

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
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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)</i> <i>(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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DRILL STEM TEST REPORT

Prepared For: **RL Investment LLC**

2777 US Hwy 24
Hill City, KS 67642

ATTN: Rich Bell

Koster H #2-32

32-8S-29W Sheridan,KS

Start Date: 2022.08.07 @ 10:30:00

End Date: 2022.08.07 @ 17:45:45

Job Ticket #: 64521 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2022.08.09 @ 10:03:48



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

RL Investment LLC

32-8S-29W Sheridan,KS

2777 US Hwy 24
Hill City, KS 67642

Koster H #2-32

Job Ticket: 64521

DST#: 1

ATTN: Rich Bell

Test Start: 2022.08.07 @ 10:30:00

GENERAL INFORMATION:

Formation: **LKC J**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 12:18:45

Time Test Ended: 17:45:45

Test Type: Conventional Bottom Hole (Initial)

Tester: Nathan Aneas

Unit No: 71

Interval: 4119.00 ft (KB) To 4140.00 ft (KB) (TVD)

Reference Elevations: 2857.00 ft (KB)

Total Depth: 4140.00 ft (KB) (TVD)

2850.00 ft (CF)

Hole Diameter: 7.87 inches Hole Condition: Fair

KB to GR/CF: 7.00 ft

Serial #: 8353

Inside

Press@RunDepth: 58.22 psig @ 4120.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2022.08.07

End Date:

2022.08.07

Last Calib.:

2022.08.07

Start Time: 10:30:01

End Time:

17:45:45

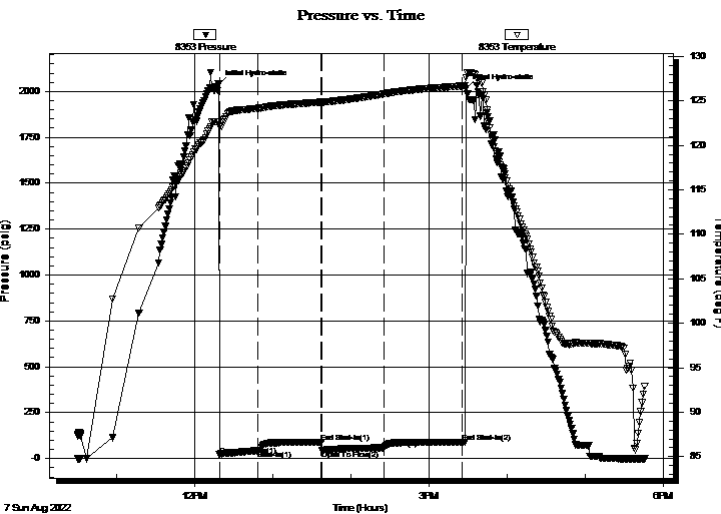
Time On Btm:

2022.08.07 @ 12:18:00

Time Off Btm:

2022.08.07 @ 15:28:15

TEST COMMENT: 30:IF- Weak surface blow , built to BOB in 10 min, final blow is 38.50 inches (42.40 psi)
45:IS- Weak surface blow built to 1/2 inch in 10 min, final blow died (87.10 psi)
45:FF- Weak surface blow , built to BOB in 10 min, final blow is 21.18 inches (57.00 psi)
60:FS- Weak surface blow in 10 min, built to 1 inch in 20 min, final blow is 2 3/4 inches (95.40 psi)



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2039.66	122.63	Initial Hydro-static
1	19.94	122.15	Open To Flow (1)
31	43.77	124.15	Shut-In(1)
79	89.24	124.85	End Shut-In(1)
80	46.63	124.85	Open To Flow (2)
127	58.22	125.78	Shut-In(2)
187	89.29	126.67	End Shut-In(2)
191	2014.01	127.59	Final Hydro-static

Recovery

Gas Rates

Length (ft)	Description	Volume (bbl)
117.00	GMCO 55%O 25%G 20%M	0.58
10.00	CO 100%O	0.14
0.00	GIP 945'	0.00

