroll

Formation Test No. 1 Interval Tested from 3222 ft. to 3302 ft. Total Depth 3302 ft.
 Packer Depth 3217 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 3222 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3210 ft. Recorder Number 5950 Cap. 5000 P.S.I.
 Bottom Recorder Depth (Outside) 3291 ft. Recorder Number 0230 Cap. 5000 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 62 Drill Collar Length 0 ft. I.D. 2 1/4 in.
 Weight 8.6 Water Loss 7.2 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
 Chlorides 1600 P.P.M. Drill Pipe Length 3197 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number NA Test Tool Length 25 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out NO Anchor Length 80(16.5A) 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-BUILT TO 9" IN 45 MINUTES **NOBB**
 2nd Open: 3" BLOW-BUILT TO BOB IN 30 MINUTES **NOBB**

Recovered 165 ft. of GAS IN PIPE
 Recovered 50 ft. of SLGCOCM 2%G 30%O 68%M
 Recovered 50 ft. of TOTAL FLUID

| | |
|---|---------------|
| Recovered _____ ft. of _____ | Price Job |
| Recovered _____ ft. of _____ | Other Charges |
| Recovered _____ ft. of _____ | Insurance |
| Remarks: <u>TOOL SAMPLE:2%G 46%O 52%M</u> | Total |

Time Set Packer(s) 11:01 P.M. ^{A.M.}/_{P.M.} Time Started Off Bottom 2:31 A.M. ^{A.M.}/_{P.M.} Maximum Temperature 98

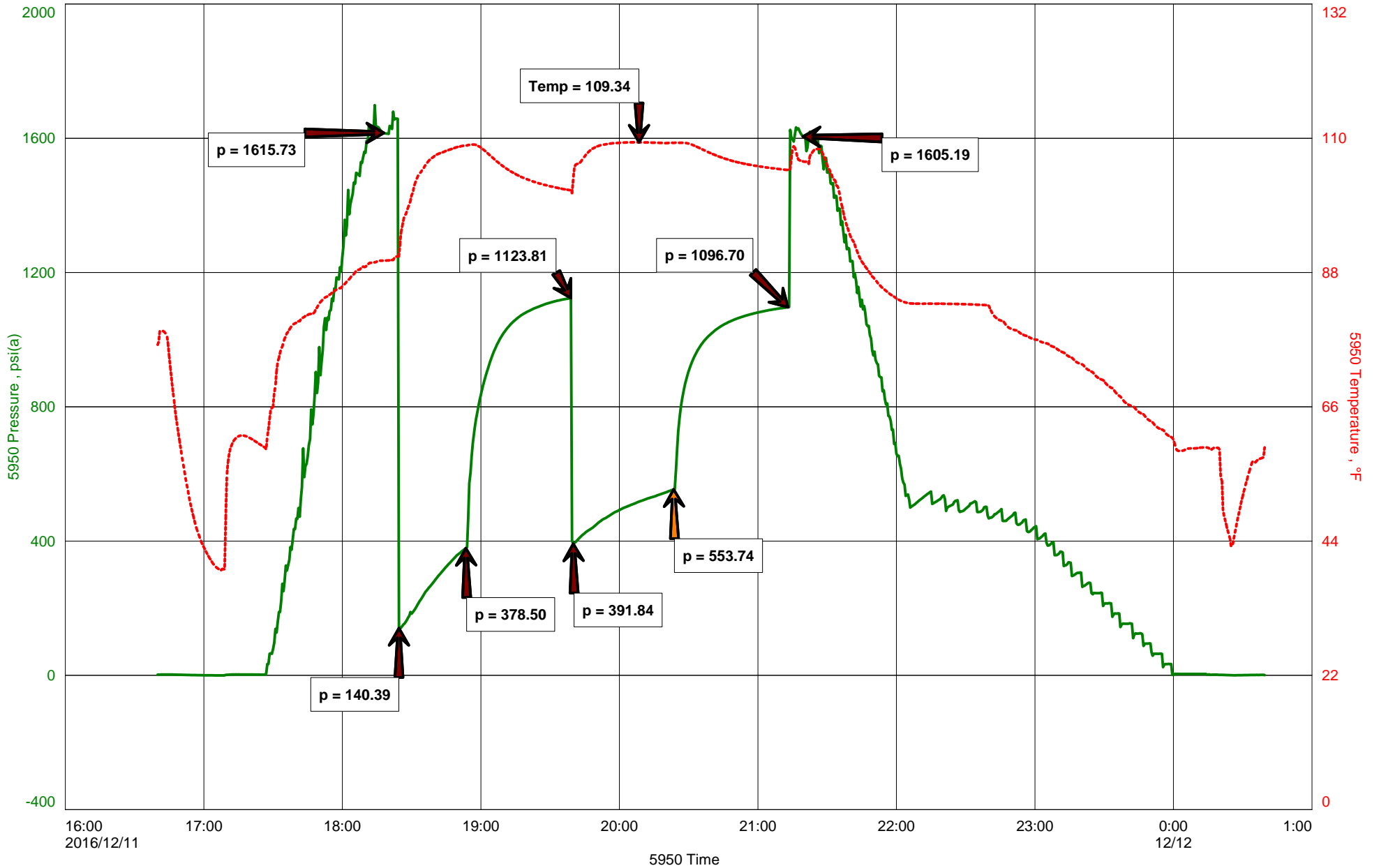
Initial Hydrostatic Pressure..... (A) 1533 P.S.I.
 Initial Flow Period..... Minutes 45 (B) 12 P.S.I. to (C) 21 P.S.I.
 Initial Closed In Period..... Minutes 45 (D) 197 P.S.I.
 Final Flow Period..... Minutes 60 (E) 24 P.S.I. to (F) 33 P.S.I.
 Final Closed In Period..... Minutes 60 (G) 272 P.S.I.
 Final Hydrostatic Pressure..... (H) 1513 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.

