

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: R.J.M. Oil Company, Inc.
Address 1: P.O. Box 256
Address 2: _____
City: Clafflin State: KSs Zip: 67525 + 0256
Contact Person: Chris Hoffman
Phone: (620) 786-8744
CONTRACTOR: License # 33905
Name: Royal Drilling, Inc.
Wellsite Geologist: Kurt Talbott
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 #: _____

9-9-2011 9-14-2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 09-25608-00-00

Spot Description: _____
NW NE SE NW Sec. 34 Twp. 18 S. R. 11 ☐ East ☒ West
1,600 Feet from ☒ North / ☐ South Line of Section
2,100 Feet from ☐ East / ☒ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☒ NW ☐ SE ☐ SW

County: Barton

Lease Name: Glenn Well #: 1

Field Name: unnamed

Producing Formation: _____

Elevation: Ground: 1786' Kelly Bushing: 1791'

Total Depth: 3431' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 260' 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: 72,000 ppm Fluid volume: 600 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: Lawrence D. Hoffman

Title: President Date: 10-12-2011

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: DLG

Date: 10/20/11

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Operator Name: R.J.M. Oil Company, Inc. Lease Name: Glenn Well #: 1
 Sec. 34 Twp. 18 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 <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width: 100%;"> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> <tr> <td>Douglas</td> <td>-1176</td> <td>KB</td> </tr> <tr> <td>Lansing</td> <td>-1280</td> <td>KB</td> </tr> <tr> <td>Conglomerate</td> <td>-1563</td> <td>KB</td> </tr> </table> | Name | Top | Datum | Douglas | -1176 | KB | Lansing | -1280 | KB | Conglomerate | -1563 | KB |
|---|--|-------|-----|-------|---------|-------|----|---------|-------|----|--------------|-------|----|
| Name | Top | Datum | | | | | | | | | | | |
| Douglas | -1176 | KB | | | | | | | | | | | |
| Lansing | -1280 | KB | | | | | | | | | | | |
| Conglomerate | -1563 | KB | | | | | | | | | | | |

| 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# | 260' | 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 (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, 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 | <table style="width: 100%;"> <tr> <td>Oil Bbls.</td> <td>Gas Mcf</td> <td>Water Bbls.</td> <td>Gas-Oil Ratio</td> <td>Gravity</td> </tr> </table> | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
| Oil Bbls. | Gas Mcf | Water Bbls. | 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 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: <div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div> |
|---|---|---|

QUALITY OILWELL CEMENTING, INC.

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

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

No. 5090

| | | | | | | | |
|---------------------------------------|----------------------------|-------------------------------|-------------------------------|--|---------------------|-------------|----------------------|
| Date <u>9-9-11</u> | Sec. <u>34</u> | Twp. <u>18</u> | Range <u>11</u> | County <u>Barton</u> | State <u>Kansas</u> | On Location | Finish <u>3:15PM</u> |
| Lease <u>Coleman</u> | Well No. <u>1</u> | Location <u>Claplin 4S 4E</u> | | | | | |
| Contractor <u>Kepler Drilling Rig</u> | | | | Owner | | | |
| Type Job <u>Surface</u> | | | | 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 <u>12 1/4</u> | T.D. <u>260</u> | | | Charge To <u>RSM</u> | | | |
| Csg. <u>8 5/8 23 1/2</u> | Depth <u>260</u> | | | Street | | | |
| Tbg. Size | Depth | | | City | | | |
| Tool | Depth | | | State | | | |
| Cement Left in Csg. <u>10-15'</u> | Shoe Joint | | | The above was done to satisfaction and supervision of owner agent or contractor. | | | |
| Meas Line | Displace <u>15 1/2 Bbl</u> | | | Cement Amount Ordered <u>180 Common 300 2 1/2 bbl</u> | | | |
| EQUIPMENT | | | | | | | |
| Pumptrk <u>5</u> | No. | Cement Helper <u>Steve</u> | Common <u>180</u> | | | | |
| Bulktrk <u>8</u> | No. | Driver <u>Chris</u> | Poz. Mix | | | | |
| Bulktrk | No. | Driver <u>Corey</u> | Gel. <u>3</u> | | | | |
| JOB SERVICES & REMARKS | | | Calcium <u>7</u> | | | | |
| Remarks: | | | 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 | | | | |
| <u>Cement did Circulate</u> | | | Handling <u>190</u> | | | | |
| | | | Mileage | | | | |
| FLOAT EQUIPMENT | | | | | | | |
| | | | Guide Shoe | | | | |
| | | | Centralizer | | | | |
| | | | Baskets | | | | |
| | | | AFU Inserts | | | | |
| | | | Float Shoe | | | | |
| | | | Latch Down | | | | |
| | | | Pumptrk Charge <u>Surface</u> | | | | |
| | | | Mileage <u>30</u> | | | | |
| X Signature <u>Doug Budenz</u> | | | Tax | | | | |
| | | | Discount | | | | |
| | | | Total Charge | | | | |

