



KANSAS CORPORATION COMMISSION 1062198
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: James C Musgrove
Purchaser: Coffeyville Resources

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>06/09/2011</u>	<u>06/15/2011</u>	<u>07/26/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-051-26151-00-00
Spot Description: _____
W2 SE SW SW Sec. 29 Twp. 14 S. R. 16 East West
330 Feet from North / South Line of Section
900 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellis
Lease Name: K. Dreiling Well #: 2
Field Name: Vincent
Producing Formation: Kansas City
Elevation: Ground: 1921 Kelly Bushing: 1928
Total Depth: 3600 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 1041 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: 67000 ppm Fluid volume: 500 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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Gantoi</u> Date: <u>09/07/2011</u>



1062198

Operator Name: Royal Drilling Inc Lease Name: K. Dreiling Well #: 2
 Sec. 29 Twp. 14 S. R. 16 East West County: Ellis

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/ DIL, CDL/CNL & MEL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum Attached Attached Attached
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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	12.250	8.6250	23	1041	Common	425	3% CC, 2% gel
Production	7.8750	5.50	17	3499	60/40 Commor	300	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" 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
2	3196-3200	Acid 250 gal 15%	
2	3348-50	Acid 1500 gal 28%	

TUBING RECORD: Size: <u>2.50</u> Set At: <u>3370</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>07/26/2011</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____	
Estimated Production Per 24 Hours	Oil Bbbs. <u>20</u>	Gas Mcf _____	Water Bbbs. <u>80</u> 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Royal Drilling Inc
Well Name	K. Dreiling 2
Doc ID	1062198

Tops

Anhydrite	1036	+889
Base Anhydrite	1072	+853
Topeka	2905	-980
Heebner	3126	-1201
Toronto	3143	-1218
Lansing	3174	-1249
Base Kansas City	3401	-1476
Conglomerate Chert	3421	-1496
Arbuckle	3427	-1502

ALLIED CEMENTING CO., LLC. 035889

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

SERVICE POINT: Russell

DATE <u>11/11</u>	SEC. <u>27</u>	TWP. <u>14</u>	RANGE <u>16</u>	CALLED OUT	ON LOCATION	JOB START <u>2:15 PM</u>	JOB FINISH <u>3:15 PM</u>
LEASE <u>W. Co. Co.</u>	WELL # <u>2</u>	LOCATION <u>Victoria - 4 - 1E</u>			COUNTY <u>Ellis</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>4 5</u>					

CONTRACTOR <u>Royal Drilling</u>	OWNER
TYPE OF JOB <u>570</u>	CEMENT
HOLE SIZE <u>7 7/8</u> T.D. <u>3600'</u>	AMOUNT ORDERED <u>1.6</u>
CASING SIZE <u>5 1/2 11"</u> DEPTH <u>340'</u>	
TUBING SIZE DEPTH	
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	
MEAS. LINE SHOE JOINT <u>11 11</u>	
CEMENT LEFT IN CSO. <u>16 1/2</u>	
PERFS.	
DISPLACEMENT <u>Fl. d. h.</u>	

EQUIPMENT

PUMP TRUCK # <u>4</u>	CEMENTER <u>Shane</u>	HELPER <u>T. J.</u>
BULK TRUCK # <u>374</u>	DRIVER <u>Mike</u>	
BULK TRUCK # <u>41</u>	DRIVER <u>Bob L</u>	

REMARKS:

Placed 11 to 30 in. Max. 12 1/2 in. Linc. @ 34.5 - 3.4
Placed 11 to 30 in. Max. 12 1/2 in. Linc. @ 34.5 - 3.4
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Placed 11 to 30 in. Max. 12 1/2 in. Linc. @ 34.5 - 3.4

CHARGE TO: Royal Drilling INC
 STREET _____
 CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment

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

SERVICE

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

PLUG & FLOAT EQUIPMENT

<u>3 - Cementing</u>	@	
<u>2 - Bucket</u>	@	
<u>6 - Shovel</u>	@	
<u>ATC - Tower</u>	@	