RJM
Dst #2 Lans/KC H-J 3356-3423'
Start Test Date: 2016/12/11
Final Test Date: 2016/12/11

Donovan
Formation: Dst #2 Lans/KC H-J 3356-3423'
Pool: Infield
Job Number: P0152

Donovan





Hoisington, Kansas

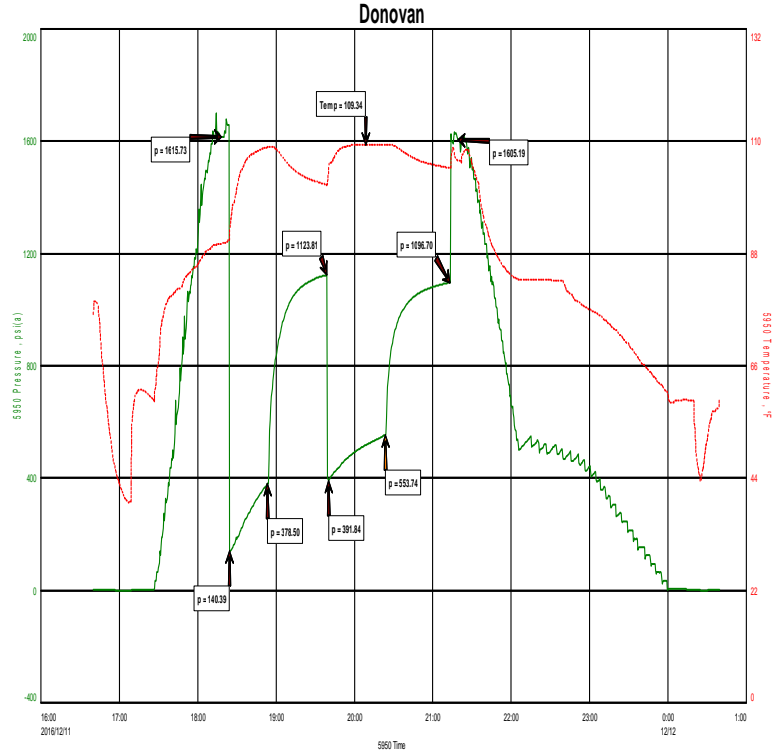
Michael Carroll
620-617-0368
carroll.dtlc@gmail.com

General Information

Company Name RJM

Contact Chris Hoffman
Well Name Donovan
Unique Well ID Dst #2 Lans/KC H-J 3356-3423'
Surface Location Sec 6-19s-13w Barton County
Field NA
Well Type Vertical
Test Type Drill Stem Test
Well Operator RJM