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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. 5158

| | | | | | | | | | | | | | | | | | |
|--|--------------|------------|-----------|----------|----|-------|----|--------|--------|-------|----|--|--|--|---------|--|--|
| Date | 9-14-11 | Sec. | 34 | Twp. | 18 | Range | 11 | County | Barton | State | Ks | On Location | | Finish | 2:45 PM | | |
| Lease | Glenn | Well No. | #1 | Location | | | | | | | | | | | | | |
| Claffin, Ks - S S to 60 Rd, 1/3 E, 3/4 S | | | | | | | | | | | | | | | | | |
| Contractor | Royal Rig #1 | | | | | | | | | | | | | | | | |
| Type Job | plug | | | | | | | | | | | | | | | | |
| Hole Size | 7 7/8" | T.D. | 3431' | | | | | | | | | | | | | | |
| Csg. | | Depth | | | | | | | | | | | | | | | |
| Tbg. Size | 4 1/2" D.P. | Depth | 1360' | | | | | | | | | | | | | | |
| Tool | | Depth | | | | | | | | | | | | | | | |
| Cement Left in Csg. | | Shoe Joint | | | | | | | | | | | | | | | |
| Meas Line | | Displace | H2O / mud | | | | | | | | | | | | | | |
| EQUIPMENT | | | | | | | | | | | | Owner | | | | | |
| Pumptrk | 1 | No. | Cement | Cisto | | | | | | | | | | To Quality Oilwell Cementing, Inc. | | | |
| Bulktrk | 7 | No. | Driver | Doug | | | | | | | | | | You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed. | | | |
| Bulktrk | p.u. | No. | Driver | Ride | | | | | | | | | | Charge To | | | |
| | | | | | | | | | | | | RJM Company | | | | | |
| | | | | | | | | | | | | Street | | | | | |
| | | | | | | | | | | | | City | | | | | |
| | | | | | | | | | | | | State | | | | | |
| | | | | | | | | | | | | The above was done to satisfaction and supervision of owner agent or contractor. | | | | | |
| | | | | | | | | | | | | Cement Amount Ordered | | | | | |
| | | | | | | | | | | | | 160 SX 60/40 4% Gel | | | | | |
| | | | | | | | | | | | | 1/4# Flo-seal | | | | | |
| | | | | | | | | | | | | Common | | | | | |
| | | | | | | | | | | | | 96 | | | | | |
| | | | | | | | | | | | | Poz. Mix | | | | | |
| | | | | | | | | | | | | 64 | | | | | |
| | | | | | | | | | | | | Gel. | | | | | |
| | | | | | | | | | | | | 6 | | | | | |
| | | | | | | | | | | | | Calcium | | | | | |
| | | | | | | | | | | | | Hulls | | | | | |
| | | | | | | | | | | | | Salt | | | | | |
| | | | | | | | | | | | | Flowseal | | | | | |
| | | | | | | | | | | | | 40# | | | | | |
| | | | | | | | | | | | | Kol-Seal | | | | | |
| | | | | | | | | | | | | Mud CLR 48 | | | | | |
| | | | | | | | | | | | | CFL-117 or CD110 CAF 38 | | | | | |
| | | | | | | | | | | | | Sand | | | | | |
| | | | | | | | | | | | | Handling | | | | | |
| | | | | | | | | | | | | 166 | | | | | |
| | | | | | | | | | | | | Mileage | | | | | |
| | | | | | | | | | | | | FLOAT EQUIPMENT | | | | | |
| | | | | | | | | | | | | Guide Shoe | | | | | |
| | | | | | | | | | | | | Centralizer | | | | | |
| | | | | | | | | | | | | Baskets | | | | | |
| | | | | | | | | | | | | AFU Inserts | | | | | |
| | | | | | | | | | | | | Float Shoe | | | | | |
| | | | | | | | | | | | | Latch Down | | | | | |
| | | | | | | | | | | | | 1- Dry hole plug | | | | | |
| | | | | | | | | | | | | Pumptrk Charge | | | | | |
| | | | | | | | | | | | | Mileage | | | | | |
| | | | | | | | | | | | | 30 plug | | | | | |
| | | | | | | | | | | | | Tax | | | | | |
| | | | | | | | | | | | | Discount | | | | | |
| | | | | | | | | | | | | Total Charge | | | | | |
| Signature | | | | | | | | | | | | Doug Budz | | | | | |

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