

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 Recompletion Date _____ 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
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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				

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 _____
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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:	
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FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0583
 LOCATION Haxie
 FOREMAN Tam Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-4-22	33269	Ballie 'A' #4	17	10	25	Graham

CUSTOMER <u>RK Investment LLC</u>		
MAILING ADDRESS <u>2777 U.S. Hwy 24</u>		
CITY <u>Hill City</u>	STATE <u>KS</u>	ZIP CODE <u>67642</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>101</u>	<u>Tom W</u>		
<u>102</u>	<u>Sack T</u>		

JOB TYPE <u>Surface</u>	HOLE SIZE <u>12 1/4</u>	HOLE DEPTH <u>221</u>	CASING SIZE & WEIGHT <u>8 5/8"</u>
CASING DEPTH <u>221</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT <u>14.8</u>	SLURRY VOL <u>1.4</u>	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT <u>12.5 bbl</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Safety meeting & set up an STP #2. They were circulating. Hooked up. Mix 175 sx surface blend. Displaced 12.5 bbl. Shut in. cement did circulate

Thanks Tom & Jack

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT
<u>PL002</u>	<u>1</u>	<u>PUMP CHARGE SURFACE</u>
<u>M001</u>	<u>37</u>	<u>MILEAGE</u>
<u>M002</u>	<u>8.58 tons</u>	<u>Ton Mileage delivery</u>
<u>CB004</u>	<u>17.5 sx</u>	<u>Class A 3.9cc 20gal</u>

AUTHORIZATION [Signature] TITLE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the office, and conditions of service on the back of this form are in effect for services identified on this form.

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

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

No. **2782**

Date	5-11-22	Sec.	17	Twp.	10	Range	25	County	Graham	State	KS	On Location		Finish	4:15 AM
								Location							
Lease								Well No.				Owner			
Bolling								A-4				To Quality Oilwell Cementing, Inc.			
Contractor								You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
STP															
Type Job								Charge To							
TOP STAGE								RL Investments							
Hole Size								T.D.							
7 3/8															
Csg.								Depth							
5 1/2															
Tbg. Size								City							
								State							
Tool								Depth							
								The above was done to satisfaction and supervision of owner agent or contractor.							
Cement Left in Csg.								Shoe Joint							
								Cement Amount Ordered							
								420.24 694069.6el							
Meas Line								Displace							
								4" Flo Seal							
EQUIPMENT															
Pumptrk		17		No.		Cementer Helper		Common							
						Bill		252							
Bulktrk		9		No.		Driver		Poz. Mix							
						Nik Jordan		168							
Bulktrk		21		No.		Driver		Gel.							
						Doug		22							
								Calcium							
JOB SERVICES & REMARKS															
Remarks:								Hulls							
								Salt							
Rat Hole								Flowseal							
18								100 #							
Mouse Hole								Kol-Seal							
30															
Centralizers								Mud CLR 48							
Baskets								CFL-117 or CD110 CAF 38							
D/V or Port Collar								Sand							
2/94															
Cement 390.4								Handling							
pump plus w/ 52.21 bbls								442							
Land plus c 1200 in								Mileage							
Cement did circ															
FLOAT EQUIPMENT															
								Guide Shoe							
								Centralizer							
								Baskets							
								AFU Inserts							
								Float Shoe							
								Latch Down							
								Pumptrk Charge							
								prod stringing							
								Top Stage							
								Mileage							
								35							
Signature								Tax							
R. J. [Signature]								Discount							
								Total Charge							
								Thanks							

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

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

No. **2781**

Date <u>5-11-22</u>	Sec. <u>17</u>	Twp. <u>10</u>	Range <u>25</u>	County <u>Graham</u>	State <u>Ks</u>	On Location	Finish <u>1:50 AM</u>
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Location St Peter 3 1/2 W

Lease Bolling Well No. A-4 Owner

Contractor STP
Type Job Long string
Hole Size 7 3/8
Csg. 5 1/2
Tbg. Size
Tool
Cement Left in Csg. 43.32
Meas Line
Displace 96 bbls

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.

Charge To R.L. Investments

T.D.
Depth
Street

Depth
City State

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

Shoe Joint 43.32
Cement Amount Ordered 1500 com 10% salt 5% G.I.