Formation Dst #2 Lans/KC H-J 3356-3423'
Well Fluid Type 01 Oil
Test Purpose Initial Test
Start Test Date 2016/12/11
Start Test Time 16:40:00
Final Test Time 00:38:00
Job Number P0152
Report Date 2016/12/11
Prepared By Michael Carroll



TEST RECOVERY

Remarks Recovery: Gas To Surface

| | | | |
|-------|-----------|-------------------------|------|
| 45' | MCO | 77%O | 23%M |
| 1386' | Clean Oil | Gravity 37 @ 60 Degrees | |
| 63' | MCO | 80%O | 20%M |

Total Fluid: 1494'

Tool Sample: 100%O



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: DONOVAN#1DST#2

TIME ON: 1640 12-11
TIME OFF: 0038 12-12

Company RJM Lease & Well No. DONOVAN #1
Contractor SOUTHWIND DRILLING RIG 3 Charge to RJM
Elevation 1883 SUR Formation LANS/KC H-J Effective Pay _____ Ft. Ticket No. P0152
Date 12-11-16 Sec. 6 Twp. _____ 19 S Range _____ 13 W County BARTON State KANSAS
Test Approved By WYATT URBAN Diamond Representative Michael Carroll

Formation Test No. 2 Interval Tested from 3356 ft. to 3423 ft. Total Depth 3423 ft.
Packer Depth 3351 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3356 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3344 ft. Recorder Number 5950 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 3393 ft. Recorder Number 0230 Cap. 5000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 54 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.0 Water Loss 8.0 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 4000 P.P.M. Drill Pipe Length 3331 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number NA Test Tool Length 25 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 67(35A) 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: 4"BLOW-BUILT TO BOB IN 50 SECONDS BBBB
2nd Open: 1"BLOW-BUILT TO BOB IN 2 MINUTES 5 SECONDS BBBB

Recovered _____ ft. of GAS TO SURFACE @ 5 MINUTES INTO FINAL FLOW PERIOD
Recovered 45 ft. of MCO 77%O 23%M
Recovered 1386 ft. of CLEAN OIL GRAVITY 37 @ 60 DEGREES
Recovered 63 ft. of MCO 80%O 20%M
Recovered 1494 ft. of TOTAL FLUID

| | |
|-----------------------------------|---------------|
| Recovered _____ ft. of _____ | Price Job |
| Remarks: <u>TOOL SAMPLE:100%O</u> | Other Charges |
| _____ | Insurance |
| _____ | Total |

Time Set Packer(s) 6:20 P.M. A.M. _____ P.M. Time Started Off Bottom 9:05 P.M. A.M. _____ P.M. Maximum Temperature 109

