

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33268  
Name: RL Investment LLC  
Address: 217 Saint Peter St  
City/State/Zip: Morland, KS 67650  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Leon Pfeifer  
Phone: (785) 627-5711  
Contractor: Name: Pfeifer Dozer & Well Service LLC  
License: 32579  
Wellsite Geologist: NA

Designate Type of Completion:  
\_\_\_\_ New Well  Re-Entry \_\_\_\_ Workover  
\_\_\_\_ Oil  SWD \_\_\_\_ SLOW \_\_\_\_ Temp. Abd.  
\_\_\_\_ Gas  ENHR \_\_\_\_ SIGW  
\_\_\_\_ Dry \_\_\_\_ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:  
Operator: Sharon Resources

Well Name: Popp  
Original Comp. Date: 2-9-85 Original Total Depth: 4157  
\_\_\_\_ Deepening \_\_\_\_ Re-perf.  Conv. to Enhr./SWD  
\_\_\_\_ Plug Back \_\_\_\_ Plug Back Total Depth  
\_\_\_\_ Commingled Docket No. \_\_\_\_\_  
\_\_\_\_ Dual Completion Docket No. \_\_\_\_\_  
\_\_\_\_ Other (SWD or Enhr.?) Docket No. \_\_\_\_\_

<u>7-20-04</u>	<u>8-7-04</u>	<u>8-7-04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 179-20795-00-01  
County: Sheridan  
\_\_\_\_ NE \_\_\_\_ NW \_\_\_\_ Sec. 15 Twp. 9 S. R. 27  East  West

326 4985 feet from (S) N (circle one) Line of Section  
990 4318 feet from (E) W (circle one) Line of Section  
Footages Calculated from GPS-KCC-DG Nearest Outside Section Corner:  
(circle one) NE SE NW SW

Lease Name: Popp Well #: 1  
Field Name: \_\_\_\_\_

Producing Formation: NA  
Elevation: Ground: 2710 Kelly Bushing: 2715  
Total Depth: 3824 Plug Back Total Depth: 3824  
Amount of Surface Pipe Set and Cemented at NA 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 3000 ppm Fluid volume 200 bbls  
Dewatering method used evaporate  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: X Randall J Pfeifer  
Title: Member Date: 10/24/06  
Subscribed and sworn to before me this 24<sup>th</sup> day of October  
2006  
Notary Public: Michelle A. Pfeifer  
Date Commission Expires: 11-13-08

**KCC Office Use ONLY**

N Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
\_\_\_\_ Wireline Log Received  
\_\_\_\_ Geologist Report Received **RECEIVED**  
\_\_\_\_ UIC Distribution **OCT 27 2006**

NOTARY PUBLIC - State of Kansas  
MICHELLE A. PFEIFER  
My Appt. Exp. 11-13-08

KCC WICHITA

106145

Side Two

Operator Name: RL Investment LLC Lease Name: Popp Well #: 1  
Sec. 15 Twp. 9 S. R. 27  East  West County: Sheridan

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" 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
surface	12 1/4	8 5/8	23	344	60/40 POZ	250	3% CaCl
production	7 7/8	5 1/2	14	4147	Class A	175	10% salt, 75% CFR

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				

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
4	3626-3648		

TUBING RECORD	Size 2 7/8	Set At 3618'	Packer At 3618'	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas      METHOD OF COMPLETION      Production Interval

Vented    Sold    Used on Lease    Open Hole    Perf.    Dually Comp.    Commingled  
*(If vented, Submit ACO-18.)*    Other (Specify) \_\_\_\_\_

RECEIVED

OCT 27 2006

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