Common 150
RCL 500" mud flush

EQUIPMENT

Pumptrk <u>17</u>	No.	Cementer	<u>Bill</u>
		Helper	
Bulktrk <u>21</u>	No.	Driver	<u>Nick</u>
		Driver	<u>Doug</u>
Bulktrk <u>9</u>	No.	Driver	<u>Jordan</u>
		Driver	

Poz. Mix

Gal. RCL 2 gal

Calcium

JOB SERVICES & REMARKS

Remarks:

Hulls

Rat Hole

Salt 13

Mouse Hole

Flowseal

Centralizers

Kol-Seal 750#

Baskets

Mud CLR 48 500 gal

D/V or Port Collar

CFL-117 or CD110 CAF 88

Pipe set e 4078

Sand

Shoe Jt 43.32

Handling 170

Insert 4034.68

Mileage

FLOAT EQUIPMENT

Pump 500 gal flush F/w 20 bbls

Guide Shoe

RCL

Centralizer 10

Cemt w/ 50% e 11.7 Follow w/

Baskets -3

100% e 14.0

AFU Inserts

Pump plug w/ 51 bbls water

Float Shoe 1

Follow w/ 45 bbls mud

Latch Down

Land plug e 1500 #

Do V. 1

Float did hold

SCRATCHERS 40 Bottoms

Pumptrk Charge prod string stage

Mileage 35

X Signature [Signature]

Tax
Discount
Total Charge

APR # 15-065 24215-00-00
GEOLOGICAL REPORT
 DRILLING TIME AND SAMPLE LOG

COMPANY RL Investment LLC
 LEASE Bolling 'A' #4
 FIELD Bank East
 ELEVATION
 KB 2534'
 DF 2532'

LOCATION 1222' E. N. 1/4 + 550' E. 1/4
 SEC 17 TWP 10 S RGE 25 W
 COUNTY Arkham STATE Kansas
 CONTRACTOR STP Drilling LLC Rig #2
 SPUD 5-4-22 COMP 5-11-22
 SAMPLES SAVED FROM 3520' TO R.I.D.

FORMATION	SAMPLE	FORMATION TOPS AND STRUCTURAL POSITION			
		E. LOG	DATE	A	B
Anhydrite	2158	2158 + 372			
Base Anhydrite	2190	2190 + 344			
Topoka	3538	3538 - 1004			
Heabner	3753	3753 - 1218			
Toronto	3775	3774 - 1240			
Lansing	3791	3790 - 1256			
Base Kansas City	4025	4025 - 1491			
Total Depth	4085	4086 - 1552			

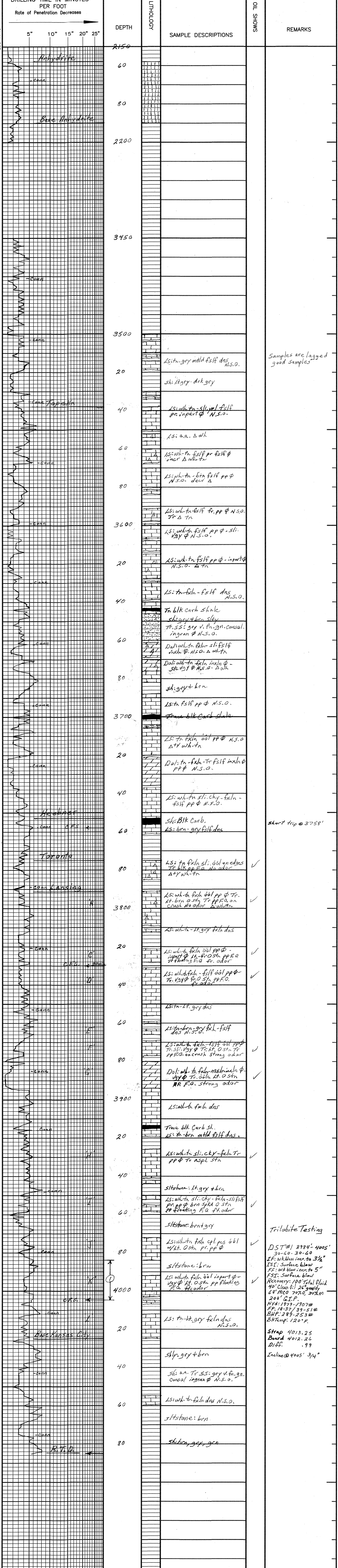
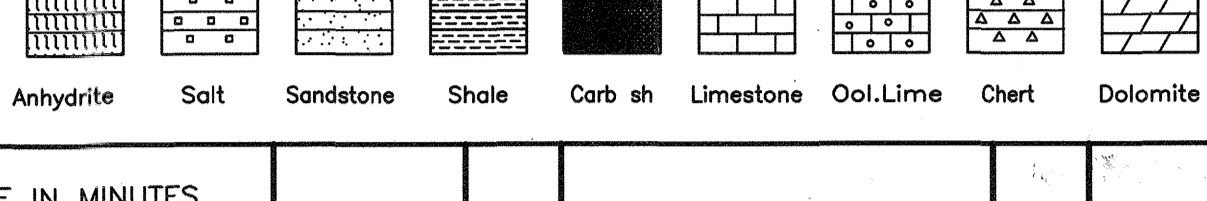
REFERENCE WELLS

