

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 30458

Name: RJM Oil Company, Inc.

Address 1: PO Box 256

Address 2: _____

City: Clafin State: KS Zip: 67525 + 0256

Contact Person: Brian Miller

Phone: (620) 587-2308

CONTRACTOR: License # 33350

Name: Southwind Drilling, Inc.

Wellsite Geologist: Jim Musgrove

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- 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 ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

<u>3-14-2011</u>	<u>3-20-2011</u>	<u>3-20-2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 009-25531-00-00

Spot Description: _____

NW SW NE NW Sec. 6 Twp. 19 S. R. 11 East West

900 Feet from North / South Line of Section

1,500 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Barton

Lease Name: Schmidt Well #: 1

Field Name: Kimpler

Producing Formation: _____

Elevation: Ground: 1814 Kelly Bushing: 1823

Total Depth: 3436 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 300 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: Allow to dry and backfill

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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.

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.

Signature: Lauren B. Miller

Title: President Date: 4-29-2011

KCC Office Use ONLY

Letter of Confidentiality Received

Date: _____ **RECEIVED**
MAY 02 2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: Dlg Date: 5/10/11

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Operator Name: RJM Oil Company, Inc. Lease Name: Schmidt Well #: 1
 Sec. 6 Twp. 19 S. R. 11 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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name Toronto	Top -1197
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Datum KB	Datum KB
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lansing	-1306
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Arbuckle	-1594
List All E. Logs Run:			

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 1/4	8 5/8	23	300	Common	180	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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of First, Resumed 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

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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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

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

No. 4773

Date	3-14-11	Sec.	6	Twp.	19	Range	11	County	Butler	State	Ks	On Location	Finish	10.15.11		
Lease	Schmidt	Well No.	#1	Location		Camp Hill Rd P 150. Hwy										
Contractor	Sundt #2							Owner								
Type Job	Surface							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.								
Hole Size	1 1/4"			T.D.			3028'			Charge To: RTM Co. Company						
Csg.	8 5/8"			Depth			308'			Street						
Tbg. Size				Depth			City					State				
Tool				Depth			City					State				
Cement Left in Csg.	15'			Shoe Joint			15'			The above was done to satisfaction and supervision of owner agent or contractor.						
Meas Line				Displace			18 1/2 BCS			Cement Amount Ordered 1500 lbs (approx) 308' x 7.86						

EQUIPMENT

Pumptrk	1	No.	Cementer	Helper	A. Dent	Common
Bulktrk	3	No.	Driver	Driver	C. T. V.	Poz. Mix
Bulktrk	P. V.	No.	Driver	Driver	Rick	Gel.

JOB SERVICES & REMARKS

Remarks:	Cement and Circulation	Hulls
Rat Hole		Salt
Mouse Hole		Flowseal
Centralizers		Kol-Seal
Baskets		Mud CLR 48
D/V or Port Collar		CFL-117 or CD110 CAF 38
		Sand
		Handling
		Mileage

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	

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Pumptrk Charge	
Mileage	
	Tax
	Discount
	Total Charge

X Signature *[Handwritten Signature]*

KCC INCHITA

QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

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

No. 4700

Date	3-20-11	Sec.	2	Twp.	19	Range	12	County	Butler	State	KS	On Location	Finish	5:00 PM	
Lease	Schmidt	Well No.	#1		Location Hwy 136 & Camp Hillen Rd, ...										
Contractor	Southwind #2				Owner ...										
Type Job	plug				To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cement and helper to assist owner or contractor to do work as listed.										
Hole Size	9 5/8"				T.D.	3436'									
Csg.					Depth										
Tbg. Size	4 1/2"				Depth	3700'									
Tool					Depth										
Cement Left in Csg.					Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.									
Meas Line					Displace	New 1/2"									
					Cement Amount Ordered	155 sy (cont) 12601									

EQUIPMENT

Pumptrk	1	No.	Cementor		Common
			Helper		
Bulktrk	10	No.	Driver		Poz. Mix
			Driver		
Bulktrk	p.u.	No.	Driver		Gel.
			Driver		

JOB SERVICES & REMARKS

Remarks:	
Rat Hole	30 sy
Mouse Hole	15 sy
Centralizers	
Baskets	
D/V or Port Collar	
	3400' - 2 sy
	660' - 25 sy
	350' - 50 sy
	40' - 10 sy
	Rathole - 35 sy
	Maurphole - 15 sy
	Cement did ...

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

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	Pumptrk Charge
	Mileage
	Tax
	Discount
X Signature	Total Charge