

Kansas Corporation Commission Oil & Gas Conservation Division

1097737

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 # 33268			API No. 15 - 15-063-21982-00-00				
Name: RL Investment, LLG	3		Spot Description:				
Address 1: 217 SAINT PETER	CT		NW SE SE SE Sec. 9 Twp. 12 S. R. 28 East West				
Address 2:			Feet from North / 🗹 South Line of Secti				
City: MORLAND S			335 Feet from ✓ East / West Line of Section				
Contact Person: Randall Pfeife			Footages Calculated from Nearest Outside Section Corner:				
Phone: ( 785 ) 421-6448			□ NE □NW ¥SE □SW				
CONTRACTOR: License # 335			County: Gove				
MAM Drilling LLC			Lease Name: WALDMAN Well #: 1-9				
Wellsite Geologist: Larry P Friend			Field Name: Ridge Point Northeast				
Purchaser:			Producing Formation: dry				
Designate Type of Completion:			Elevation: Ground: 2720 Kelly Bushing: 2720				
✓ New Well Re-Entry Workover			Total Depth: 4555 Plug Back Total Depth:				
☐ Oil ☐ WSW ☐ Gas ☑ D&A ☐ OG ☐ CM (Coel Bed Methane) ☐ Cathodic ☐ Other (Co	SWD ENHR GSW	SIOW SIGW Temp. Abd.	Amount of Surface Pipe Set and Cemented at:  Multiple Stage Cementing Collar Used? Yes No  If yes, show depth set: Feet  If Alternate II completion, cement circulated from:				
If Workover/Re-entry: Old Well In			feet depth to:sx cmt.				
Operator:							
Well Name:			Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Original Comp. Date:  Deepening Re-per		NHR Conv. to SWD	Chloride content: 2000 ppm Fluid volume: 1400 bbls  Dewatering method used: Evaporated				
Plug Back:	Plug E	Back Total Depth	Location of fluid disposal if hauled offsite:				
Commingled			Operator Name:				
Dual Completion			Lease Name: License #:				
SWD							
ENHR			Quarter Sec. Twp. S. R. East West				
GSW			County: Permit #:				
03/26/2012 04/04/		04/04/2012					
Spud Date or Date Re Recompletion Date		Completion Date or Recompletion Date					

#### **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
1	Letter of Confidentiality Received Date: 10/16/2012
	Confidential Release Date:
$\checkmark$	Wireline Log Received
	Geologist Report Received
ALT	UIC Distribution  ☐ I ✓ II ☐ III Approved by: NAOMI JAMES Date: 10/23/2012

Side Two

1097737

Operator Name: RL I	nvestment, LLC			Leas	e Name:	WALDMAN		Well #: 1-9	9	
Sec. 9 Twp. 12	s. R. 28	East	✓ West		<sub>ity:</sub> Gov					
INSTRUCTIONS: Sho time tool open and clos recovery, and flow rate: line Logs surveyed. At	sed, flowing and shi s if gas to surface to	ut-in press est, along	ures, whether with final char	shut-in pre	essure rea	iched static leve	l, hydrostatic pre	essures, bottom l	hole tempe	erature, fluid
Drill Stem Tests Taken (Attach Additional St	heets)	<b>[</b> ]	es No			.og Formati	on (Top), Depth	and Datum	<b>√</b> s	ample
Samples Sent to Geolo	ogical Survey	[₹] Y	es No		Nar			Тор		atum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	Electronically		'es ☑ No		Stone	: Corral		2225	490	j
List All E. Logs Run:										
compensated neutron micro										
		Rep		G RECORD		ew Used lermediate, produc	ction, etc.			
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)		eight s. / Ft,	Setting Depth	Type of Cement	# Sacks Used		ind Percent Iditives
Surface	12.25	8.625		20		207	Common	165	3% cc 8	₹ 2% gel
	·· [	1	ADDITIONA	L CEMEN	TING / SQ	UEEZE RECORI	)			
Purpose: Perforate	Depth Top Bottom	Туре	e of Cement	# Sac	ks Used		Type an	d Percent Additives	ì	
Protect Casing Plug Back TD Plug Off Zone	-									
0.45	PERFORATI	ON BECOI	RD - Bridge Plu	ige Col/Tur-		A.i.d F-				
Shots Per Foot	Specify	Footage of	Each Interval Pe	erforated	·		acture, Shot, Ceme Amount and Kind of	ent Squeeze Recor Material Used)	d .	Depth
	P. D. Jan									
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THRING BEACHS	0:			·····						
TUBING RECORD:	Size:	Set At:		Packer	At:	Liner Run:	Yesn	No		
Date of First, Resumed P	roduction, SWD or EN	HR.	Producing Me	thod:	ping [_	Gas Lift	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er E	Bbls.	Gas-Oil Ratio		Gravity
DISPOSITION	NOF GAS:			METHOD O	OF COMPL	ETION:		pponietra	7NI INTETTO	
Vented Sold	Used on Lease		,	Perf.	Dually	Comp. Co	mmingled	PRODUCTIO	ZN INTEKV	٦٢.
(If vented. Subm	nit ACO-18.)		Other (Specify)		(Submit	ACO-5) (Sul	omit ACO-4) ====================================			