A RL Investment LLC, Boling, A #1, 209' E. N. 1/4 + 1000' E. 1/4, Sec 17-10S-25W
 B RL Investment LLC, Boling, A #3, 1215' E. N. 1/4 + 550' E. 1/4, Sec 17-10S-25W
 C RL Investment LLC, Boling, A #3, 1215' E. N. 1/4 + 550' E. 1/4, Sec 17-10S-25W

REMARKS
 This well ran structurally favorable with the nearby reference wells. It was decided production casing would be cemented to further test the well. The zones at 3993'-3996', 3830'-3834' and 3819'-3822' should be tested.

Richard R. Ball
 5-11-22

LEGEND



LOG 7710



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

RL Investment LLC
2777 US HWY 24
Hill City KS 67642+2800
ATTN: Rich Bell

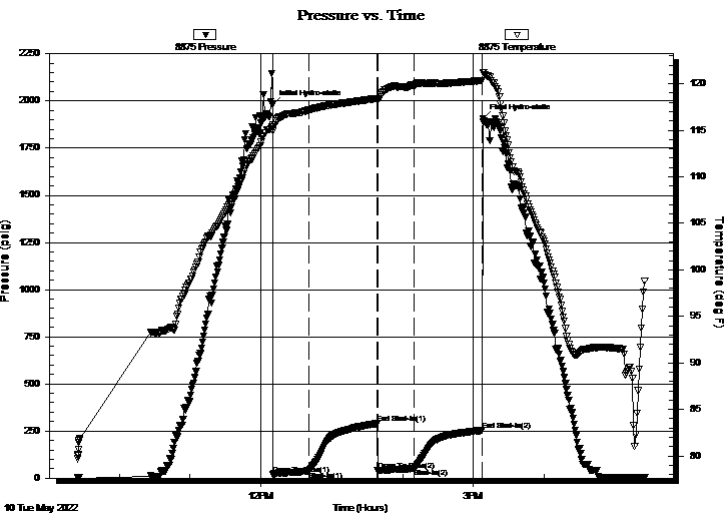
17-10s-25W
Bollig A #4
Job Ticket: 69033 **DST#: 1**
Test Start: 2022.05.10 @ 09:25:00

GENERAL INFORMATION:

Formation: **LKC K**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 12:09:57
Time Test Ended: 17:24:41
Interval: **3984.00 ft (KB) To 4005.00 ft (KB) (TVD)**
Total Depth: 4005.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Bottom Hole (Initial)
Tester: Spencer J Staab
Unit No: 84
Reference Elevations: 2534.00 ft (KB)
2526.00 ft (CF)
KB to GR/CF: 8.00 ft

Serial #: 8875 Outside
Press@RunDepth: 51.11 psig @ 3985.00 ft (KB) Capacity: psig
Start Date: 2022.05.10 End Date: 2022.05.10 Last Calib.: 2022.05.10
Start Time: 09:25:01 End Time: 17:24:42 Time On Btm: 2022.05.10 @ 12:09:52
Time Off Btm: 2022.05.10 @ 15:08:12

TEST COMMENT: 30-IF-Surface to 3.5"
60-ISI-Weak Surface
30-FF-Surface to 5"
60-FSI-Weak Surface



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1979.91	115.58	Initial Hydro-static
1	18.67	114.92	Open To Flow (1)
31	37.34	117.17	Shut-In(1)
89	289.80	118.38	End Shut-In(1)
89	39.12	118.33	Open To Flow (2)
120	51.11	119.86	Shut-In(2)
178	253.26	120.38	End Shut-In(2)
179	1907.68	121.20	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
60.00	HMCO 30%M 70%O	0.30
40.00	Clean Oil 100%O	0.20
0.00	200 GIP 100%G	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (MMcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

