

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 # 30458
 Name: RJM Compny
 Address: P.O. Box 256
 City/State/Zip: Claflin, KS 67525
 Purchaser: Coffeyville
 Operator Contact Person: Brian Miller
 Phone: (620) 587-2308
 Contractor: Name: Vonfeldt Drilling, Inc.
 License: 9431
 Wellsite Geologist: Todd Morgenstern
 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: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 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. _____

3-30-04	4-4-04	4-4-04
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-009-24790-00-00
 County: Barton
E/2 NW SE Sec. 5 Twp. 17 S. R. 13 East West
1980 feet from N (circle one) Line of Section
1750 feet from W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Hoffman West Well #: 6
 Field Name: _____
 Producing Formation: _____
 Elevation: Ground: 1900' Kelly Bushing: 1905'
 Total Depth: 3402 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 432 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 48000 ppm Fluid volume 400 bbls
 Dewatering method used Allow to Dry and Backfill
 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: Brian Miller
 Title: President Date: 10-22-06
 Subscribed and sworn to before me this 24th day of October
2006.
 Notary Public: Diane R. Ney
 Date Commission Expires: 7-31-07



KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
 OCT 26 2006

KCC WICHITA

Operator Name: RJM Compny Lease Name: Hoffman West Well #: 6
 Sec. 5 Twp. 17 S. R. 13 East West County: Barton

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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy) 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 checked="" 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 7/8	432	15 lbs.	432'	Common	235	3% CC, 2% Gel

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD		Size	Set At	Packer At	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 Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

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FRANCIS CASING CREWS, INC.

FOSTER POWER TONG SERVICE

PHONE (620) 793-9630

P. O. Box 815

No 32491

GREAT BEND, KANSAS 67530

Date 3-30-04, 2004

Company HJM

Called By Don

Address

E. O. or F. O. No. Pa. 1/15

Lease Hoffman west

Well No. 6

SERVICE REPORT

Tool Rental			Amount:
Rods			Amount:
Tubing			Amount:
Casing	<u>Run 430' of 8 7/8" casing 20'</u>		Amount:
Power Tongs	<u>Echels</u>		Amount:
Tong Operator	<u>Alvin</u>		Amount:
Helpers	<u>Don Danel</u>		Amount:
Transportation Charge	<u>42</u> Miles @	Per Mile	Amount:
Waiting Time	Hours @	Per Hour	Amount:

TOTAL SERVICE CHARGE

Remarks: Truck No. 88 arrived @ 6:00 P.M.

6:00 P.M. - 6:30 P.M. Circ. Survey T.O.O. H & K. U.S. 1/15
6:30 P.M. - 7:15 P.M. Run 5 Wells 8 7/8" casing 1/15
hour location @ 7:30 P.M.

Date Work Commenced 3-30-04 6:00 P.M. Date Work Completed 3-30-04 7:30 P.M. By Don

GOLDEN BELT PRINTING, INC.

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OCT 26 2006
KCC WICHITA

ALLIED CEMENTING CO., INC. 18287

REMIT TO PO. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Grand Bend

DATE <u>11-21-06</u>	SEC. <u>5</u>	TWP. <u>17</u>	RANGE <u>136</u>	CALLED OUT <u>10:00 am</u>	ON LOCATION <u>12:00 pm</u>	JOB START <u>2:00 pm</u>	JOB FINISH <u>4:00 pm</u>
LEASE <u>7-1/2 man. West</u>		WELL # <u>46</u>		LOCATION <u>Heringford Sarah Rd.</u>		COUNTY <u>Cherokee</u>	STATE <u>KS</u>
OLD OR <u>(NEW)</u> (Circle one)				<u>5 1/2 inch - 62 ft into</u>			

CONTRACTOR Don Ullrich OWNER R.T.M. Oil Co.

TYPE OF JOB Primary Plug
 HOLE SIZE 7 7/8 T.D. 3402
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____

CEMENT AMOUNT ORDERED R.T.M. Oil Co.
150 cu yds 170 gal + 1/4 lb 5 lb Seal

PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Jack
 # 181 HELPER J.D.
 BULK TRUCK _____
 # 311 DRIVER Steve
 BULK TRUCK _____
 # _____ DRIVER _____

REMARKS:

1st plug @ 335' with 25% cement
2nd plug @ 860' with 40% cement
3rd plug @ 480' with 50% cement
4th plug @ 40' with 10% cement
Mouse hole 10% cement
Pallade 15% cement

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 _____ @ _____
 _____ @ _____

CHARGE TO: R.T.M. Oil Company
 STREET P.O. Box 206
 CITY Clifton STATE KS ZIP 67525

PLUG & FLOAT EQUIPMENT

MANIFOLD _____ @ _____
1-8 5/8 Top Hole @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Doug Budig

Doug Budig
 PRINTED NAME

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 OCT 26 2006
 KCC WICHITA

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: West Point

DATE <u>3-30-04</u>	SEC. <u>5</u>	TWP. <u>17</u>	RANGE <u>13</u>	CALLED OUT <u>5:00 PM</u>	ON LOCATION <u>6:30 PM</u>	JOB START <u>7:35 AM</u>	JOB FINISH <u>8:15 AM</u>
LEASE <u>Wagon</u>		WELL # <u>6</u>		LOCATION <u>Washington SWN</u>		COUNTY <u>Butler</u>	STATE <u>Kansas</u>
OLD OR (NEW) (Circle one)							

CONTRACTOR Vonfeldt Drilling
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 432'
 CASING SIZE 8 5/8 DEPTH 432
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15
 PERFS. _____
 DISPLACEMENT 27.1

OWNER RJM
 CEMENT
 AMOUNT ORDERED 235 cu common
320cc 20 gel
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____
 TOTAL _____

EQUIPMENT

MP
 PUMP TRUCK CEMENTER MP Drilling
 # 181 HELPER Burman
 BULK TRUCK
 # 342 DRIVER Don Hammit
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

Ran 8 5/8 surface to bottom
Circulate with required
2 out down shale top to pump bit +
mixed 235 cu common 320cc 20 gel
and down changed valves over + achieved
27 1/2 miles plus + displaced with 27
2 1/2 hrs. Cement did circulate

SERVICE

DEPTH OF JOB 432'
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 PLUG 1. 8 5/8 TWP @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

CHARGE TO: R.J.M Oil Co Inc
 STREET P.O. Box 256
 CITY Wichita STATE Kansas ZIP 67225

FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TOTAL _____
 TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE X [Signature]

X [Signature]
 PRINTED NAME

Thank you!

RECEIVED
 OCT 26 2004
 KCC WICHITA