



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33268
 Name: RL Investment, LLC
 Address 1: 217 SAINT PETER ST
 Address 2: _____
 City: MORLAND State: KS Zip: 67650 + 5101
 Contact Person: Randall Pfeifer
 Phone: (785) 421-6448
 CONTRACTOR: License # 33575
 Name: WW Drilling, LLC
 Wellsite Geologist: Larry Friend
 Purchaser: Plains Marketing

API No. 15 - 15-193-20852-00-00
 Spot Description: _____
E2 W2 SW Sec. 1 Twp. 9 S. R. 31 East West
1320 Feet from North / South Line of Section
990 Feet from East / West Line of Section
 Footages Calculated from Nearest OUTSIDE Section Corner:
 NE NW SE SW
 County: Thomas
 Lease Name: SCHWARTZ Well #: A-1
 Field Name: Schwartz
 Producing Formation: Kansas City
 Elevation: Ground: 2950 Kelly Bushing: 2958
 Total Depth: 4727 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 250 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: 2572 Feet
 If Alternate II completion, cement circulated from: 2572
 feet depth to: 0 w/ 366 sx cmt.

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>06/01/2012</u>	<u>06/11/2012</u>	<u>07/13/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
 Chloride content: 14400 ppm Fluid volume: 1220 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: 08/21/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 10/01/2012