

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

**ORIGINAL**

Form ACO-1  
June 2009  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

OPERATOR: License # 33268  
Name: RL Investment LLC  
Address 1: 2698 J O Terrace  
Address 2: \_\_\_\_\_  
City: Hill City State: KS Zip: 67642 + \_\_\_\_\_  
Contact Person: Randall Pfeifer  
Phone: ( 785 ) 421-6448  
CONTRACTOR: License # 33575  
Name: WW Drilling LLC  
Wellsite Geologist: Richard Bell  
Purchaser: Coffeyville

Designate Type of Completion:  
 New Well     Re-Entry     Workover  
 Oil     WSW     SWD     SLOW  
 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 #: \_\_\_\_\_  
09/30/2011    10/07/2011    12/17/2011  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 065-23779 - 0000  
Spot Description: \_\_\_\_\_  
SE - NWNE NE Sec. 25 Twp. 10 S. R. 25  East  West  
335 Feet from  North /  South Line of Section  
953 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Graham  
Lease Name: Pfeifer A Well #: 1-25  
Field Name: na  
Producing Formation: Lans/KC  
Elevation: Ground: 2481 Kelly Bushing: 2486  
Total Depth: 4280 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 200 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 2154  
feet depth to: surface w/ 325 sx cmt.

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls  
Dewatering method used: \_\_\_\_\_  
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: Randall J Pfeifer  
Title: Member Date: 06-05-2012

**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: 6/15/12

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**JUN 06 2012**  
**KCC WICHITA**

Operator Name: RL Investment LLC Lease Name: Pfeifer A Well #: 1-25  
 Sec. 25 Twp. 10 S. R. 25  East  West County: Graham

**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no. Submit Copy)</i>  List All E. Logs Run: <b>Cement Bond Log &amp; Compen/Density-Newtron</b>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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	8 5/8	23	200	Common	165	3% CC 2% gel
casing		5 1/2	15.5	4134	OWC	500	

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: <u>2 3/8</u> Set At: <u>4115</u> 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

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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TO  
 BOX 90 D  
 HOXIE KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

534

DATE <u>9/30/11</u> SEC. <u>25</u>	RANGE/TWP. <u>10/25</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Pfeiffer A</u>			WELL # <u>1-25</u>		
			COUNTY <u>LI</u>	STATE <u>KS</u>	

CONTRACTOR <u>WW6</u>	OWNER <u>R1</u>			
TYPE OF JOB				
HOLE SIZE <u>17 1/4</u>	T.D. <u>718</u>	CEMENT		
CASING SIZE <u>8 5/8</u>	DEPTH	AMOUNT ORDERED		
TUBING SIZE	DEPTH			
DRILL PIPE	DEPTH			
TOOL	DEPTH			
PRES. MAX	MINIMUM	COMMON	<u>10</u>	@ <u>1.5</u> <u>250.00</u>
DISPLACEMENT <u>17 1/2</u>	SHOE JOINT	POZMIX		@
CEMENT LEFT IN CSG.		GEL	<u>2</u>	@ <u>26</u> <u>78</u>
PERFS		CHLORIDE	<u>5</u>	@ <u>52</u> <u>260</u>
		ASC		@
EQUIPMENT				@
				@
PUMP TRUCK				@
#				@
BULK TRUCK				@
#				@
BULK TRUCK				@
#				@
				@
		HANDLING	<u>17</u>	@ <u>2</u> <u>382.00</u>
		MILEAGE	<u>31</u>	@ <u>15.00</u> <u>450.00</u>
		TOTAL		

REMARKS	SERVICE <u>Sarka</u>		
<u>Pipe Down @ 7:00 PM</u>	DEPT OF JOB	@	
	PUMP TRUCK CHARGE	@	<u>750</u>
	EXTRA FOOTAGE	@	
	MILEAGE <u>371.2</u>	@ <u>1.1</u>	<u>408.32</u>
	MANIFOLD	@	
<u>Line Connected to R14</u>	<u>Line Checked MTD</u>	@ <u>2</u>	<u>190.00</u>
	TOTAL		