RL Investment LLC

17-10s-25W

2777 US HWY 24
Hill City KS 67642+2800

Bollig A #4

Job Ticket: 69033

DST#: 1

ATTN: Rich Bell

Test Start: 2022.05.10 @ 09:25:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

26 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 57.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.80 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
60.00	HMCO 30%M 70%O	0.295
40.00	Clean Oil 100%O	0.197
0.00	200 GIP 100%G	0.000

Total Length: 100.00 ft

Total Volume: 0.492 bbl

Num Fluid Samples: 0

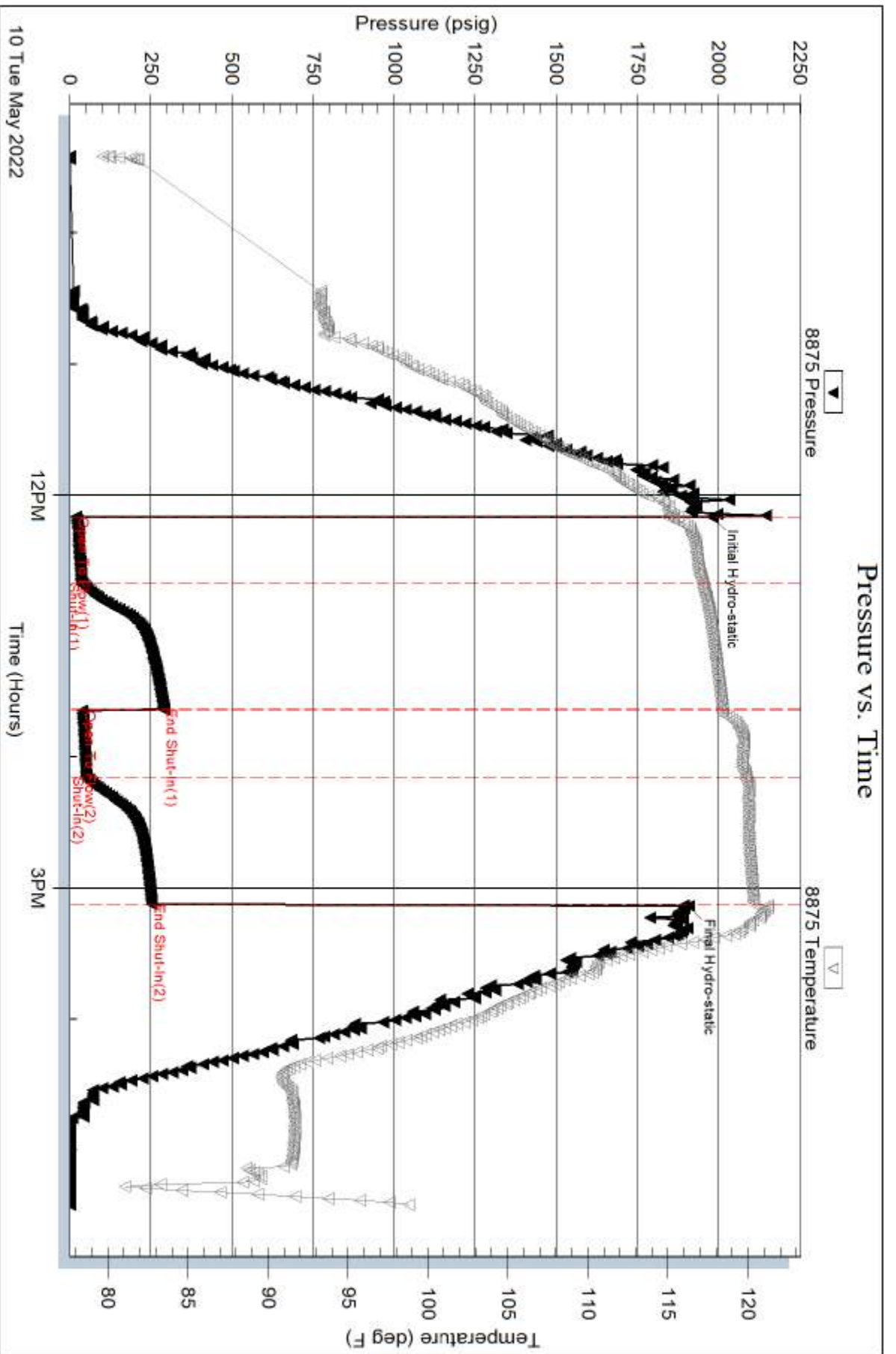
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: 2#LCM



