



KANSAS CORPORATION COMMISSION 1095826
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM

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

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 30458
Name: RJM Company
Address 1: PO BOX 256
Address 2: _____
City: CLAFLIN State: KS Zip: 67525 + 0256
Contact Person: Chris Hoffman
Phone: (620) 587-2308
CONTRACTOR: License # 33905
Name: Royal Drilling Inc
Wellsite Geologist: Jim Musgrove

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 #: _____

9/18/2012 9/23/2012 10/4/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-009-25749-00-00

Spot Description:

SW NE NE SW Sec. 24 Twp. 18 S. R. 11 East West
2000 Feet from North / South Line of Section
2000 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Barton

Lease Name: Pam Wirth Well #: 1

Field Name: Meadowside

Producing Formation: Arbuckle

Elevation: Ground: 1758 Kelly Bushing: 1765

Total Depth: 3284 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 296 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: 78000 ppm Fluid volume: 600 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: 12/04/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 12/07/2012