CHARGE TO: <u>P &amp; L</u>	
STREET	STATE
CITY	ZIP

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KCC WICHITA  
 PLUG & FLOAT EQUIPMENT



Schippers Oilfield Services, LLC  
 1255 E. Hwy. 24  
 Hoxie, KS 67740

Office: 785-675-9991  
 Cell: 785-8974  
 Fax: 785-675-9938

1124

Well Name and Number	County <u>64</u>	State <u>KS</u>
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Prefer A 1-25

Job Done Down		
Tubing <input checked="" type="checkbox"/>	Casing	Annulus

ALLOWANCE PRESSURE	
TBG:	CSG:

Type of Service	TYPE OF WELL				
	OIL <input checked="" type="checkbox"/>	GAS	WATER	SWD	INJ.

Customer Name B-1

AGE OF WELL	
NEW WELL <input checked="" type="checkbox"/>	REWORK

Address \_\_\_\_\_

PACKER TYPE	PACKER DEPTH
-------------	--------------

City, State, Zip \_\_\_\_\_

CASING SIZE	CASING DEPTH	TUBING SIZE	TUBING DEPTH
<u>5 1/2</u>			

REMARKS: K-200

OPEN HOLE	TGB VOLUME	TOTAL DEPTH	CSB OR ANL VOL

PERFORATED INTERVALS

DEPTH	NO. OF HOLES	DEPTH	NO. OF HOLES	DEPTH	NO. OF HOLES
<u>4014</u>		<u>4016</u>			

ARRIVED ON LOCATION:

TIME	INJECTION		PRESSURE		REMARKS
	RATE	BBLs IN	CSG	TBG	
					<u>Spot 2 bbl</u>
					<u>put a joint - set packer</u>
					<u>run in of head</u>
					<u>Max PST 275</u>
					<u>troubled 1/2 bbl min</u>
					<u>ISP 275 went on 1/2 2 min</u>
					<u>total load 21.95 bbl</u>

CUSTOMER OR AGENT'S SIGNATURE \_\_\_\_\_

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Hoxie Sentinel Print / Form 358

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KCC WICHITA



Schippers Oilfield Services, LLC  
 1255 E. Hwy. 24  
 Hoxie, KS 67740

Office: 785-675-9991  
 Cell: 785-8974  
 Fax: 785-675-9938

1127

Well Name and Number \_\_\_\_\_ County BH State KS

Piston A

Job Done Down  
 Tubing  Casing \_\_\_\_\_ Annulus \_\_\_\_\_

ALLOWANCE PRESSURE  
 TBG: \_\_\_\_\_ CSG: \_\_\_\_\_

Type of Service \_\_\_\_\_

TYPE OF WELL  
 OIL  GAS \_\_\_\_\_ WATER \_\_\_\_\_ SWD \_\_\_\_\_ INJ. \_\_\_\_\_

Customer Name R.L. [unclear]

AGE OF WELL  
 NEW WELL  REWORK \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

PACKER TYPE \_\_\_\_\_ PACKER DEPTH \_\_\_\_\_

CASING SIZE 5 1/2 CASING DEPTH \_\_\_\_\_ TUBING SIZE 2 3/4 TUBING DEPTH \_\_\_\_\_

REMARKS: C-Zone

OPEN HOLE \_\_\_\_\_ TGB VOLUME \_\_\_\_\_ TOTAL DEPTH \_\_\_\_\_ CSB OR ANL. VOL. \_\_\_\_\_

PERFORATED INTERVALS

DEPTH	NO. OF HOLES	DEPTH	NO. OF HOLES	DEPTH	NO. OF HOLES
<u>2000</u>	<u>5</u>	<u>2000</u>	<u>5</u>		

ARRIVED ON LOCATION:

TIME	INJECTION		PRESSURE		REMARKS
	RATE	BBLs IN	CSG	TBG	
					<u>67 ft</u>
					<u>fracked</u>
					<u>75 P</u>
					<u>21.25</u>

CUSTOMER OR AGENT'S SIGNATURE \_\_\_\_\_

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 KCC WICHITA



Schippers Oilfield Services, LLC  
 1255 E. Hwy. 24  
 Hoxie, KS 67740

Office: 785-675-9991  
 Cell: 785-8974  
 Fax: 785-675-9938

1123

Well Name and Number	County <u>61</u>	State
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Hoxie 1 A

Type of Service \_\_\_\_\_

Customer Name K. W. W.