### SCHIPPERS OIL FIELD SERVICE L.L.C.

HOXIE KS 67740

DATE	RANGEMYP / 2 7 /	CALLEDVOUT	ON LOCATION	JOB START	JOB FINISH
LEASE				COUNTYSUE	STATE
		WELLE			

CONTRACTOR WWW	1/2	OWNER	1	
TYPE OF JOB				
HOLE SIZE	T.D. 2	CEMENT		
CASING SIZE	DEPTH 746	AMOUNT ORDERED	105	
TUBING SIZE	DEPTH	THE ORDER		
DRILL PIPE	DEPTH			
TOOL	DEPTH			
PRES. MAX	MINIMUM	COMMON		
DISPLACEMENT / / ///	SHOE JOINT	The state of the s	1252	@
CEMENT LEFT IN CSG.	The second of th	POZMIX		@
PERFS		GEL		@ 2
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		MILEAGE	-	@
- 44.		TALL CONTRACT	-	@
	1.			TOTAL

REMARKS	SERVICE	T	
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1193 DOBER CONTRACTOR	PUMP TRUCK CHARGE	@	9512
	EXTRA FOOTAGE	a a	
	MILEAGE Z 8 3 6 -	@	
	MANIFOLD	@	
	- Las Bir Her Her 1 6 28 62	@	
College of the second s		TOTAL	

CHARGE TO: A+L	
STREET	STATE
CITY	ZIP

To Schippers Oil Field Service LLC.
You are hereby requested to rent communing equipment and furnish staff to assist owner or contractor to do work as is fisted. The above work was done to satisfaction and supervision of owner agent or contractor. I have read &

PLUG & FLOAT EQUIPMENT	
	a
	(a)
	<u>a</u>
	(a)
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## SCHIPPERS OIL FIELD SERVICE L.L.C.

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TOOL DE	PTH			<u> </u>	_
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		To decrease in the contract of			
		PLUG & FLOAT EQUIPM		1	

You are hereby requested to ront cementing equipment and furnish staff to assist owner or contractor to do work as is listed. The above work was done to satisfaction and

PLUG & FLOAT EQUIPMENT

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#### DRILL-STEM TEST TICKET

FILE:

Idevation         Formation         Ending           Parte         Sec.         Twp.         S Range           est Approved By         D           ormation Test No.         Interval Tested from           acker Depth         ft. Size         6 3/4         in.	Charge to  Effective Pay W County_ Diamond Representative  ft. to ft. To	Ft. Ticket NoStateKANSAS
Idevation         Formation         Ended           Pate         Sec.         Twp.         S Range           est Approved By         D           ormation Test No.         Interval Tested from           acker Depth         ft. Size         6 3/4         in.	Effective Pay W County_ Diamond Representative	Ft. Ticket NoStateKANSAS
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CTEDIAIO	Test Tool Length	ft. Tool Size 3 1/2-IF in.
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Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



