



KANSAS CORPORATION COMMISSION 1062196
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: Arbuck
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: Josh Austin
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 #: _____

01/04/2011	01/09/2011	02/12/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-167-23685-00-00

Spot Description: _____
W2 SW SE SE Sec. 27 Twp. 15 S. R. 15 East West
330 Feet from North / South Line of Section
1300 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Russell
Lease Name: Morgenstern North Well #: 4

Field Name: Boxberger West
Producing Formation: Kansas City

Elevation: Ground: 1935 Kelly Bushing: 1942

Total Depth: 3519 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 972 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: 68000 ppm Fluid volume: 800 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 Garcia Date: 09/07/2011



1062196

Operator Name: Royal Drilling Inc Lease Name: Morgenstern North Well #: 4
 Sec. 27 Twp. 15 S. R. 15 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/ Dual Induction, Compenstated Density/Neutron & Micro	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input 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	972	Common	400	3% CC, 2% gel
Production	7.8750	5.50	15.50	3473	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
<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 (Amount and Kind of Material Used)	Depth
2	3251-55	Acid 500 gal 15%	
2	3243-45	Acid 500 gal 15%	

TUBING RECORD: Size: <u>2.50</u> Set At: <u>3400</u> Packer At: _____ Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. <u>02/12/2011</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
Estimated Production Per 24 Hours	Oil Bbbls. <u>20</u> Gas Mcf _____ Water Bbbls. <u>10</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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Royal Drilling Inc
Well Name	Morgenstern North 4
Doc ID	1062196

Tops

Anhydrite	966	+975
Base Anhydrite	1033	+938
Howard	2818	-877
Severy Shale	2866	-925
Topeka	2882	-941
Heebner	3109	-1168
Toronto	3125	-1184
Douglas	3142	-1201
Lansing	3168	-1227
Base Kansas City	3399	-1458
Conglomerate	3409	-1468
Arbuckle	3425	-1484

ALLIED CEMENTING CO., LLC. 004084

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

SERVICE POINT:

Russell

DATE <u>1-9-11</u>	SEC. <u>27</u>	TWP. <u>15</u>	RANGE <u>75</u>	CALLED OUT	ON LOCATION	JOB START <u>10:00 AM</u>	JOB FINISH <u>10:30 PM</u>
<u>WONG WENSTERN</u> LEASE <u>NORTH</u>	WELL # <u>4</u>	LOCATION <u>MILBERGER 3 1/2 W 1/4 N</u>		COUNTY <u>BROWN</u>	STATE <u>KANSAS</u>		
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Royal DRAG RIG # 2
TYPE OF JOB PRODUCTION STAYING
HOLE SIZE 7 7/8 I.D. 5519
CASING SIZE 5 1/2 New DEPTH 3485
TUBING SIZE 15.5 # DEPTH
DRILL PIPE DEPTH
TOOL AF4 INSERT DEPTH 3473'
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT 17'
CEMENT LEFT IN CSG. 12'
PERFS.
DISPLACEMENT 82 3/4 BBL

OWNER

CEMENT

AMOUNT ORDERED 150sx 7/8 48 Gall 4 3/4
150 SA COM. 10% SALT, 2% GEL

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

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER GLANN
417 HELPER Heath
BULK TRUCK
410 DRIVER WOODY
BULK TRUCK
378 DRIVER MARK

REMARKS:

Ran # 37's new 15.5" II 5'2" CSG
Set @ 3485.
Cement w/ 150sx 7/8 - 150sx Com 10% salt
22 GEL, Clear line, KILNAGE PLUG.
DISK PLUG + LAND @ 1200'
AF4-FRAY H.C.D.
15 SX @ mouse hole
30 SX @ M.HOLE
THANKS

SERVICE

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

TOTAL _____

CHARGE TO: STARR E. SCHUBOHM
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

Limbo Shoe
AF4 INSERT @ _____
T. R.P. @ _____
2-BASKETS @ _____
4-CENTRALIZERS @ _____

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

ALLIED CEMENTING CO., LLC. 034063

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

SERVICE POINT:

DATE <u>1-5-10</u>	SEC. <u>27</u>	TWP. <u>15</u>	RANGE <u>15</u>	CALLED OUT	ON LOCATION	JOB START <u>12:15p</u>	JOB FINISH <u>1:15p</u>
LEASE <u>Northwell</u> WELL # <u>4</u>			LOCATION <u>M Berger 3 1/2 W N. 15</u>			COUNTY <u>Russell</u>	STATE <u>Ks</u>
OLD OR NEW (Circle one)							

CONTRACTOR Royal Drilling & Prod
 TYPE OF JOB Super Tub
 HOLE SIZE 12 1/4 T.D. 972
 CASING SIZE 8 1/2 DEPTH 972
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 20'
 PERFS. _____
 DISPLACEMENT 60 1/2 bbl

OWNER _____
 CEMENT AMOUNT ORDERED 470 Com 3000

EQUIPMENT
 PUMP TRUCK CEMENTER Steve
 # 411 HELPER Jim
 BULK TRUCK
 # 423 DRIVER Woody
 BULK TRUCK
 # _____ DRIVER _____

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

REMARKS:

Kan. dr. + casing 3'
1st Connection
Max 400 psi
Cement + Grout

TOTAL _____

SERVICE

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

TOTAL _____

CHARGE TO: Steve F. Schlichke
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____
Blower _____ @ _____
Blower _____ @ _____
 _____ @ _____

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

Thanks!