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Job Done Down

Tubing <input checked="" type="checkbox"/>	Casing	Annulus
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ALLOWANCE PRESSURE

TBG:	CSG:
------	------

TYPE OF WELL

OIL <input checked="" type="checkbox"/>	GAS	WATER	SWD	INJ.
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AGE OF WELL

NEW WELL <input checked="" type="checkbox"/>	REWORK
--	--------

PACKER TYPE \_\_\_\_\_ PACKER DEPTH \_\_\_\_\_

CASING SIZE <u>5 7/8</u>	CASING DEPTH	TUBING SIZE	TUBING DEPTH
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OPEN HOLE	TGB VOLUME	TOTAL DEPTH	CSB OR AHL VOL
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REMARKS: C-2 zone

\_\_\_\_\_

\_\_\_\_\_

PERFORATED INTERVALS

DEPTH	NO. OF HOLES	DEPTH	NO. OF HOLES	DEPTH	NO. OF HOLES
<u>300</u>					

ARRIVED ON LOCATION:

TIME	INJECTION		PRESSURE		REMARKS
	RATE	BBLs IN	CSG	TBG	
					<u>Pl. 780 gal 1st. W. 11.00</u>
					<u>MAX PSI 300</u>
					<u>Exp 15 min</u>
					<u>total load 52 bbl</u>

CUSTOMER OR AGENT'S SIGNATURE \_\_\_\_\_

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 KCC WICHITA



Schippers Oilfield Services, LLC  
 1255 E. Hwy. 24  
 Hoxie, KS 67740

Office: 785-675-9991  
 Cell: 785-8974  
 Fax: 785-675-9938

1130

Well Name and Number \_\_\_\_\_ County 611 State K

PF-5-1-5

Job Done Down  
 Tubing  Casing \_\_\_\_\_ Annulus \_\_\_\_\_

ALLOWANCE PRESSURE  
 TBG: \_\_\_\_\_ CSG: \_\_\_\_\_

Type of Service \_\_\_\_\_

TYPE OF WELL

OIL  GAS \_\_\_\_\_ WATER \_\_\_\_\_ SWD \_\_\_\_\_ INJ. \_\_\_\_\_

Customer Name R+L

AGE OF WELL

NEW WELL  REWORK \_\_\_\_\_

Address \_\_\_\_\_

PACKER TYPE \_\_\_\_\_ PACKER DEPTH \_\_\_\_\_

City, State, Zip \_\_\_\_\_

CASING SIZE \_\_\_\_\_ CASING DEPTH \_\_\_\_\_ TUBING SIZE \_\_\_\_\_ TUBING DEPTH \_\_\_\_\_

REMARKS: C 2000 1500 ft.

OPEN HOLE \_\_\_\_\_ TGB VOLUME \_\_\_\_\_ TOTAL DEPTH \_\_\_\_\_ CSB OR ANL. VOL. \_\_\_\_\_

PERFORATED INTERVALS

DEPTH	NO. OF HOLES	DEPTH	NO. OF HOLES	DEPTH	NO. OF HOLES
<u>1-5</u>					

ARRIVED ON LOCATION:

TIME	INJECTION		PRESSURE		REMARKS
	RATE	BBLS IN	CSG	TBG	
					<u>Prod 1500 1500 W/T F</u>
					<u>1500 @ 18 bbl in</u>
					<u>1500 @ 275 PSI 1 1/2 hr min</u>
					<u>JSP 290 - 220 @ 5 min</u>
					<u>Wed to 0 in 500 min</u>

CUSTOMER OR AGENT'S SIGNATURE \_\_\_\_\_

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