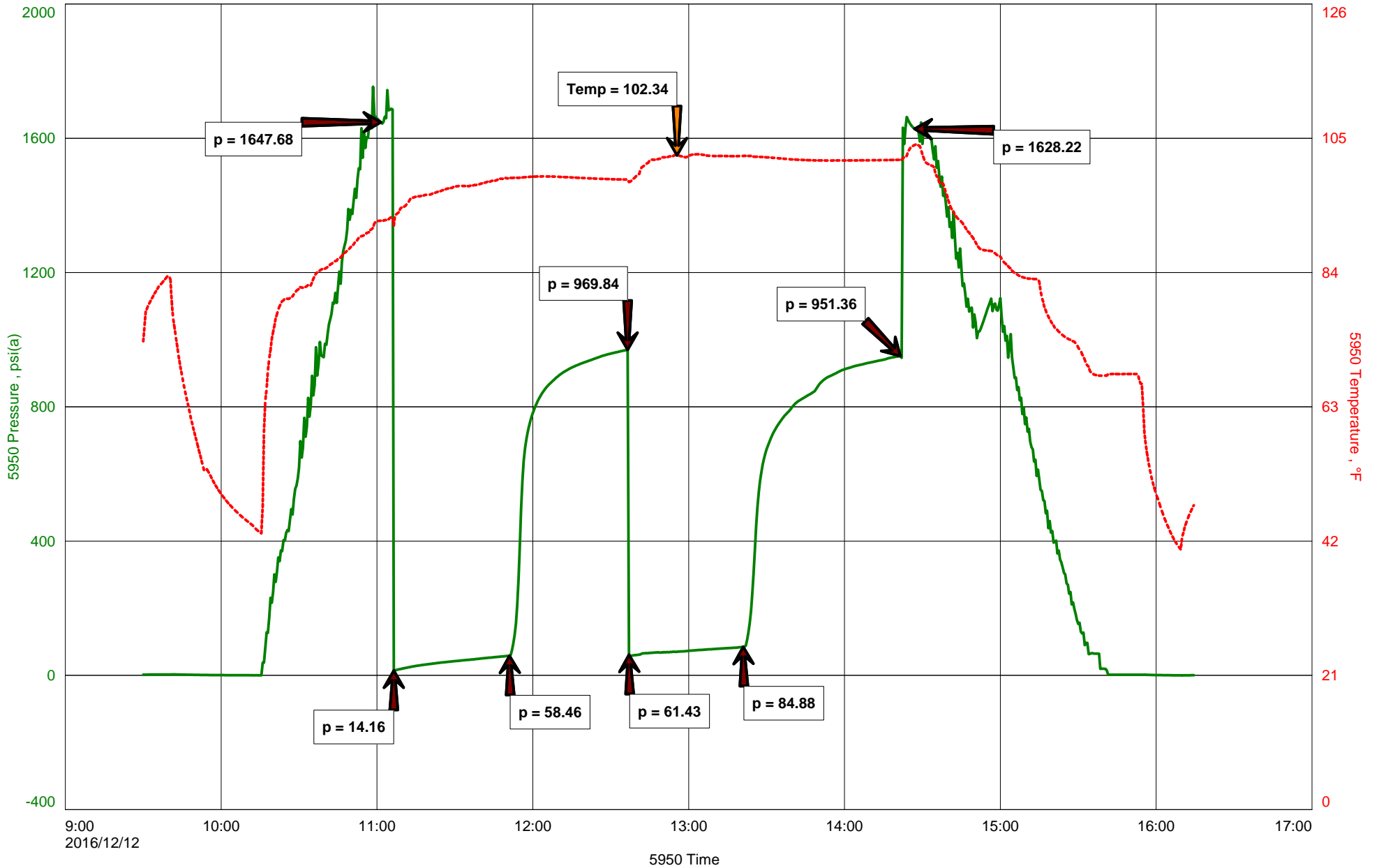
Initial Hydrostatic Pressure..... (A) 1616 P.S.I.
Initial Flow Period..... Minutes 30 (B) 140 P.S.I. to (C) 379 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 1124 P.S.I.
Final Flow Period..... Minutes 45 (E) 392 P.S.I. to (F) 554 P.S.I.
Final Closed In Period..... Minutes 45 (G) 1097 P.S.I.
Final Hydrostatic Pressure..... (H) 1605 P.S.I.

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RJM
Dst #3 Arbuckle 3440-3480'
Start Test Date: 2016/12/12
Final Test Date: 2016/12/12