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

RL Investment LLC

32-8S-29W Sheridan,KS

2777 US Hwy 24
Hill City, KS 67642

Koster H #2-32

Job Ticket: 64521

DST#: 1

ATTN: Rich Bell

Test Start: 2022.08.07 @ 10:30:00

Tool Information

Drill Pipe:	Length: 4001.00 ft	Diameter: 3.80 inches	Volume: 56.12 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: ft	Diameter: inches	Volume: - bbl	Weight set on Packer: 20000.00 lb
Drill Collar:	Length: 117.00 ft	Diameter: 2.25 inches	Volume: 0.58 bbl	Weight to Pull Loose: 65000.00 lb
			<u>Total Volume: - bbl</u>	Tool Chased ft
Drill Pipe Above KB:	31.00 ft			String Weight: Initial 60000.00 lb
Depth to Top Packer:	4119.00 ft			Final 60000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	21.00 ft			
Tool Length:	53.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
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Shut In Tool	5.00			4092.00	
Hydraulic tool	5.00			4097.00	
Jars	5.00			4102.00	
EM Tool	4.00			4106.00	
Safety Joint	3.00			4109.00	
Packer	5.00			4114.00	32.00 Bottom Of Top Packer
Packer	5.00			4119.00	
Stubb	1.00			4120.00	
Recorder	0.00	8353	Inside	4120.00	
Recorder	0.00	8676	Outside	4120.00	
Perforations	17.00			4137.00	
Bullnose	3.00			4140.00	21.00 Bottom Packers & Anchor

Total Tool Length: 53.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

RL Investment LLC

32-8S-29W Sheridan,KS

2777 US Hwy 24
Hill City, KS 67642

Koster H #2-32

Job Ticket: 64521

DST#: 1

ATTN: Rich Bell

Test Start: 2022.08.07 @ 10:30:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

29.6 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 52.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 900.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
117.00	GMCO 55%O 25%G 20%M	0.575
10.00	CO 100%O	0.140
0.00	GIP 945'	0.000