FILE:

John Parity			_Lease & Well No	<u> </u>	11 18/6	9		
Contractor			_ Charge to	Zerizir	427			
ElevationFormati			Effective Pay	is a second	Ft	Ticket	No.	
DateSec	Twp	S R	ange3 S	_ W County			State	KANSAS
Test Approved By			_ Diamond Representativ					/ n A
Formation Test NoInt	erval Tested from_	7063	ft. to	ft. 1	Total De	oth		ft.
Packer Depthft.		in.	Packer depth				6 044	in.
Packer Depthft.	Size 6 3/4	in.	Packer depth				6 3/4	in.
Depth of Selective Zone Set						OZC		
Top Recorder Depth (Inside)		ft.	Recorder Number_	1.00	Car			PSI
Bottom Recorder Depth (Outside)	THE OF THE	ft.	Recorder Number					
Below Straddle Recorder Depth	- Address - Company	ft.	Recorder Number_			)		P.S.I.
Mud Type Viscosity			Drill Collar Length_			-		
Weight Water Loss_		CC.	Weight Pipe Length				2 7/8	
Chlorides		P.M.	Drill Pipe Length			TL. SON WEST		
Jars: Make STERLING Serial Num	nber	7100						19.11
Did Well Flow?Reve							1454	
Main Hole Size 7 7/8 Tool								
Blow: 1st Open:		usus Register	Carl College College					
2nd Open	L 4 Sec 2 5.			u 24y				
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Initial Hydrostatic Pressure	••••		(A)	P.S.I				
Initial Flow Period	Minutes		(B)	P.S.I	. to (C)_		Р	S.I.
Initial Closed In Period	Minutes		(D)	P.S.I.				
Final Flow Period	Minutes	ey is	(E)		to (F)		P.	S.I.
Final Closed In Period	Minutes	9	(G)3_3	P.S.I.				
Final Hydrostatic Pressure		114.2	(H) / 3 = Z	P.S.I.				

Diamond Testing shall not be liable for damages of any kind to the property/or personnel of the one for whom a test is made or far any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools tost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

TIME OFF.

DRILL-STEM	TEST	TICKET
FILE:		

Somparity	1 d 1 d 2 d 2 d	Lease & Well No		
Contractor		Charge to		
Elevation	Formation	Effective Pay		
DateSec	Twp	S Range	W.C	Ft Ticket NoState KANSAS
est Approved By	Marie Comment	Diamond Representation	vv_County	State KANSAS MIKE COCHRAN
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ottom Recorder Depth (Outside)		doi/dc/ (Vd/II/De/		Cap. GOO P.S.I.
How Straddle Recorder Depth	f garage week	, see red; rediffice	33.8.4	_CapP.S.I.
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lorides		g pe _congui_		11.1.
rs: Make STERLING Ser	ial NumberP.P.M.	90.		ft. I.D. 3 1/2 in.
1 Well Flow?	Reversed Out			ft. Tool Size 3 1/2-IF in
in Hole Size 7 7/8				ft. Size 4 1/2-FH in.
w 1st Open	Tool Joint Size 4 1/2	in. Surface Choke Size_	i	n. Bottom Choke Size 5/8 in.
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a Cat Daylor (1)	A.M.			otal
• Set Packer(s)	P.M. Time Started Off	Bottom	A.M. Maxim	um Temperature
Il Hydrostatic Pressure	***************************************	(A)	P.S.I.	
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I Closed In Period	- Third Co.	(D)	P.S.I.	(
Flow Period	Minutes	(E)	P.S.I. to (F)	P.S.I.
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any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through te use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

C:UsersiRoger Friedly/Documents/eMIKEDST/WALDMAN#1-8W/LDMN1-9DST4/WLDMN1-9DST4CH1 :-K1 UZ-+pr-1.z