Donovan #1
Formation: Dst #3 Arbuckle 3440-3480'
Pool: Infield
Job Number: P0153

Donovan #1





Hoisington, Kansas

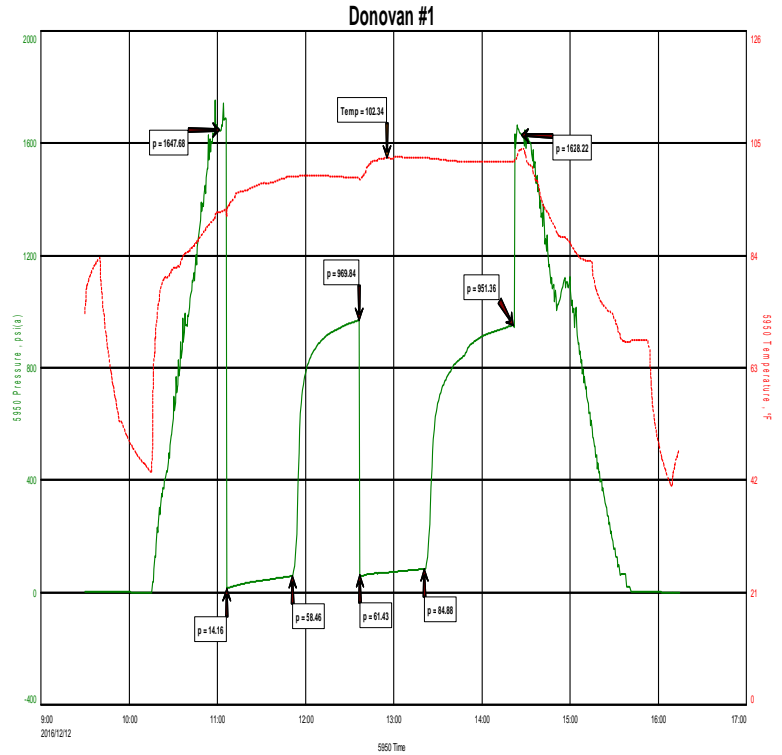
Michael Carroll
620-617-0368
carroll.dtlc@gmail.com

General Information

Company Name RJM

Contact Chris Hoffman
Well Name Donovan #1
Unique Well ID Dst #3 Arbuckle 3440-3480'
Surface Location Sec 6-19s-13w Barton County
Field NA
Well Type Vertical
Test Type Drill Stem Test
Well Operator RJM

Formation Dst #3 Arbuckle 3440-3480'
Well Fluid Type 01 Oil
Test Purpose Initial Test
Start Test Date 2016/12/12
Start Test Time 09:30:00
Final Test Time 16:14:00
Job Number P0153
Report Date 2016/12/12
Prepared By Michael Carroll



TEST RECOVERY

Remarks Recovery: 192' Gas In Pipe
 30' Clean Oil Gravity 38 @ 60 Degrees
 156' GMCO 10%G 55%O 35%M

Total Fluid: 186'

Tool Sample: 60%O 40%M



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

TIME ON: 0930
TIME OFF: 1614

Company RJM Lease & Well No. DONOVAN #1
Contractor SOUTHWIND DRILLING RIG 3 Charge to RJM
Elevation 1883 SUR Formation ARBUCKLE Effective Pay _____ Ft. Ticket No. P0153
Date 12-12-16 Sec. 6 Twp. _____ 19 S Range _____ 13 W County BARTON State KANSAS
Test Approved By WYATT URBAN Diamond Representative Michael Carroll

Formation Test No. 3 Interval Tested from 3440 ft. to 3480 ft. Total Depth 3480 ft.
Packer Depth 3435 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3440 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3428 ft. Recorder Number 5950 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 3444 ft. Recorder Number 0230 Cap. 5000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 55 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 8.0 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 4000 P.P.M. Drill Pipe Length 3415 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number NA Test Tool Length 25 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 40 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: 1/2" BLOW-BUILT TO BOB IN 21 MINUTES 30 SECONDS WSBB
2nd Open: 1/2" BLOW-BUILT TO BOB IN 23 MINUTES 45 SECONDS WSBB

Recovered 192 ft. of GAS IN PIPE
Recovered 30 ft. of CLEAN OIL GRAVITY 38 @ 60 DEGREES
Recovered 156 ft. of GMCO 10%G 55%O 35%M
Recovered 186 ft. of TOTAL FLUID

| | |
|---------------------------------------|---------------|
| Recovered _____ ft. of _____ | Price Job |
| Recovered _____ ft. of _____ | Other Charges |
| Remarks: <u>TOOL SAMPLE:60%O 40%M</u> | Insurance |
| | Total |

Time Set Packer(s) 11:03 A.M. A.M. P.M. Time Started Off Bottom 2:18 P.M. A.M. P.M. Maximum Temperature 102

Initial Hydrostatic Pressure..... (A) 1648 P.S.I.
Initial Flow Period..... Minutes 45 (B) 14 P.S.I. to (C) 58 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 970 P.S.I.
Final Flow Period..... Minutes 45 (E) 61 P.S.I. to (F) 85 P.S.I.
Final Closed In Period..... Minutes 60 (G) 951 P.S.I.
Final Hydrostatic Pressure..... (H) 1628 P.S.I.

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