Total Length: 127.00 ft

Total Volume: 0.715 bbl

Num Fluid Samples: 0

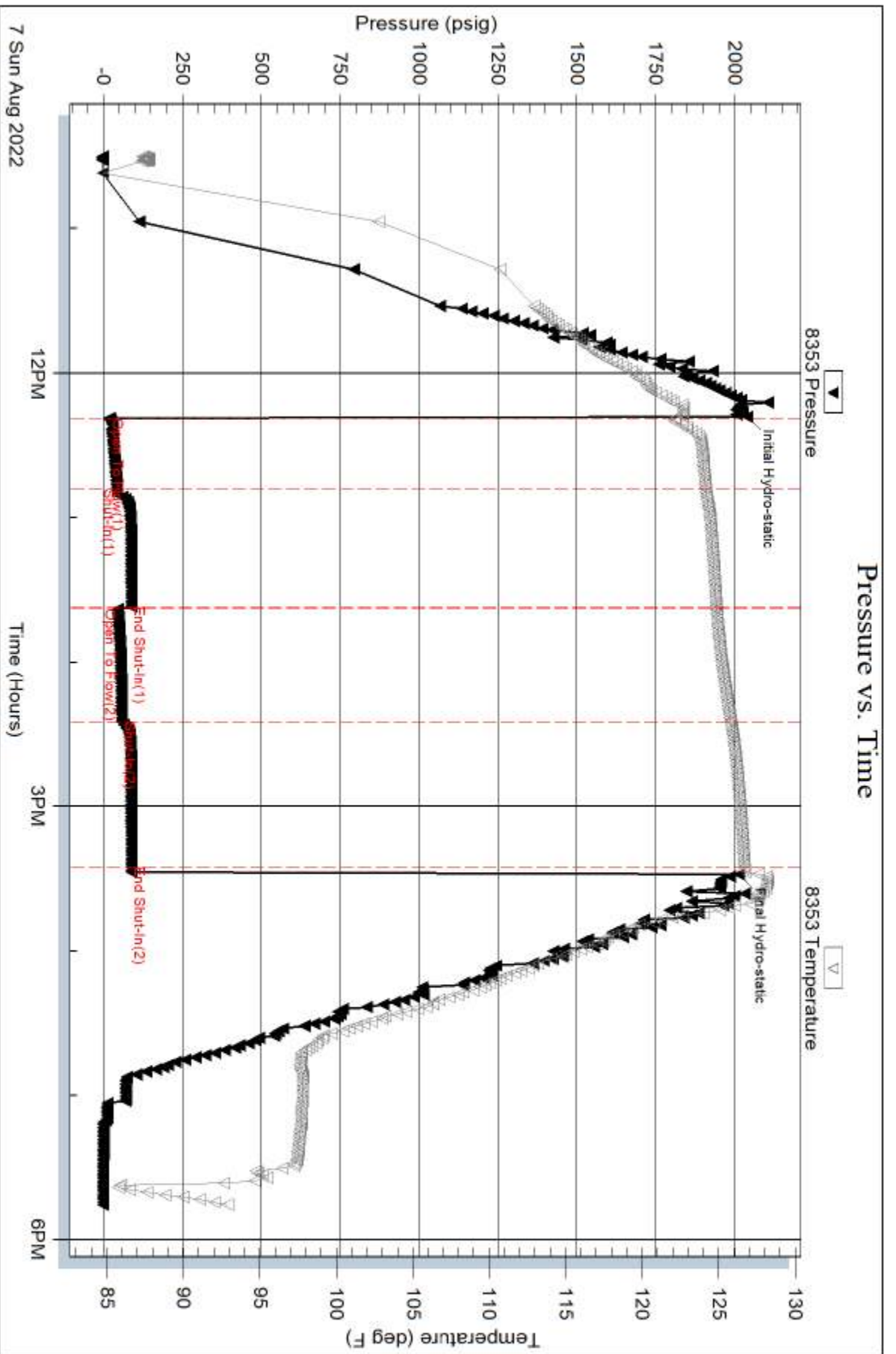
Num Gas Bombs: 0

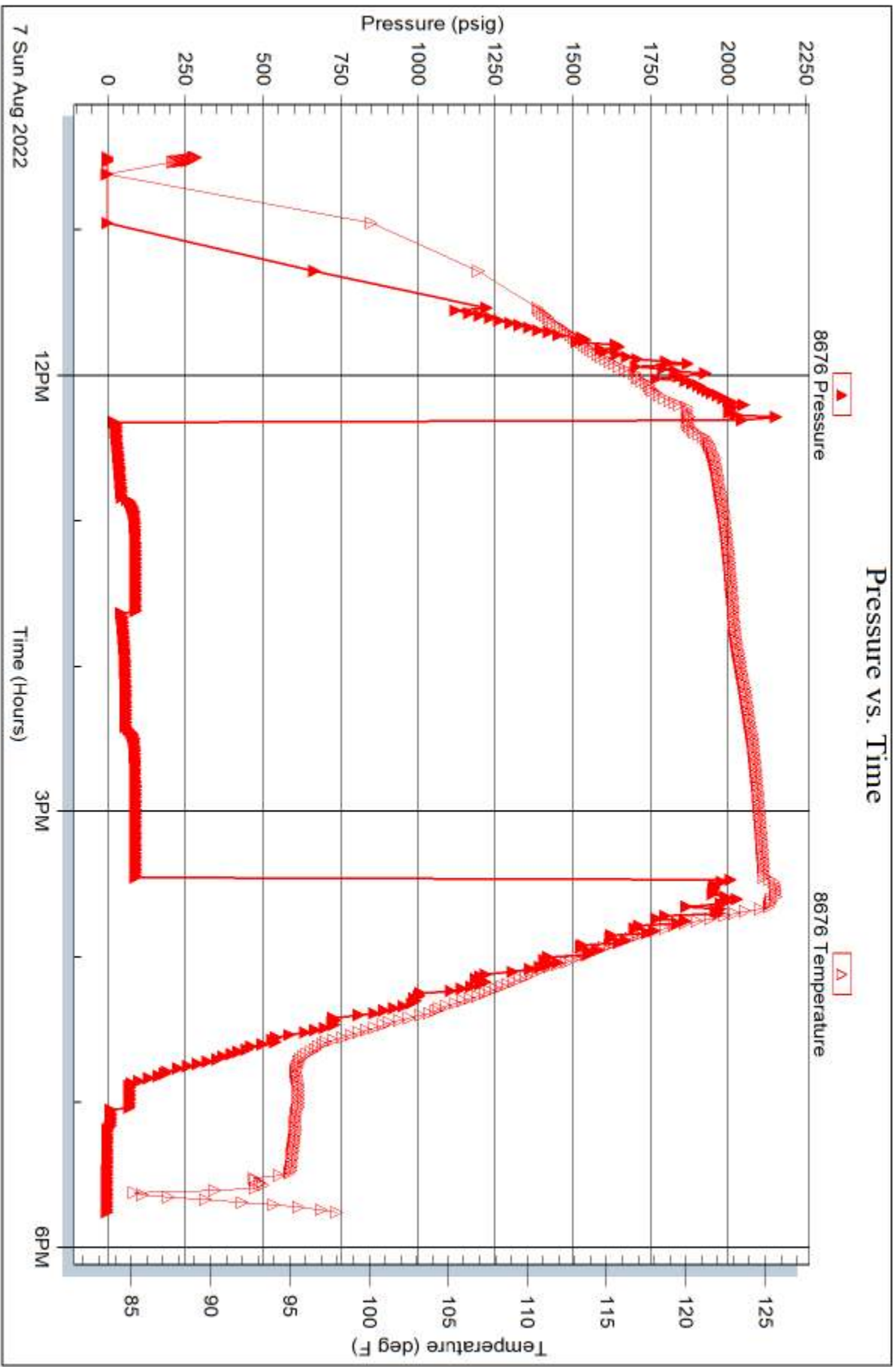
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:







TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 64521

Well Name & No. Kasfer H #2-32 Test No. 1 Date 08/07/22
 Company RL Investment, LLC Elevation 2857 KB 2850 GL
 Address 2777 US Hwy 24 Hill City, KS 67642
 Co. Rep / Geo. Rich Bell Rig STP #2
 Location: Sec. 32 Twp 8S Rge. 29W Co. Sheridan State KS

Interval Tested 4119-4140 Zone Tested LKC J
 Anchor Length 21 Drill Pipe Run 4001 Mud Wt. 9.2
 Top Packer Depth 4114 Drill Collars Run 117 Vls 52
 Bottom Packer Depth 4119 Wt. Pipe Run _____ WL 7.6
 Total Depth 4140 Chlorides 900 ppm System LCM 1#

Blow Description IF-Weak surface blow, built to BOB in 10min, Final blow is 38.50 inches
ISF-Weak surface blow, built to 1/2 inch in 10min, Final blow died (87.0pp) (42.40psi)
FF-Weak surface blow, built to BOB in 10min, Final blow 21.18 (57.00psi)
FSI-Weak surface blow in 10 min, built to 1 inch in 20min, Final blow 2 3/4 inches

Rec	Feet of	%gas	%oil	%water	%mud
<u>117</u>	<u>GMCO</u>	<u>25</u>	<u>55</u>	<u>20</u>	<u>0</u>
<u>10</u>	<u>CO</u>	<u>100</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u> </u>	<u>GTP-945'</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Rec Total 127 BHT 126 Gravity 29@60 API RW @ F. Chlorides ppm

