



KANSAS CORPORATION COMMISSION 1062193
OIL & GAS CONSERVATION DIVISION

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 # 33905
Name: Royal Drilling Inc
Address 1: 719 WITT AVE
Address 2: PO BOX 342
City: RUSSELL State: KS Zip: 67665 +
Contact Person: John L Driscoll
Phone: (785) 483-6446
CONTRACTOR: License # 33905
Name: Royal Drilling Inc
Wellsite Geologist: Francis C. Whisler
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>06/17/2010</u> | <u>06/22/2010</u> | <u>01/31/2011</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-167-23643-00-00

Spot Description: _____
SW NW NE NE Sec. 31 Twp. 14 S. R. 12 East West
460 Feet from North / South Line of Section
1260 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Russell

Lease Name: Smoky Hill Unit Well #: 37

Field Name: Trapp

Producing Formation: Lansing-Kansas City

Elevation: Ground: 1667 Kelly Bushing: 1670

Total Depth: 3298 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 614 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: 4000 ppm Fluid volume: 400 bbls

Dewatering method used: Evaporated

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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: Deanna Gortler Date: 08/26/2011



1062193

Operator Name: Royal Drilling Inc Lease Name: Smoky Hill Unit Well #: 37
 Sec. 31 Twp. 14 S. R. 12 East West County: Russell

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: RAG w/ caliper, Compensated Density-Neutron & Dual Induction | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Attached Attached Attached |
|--|---|

| 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 | 12.250 | 8.6250 | 23 | 614 | Common | 350 | 3% CC, 2% Gel |
| Production | 7.8750 | 5.50 | 17 | 3197 | 60/40, Commor | 300 | 4% Gel, 10% Salt, 2% ge |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|---------------------------------------|------------------|----------------|--------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| ___ Perforate | | | | |
| ___ Protect Casing | - | | | |
| ___ Plug Back TD | | | | |
| ___ 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 |
|----------------|---|---|-------|
| 2 | 2984-2988 | Acid 250 gal 15% | |
| 2 | 2916-2920 | Acid 250 gal 15% | |
| 2 | 2902-2906 | Acid 250 gal 15% | |
| | | | |
| | | | |

| | |
|---|---|
| TUBING RECORD: Size: <u>2.50</u> Set At: <u>3020</u> Packer At: <u> </u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Date of First, Resumed Production, SWD or ENHR. <u>02/15/2011</u> | Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) <u> </u> |
| Estimated Production Per 24 Hours | Oil Bbls. <u>10</u> Gas Mcf <u> </u> Water Bbls. <u>200</u> Gas-Oil Ratio <u> </u> Gravity <u> </u> |

| | | |
|---|---|--|
| 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) <u> </u> | PRODUCTION INTERVAL: <u> </u> <u> </u> |
|---|---|--|

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | Royal Drilling Inc |
| Well Name | Smoky Hill Unit 37 |
| Doc ID | 1062193 |

Tops

| | | |
|---------------------|------|-------|
| Anhydrite | 614 | +1056 |
| Gand Haven | 2158 | -488 |
| Topeka | 2498 | -828 |
| Lansing-Kansas City | 2813 | -1143 |
| Base Kansas City | 3084 | -1414 |
| Gorham Sand | 3103 | -1433 |
| Arbuckle | 3134 | -1464 |
| Granite Wash | 3258 | -1588 |