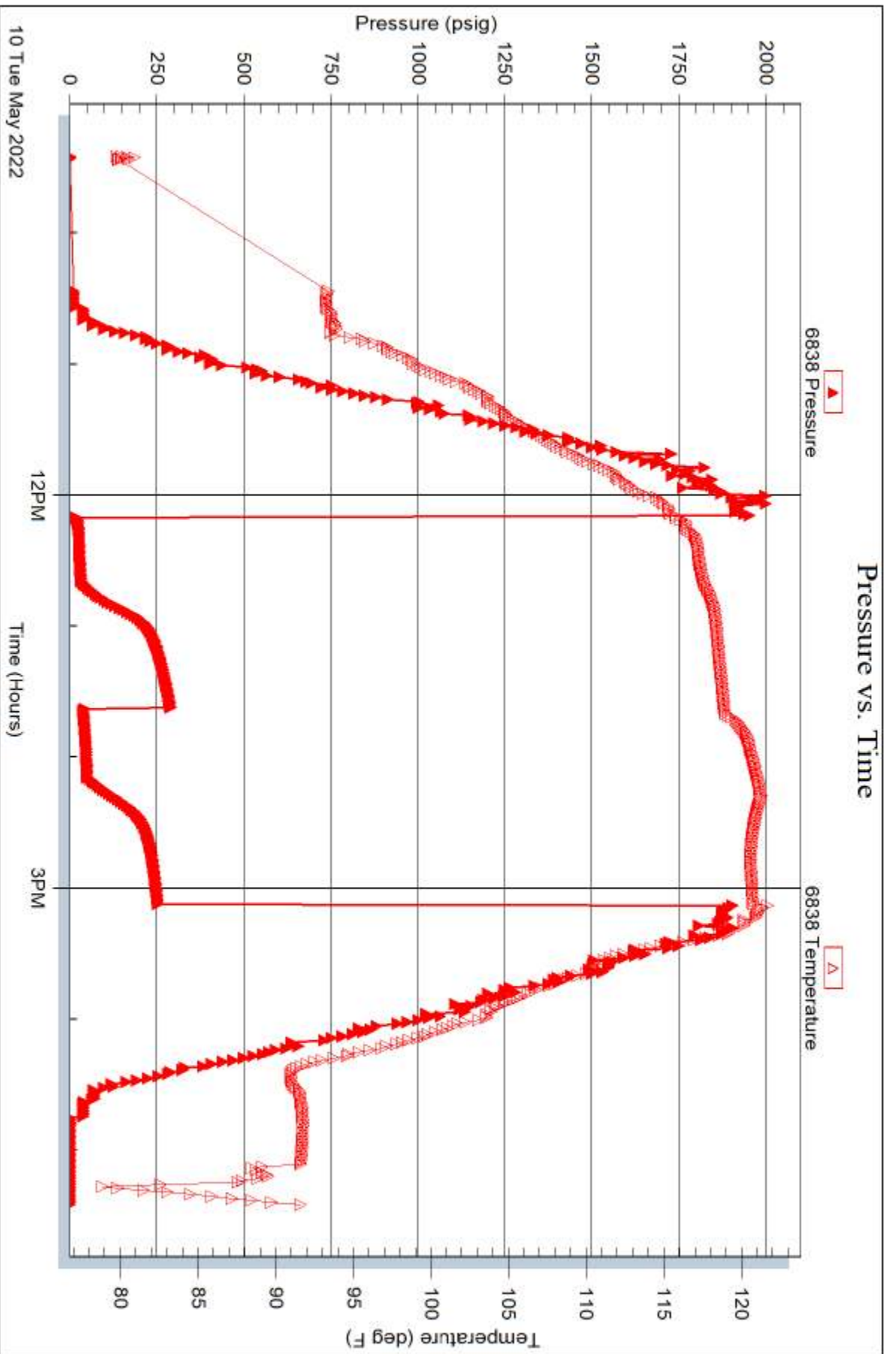
Serial #: 6838

Inside

RL Investment LLC

Boiling A #4

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 69033

Printed: 2022.05.10 @ 20:47:57