- (A) Initial Hydrostatic 2040
- (B) First Initial Flow 20
- (C) First Final Flow 44
- (D) Initial Shut-In 89
- (E) Second Initial Flow 47
- (F) Second Final Flow 58
- (G) Final Shut-In 89
- (H) Final Hydrostatic 2014

- Test EM Tool 1950
- Jars 300
- Safety Joint _____
- Circ Sub _____
- Hourly Standby _____
- Mileage 80 RT 120
- Sampler _____
- Straddle _____
- Shale Packer _____
- Extra Packer _____
- Extra Recorder _____
- Day Standby _____
- Accessibility _____

T-On Location 09:25
 T-Started 10:30
 T-Open 12:18
 T-Pulled 15:30
 T-Out 17:35

Comments _____
 Ruined Shale Packer _____
 Ruined Packer _____
 Extra Copies _____
 Sub Total 0
 Total 2370
 MP/DST Disc't _____

Initial Open 30
 Initial Shut-In 45
 Final Flow 45
 Final Shut-In 60

Sub Total 2370

Approved By _____

Our Representative [Signature]

Tribolite Testing Inc. shall not be liable for damaged of any kind of 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 statements or opinion concerning the results 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.

API # 15-179-21487-00-00

GEOLOGICAL REPORT
 DRILLING TIME AND SAMPLE LOG

COMPANY RL Investment, LLC
 LEASE Koster H # 2
 FIELD Koster

LOCATION 2405 Jct. 1860 Rd
 SEC 38 TWP 8S RGE 29W
 COUNTY Shedden STATE Kansas

CONTRACTOR STP Drilling, LLC Rig # 2
 SPUD 8-1-22 COMP 8-8-22
 SAMPLES SAVED FROM 3680' TO RTD

FORMATION TOPS AND STRUCTURAL POSITION

FORMATION	SURF. E. LOG	DEPTH	A	B	C	D
Anhydrite	2475	+ 382				
Base Anhydrite	2511	+ 346				
Topoka	3704	- 847				
Heebner	3914	- 1058				
Toronto	3935	- 1078				
Lansing	3949	- 1092				
Base Kansas City	4192	- 1335				
Total Depth	4235	- 1379				

REFERENCE WELLS

RL Investment, LLC, Koster H # 1-32, 4365 S 1/2 Sec 32-85-29W

ELEVATION
 KB 2857'
 DF 2855'
 GI 2850'

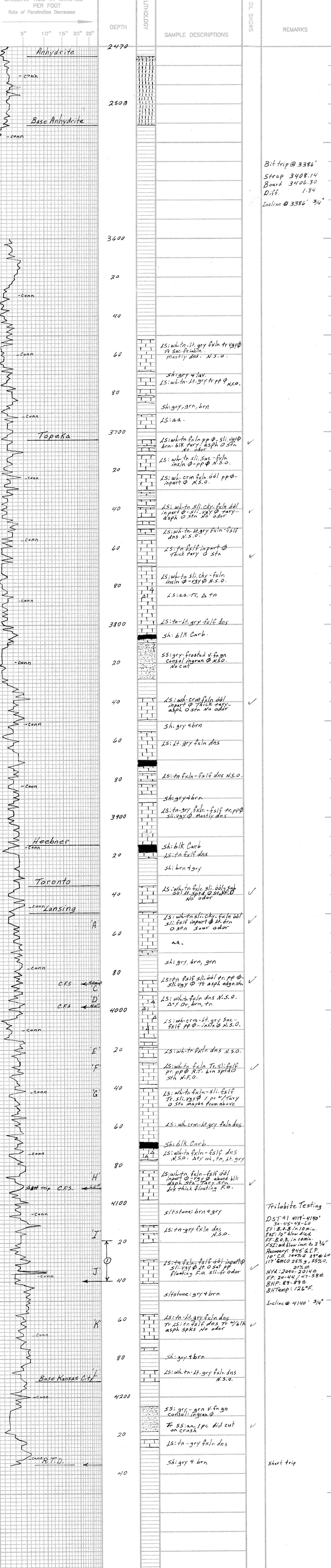
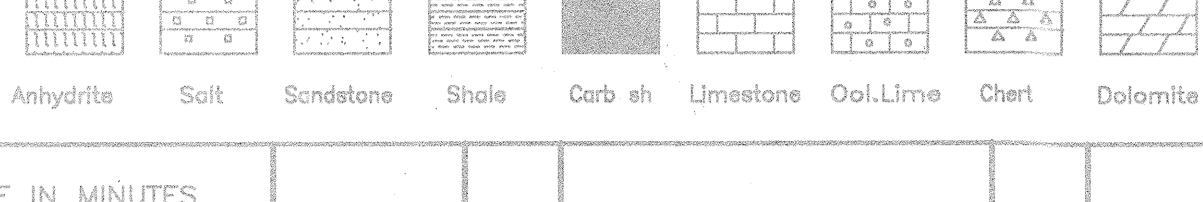
CASING
 Surface 8 5/8" @ 263'
 Production 5 1/2" @ 522'

ELECTRIC LOGS
 ELI

REMARKS
 This well ran flat with the reference well. Encouraging D.S.T. results warranted the cementing of production casing to further test the well. The zone from 4129'-4133' should be tested.

Richard B. Bell
 8/8/22

LEGEND



LOG 7710

7502

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 0678
 LOCATION Harc
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
9-9-22	33268	Koster H 2-32	32	8	29W	Sheridan			
CUSTOMER RH Investment LLC		TRUCK #		DRIVER		TRUCK #		DRIVER	
MAILING ADDRESS 2777 US Hwy 24		101		Tom W					
CITY Hill City		STATE KS		ZIP CODE 67642		2103		Sadt	
								Preston D	
JOB TYPE <u>DV Tool</u>		HOLE SIZE		HOLE DEPTH <u>4235'</u>		CASING SIZE & WEIGHT <u>5 1/2" 19.5#</u>			
CASING DEPTH <u>4230'</u>		DRILL PIPE		TUBING		OTHER			
SLURRY WEIGHT <u>14.8/11.8</u>		SLURRY VOL <u>1.51/2.43</u>		WATER gal/sk		CEMENT LEFT in CASING			
DISPLACEMENT		DISPLACEMENT PSI		MIX PSI		RATE			

REMARKS: softenering + set up on STP #2. float equipment ran + circulating
Hooked up our head + manifold. Mix 500 gal mud flush - 20 Bbl KCL water.
Mix 150 gal O/W. Wash clean Displace 45 Bbl water + 57 3/4 Bbl made sand plug
1800psi Release pressure + trapped dirt. 20 min Pump dirt + circulate 3 hrs.
Mix 520 SF - 30 R/H - 490 gal down hole. Wash clean + displace Top plug with
61.25 Bbl - loaded 1800psi. Release pressure. Rock up MOVE OFF

Cement did circulate plug down 12:45 pm
Thanks Tom Flaw

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT
PC004	1	PUMP CHARGE DV Tool
MD01	10	MILEAGE
MD02	32.91 tons	Ton Mileage delivery
CB030	1505X	Class A C70 (10 gal), 10 gal gate, 2 gal 5# KCL
CB021	520 SF	60/40 89 gal 1/4" Flare
FE0033	1	5 1/2" AF Guide Shoe
FE051	1	5 1/2" hatch down plug @ 55 gal
FE089	1	5 1/2" DV Tool
FE096	30	5 1/2" Reciprocating Scretchers
FE002	2	5 1/2" stop ring
FE022	2	5 1/2" baskets
FE014	10	5 1/2" Turbolizer
CE003	1	5 1/2" head + manifold
CP013	500 gal	Mud Flush
CP014	2 gal	W/L
		less 10

AUTHORIZATION [Signature] TITLE _____ C

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

