



**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

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 #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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: \_\_\_\_\_ 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 #: \_\_\_\_\_

**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: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**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 type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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 type="checkbox"/> Sample  Name Top Datum
---	---

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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ 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: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing     Pumping     Gas Lift     Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
-----------------------------------	-----------	---------	-------------	---------------	---------

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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 <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---



**GAMMA RAY  
NEUTRON  
COMPLETION LOG**

ROCKIN BAR NOTHING RANCH, INC.

Company	ROCKIN BAR NOTHING RANCH, INC.	Well	MELANDER #RBN 9	Field	WAYSIDE-HAVANA	County	MONTGOMERY	State	KANSAS
Location:	APL # : 15-125-32070-00-00	Permanent Datum	SEC 11 TWP 34S RGE 14E	Elevation	889EST	Log Measured From	GL	Drilling Measured From	GL
Other Services	3820' FSL & 3320' FEL NE NW SE NW	Elevation	889EST	K.B. D.F.	889EST	Run Number	5-11-11	Depth Diller	1 NW
Top Log Interval	0	Bottom Logged Interval	679.9'	Fluid Level	FULL	Type Fluid	WATER	Production Casing	2 7/8" @ TD
Max. Recorded Temp		Estimated Cement Top		Calculated Cement Top		Amount & Type Cement		Drilling Contractor	
Equipment Number	109	Location	SANBORN, G	Recorded By	OWENS, J	Witnessed By			

<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

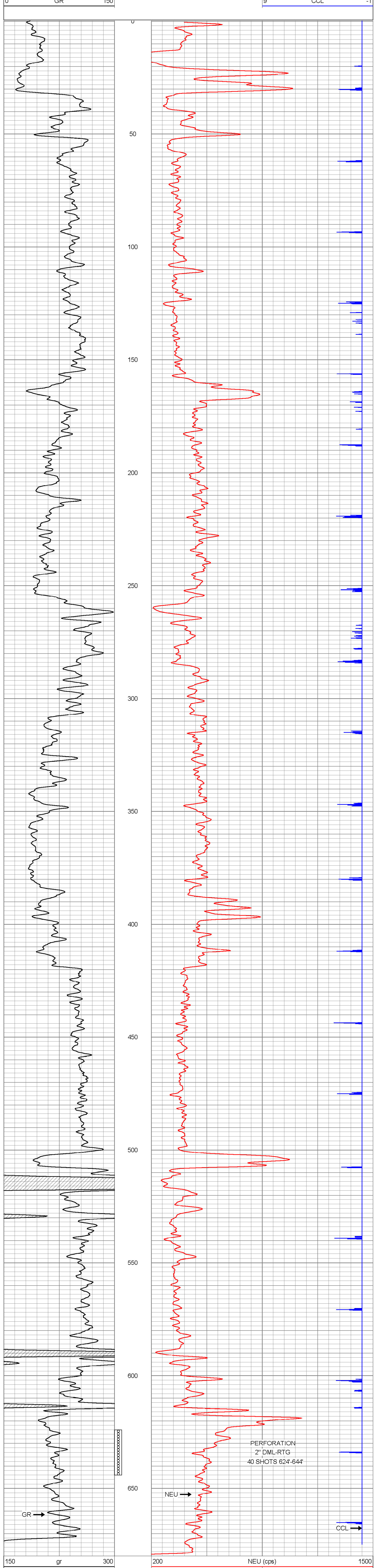
**Comments**

THANK YOU

Sensor	Offset (ft)	Schematic	Description	Len (ft)	OD (in)	Wt (lb)
GR	7.59		GR-TITAN_169 (TIT169_001) Titan 1 11/16" Gamma Ray	4.75	1.69	20.00
CCL	5.05		CCL-TITAN_169 (TIT169) Titan 1 11/16" Logging CCL	1.83	1.69	7.50
NEU	0.63		NEU-TITAN (TIT801) TITAN 1 11/16" Neutron	4.33	1.69	25.00

Dataset: melander #rbn 9.db: field/well/run1/pass3  
Total Length: 10.92 ft  
Total Weight: 52.50 lb  
O.D.: 1.69 in

Database File: g:\melander #rbn 9.db  
Dataset Pathname: pass3  
Presentation Format: gr-n-ccl  
Dataset Creation: Wed May 11 13:10:57 2011 by Log Std Casedhole 09061  
Charted by: Depth in Feet scaled 1:240







**CONSOLIDATED**  
Oil Well Services, LLC

# 241260

TICKET NUMBER 32061  
LOCATION Barthlesville, OK  
FOREMAN Donnie Tate

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-7-11	6972	RBN # 9				Mont. KS
CUSTOMER			TRUCK #			
RBN			419	JAMES N		
MAILING ADDRESS			551	JEFF F		
CITY			412 T97	JOHN E		
STATE	ZIP CODE	TRUCK #		DRIVER		

JOB TYPE LS HOLE SIZE 5 5/8 HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING 2 7/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.8 SLURRY VOL 1.75 WATER gal/sk 8.5 CEMENT LEFT IN CASING 5  
 DISPLACEMENT 4 DISPLACEMENT PSI 450\* MIX PSI 200\* RATE 4 1/2 BPM

REMARKS: EST CIRC 62/CEL - RUN 70 SK THICK SET w/ 5" KOL AND 1/4 DIA. WASH OUT PLUG AND LINES - RELEASE PLUG - DISP 4 BBL TO SET SHADE  
CMT TO SURF

PLUG DOWN 10:15 AM  
(LANDED PLUG AT 1000")  
Softly into  
900 FT

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	<del>1</del> 1	PUMP CHARGE		975. <sup>00</sup>
5406	<del>1</del>	MILEAGE		---
5402	700	FOOTAGE		147. <sup>00</sup>
5407	<del>1</del>	BULL TRUCK		---
5501C	1	TRANSPORT		112. <sup>00</sup>
1126	75 SK	THICK SET		1342. <sup>50</sup>
1118A	400"	KOL SEAL		176. <sup>00</sup>
1107A	80"	PLUG		97. <sup>60</sup>
1118B	750"	CEL		30. <sup>00</sup>
1123	3150	CITY WATER		49. <sup>14</sup>
4402	1	2 7/8 RUBBER PLUG		28. <sup>00</sup>
10% Disc in PAIP within 30 DAY \$2759.33				
			536	SALES TAX
				ESTIMATED TOTAL

Revin 3737  
 AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 97.71  
**3054.95**

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

MAIN OFFICE  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

INVOICE

Invoice # 241260

=====  
Invoice Date: 05/13/2011 Terms: 10/10/30,n/30 Page 1  
=====

ROCKIN BAR NOTHIN RANCH INC  
2339 COUNTY ROAD 2800  
INDEPENDENCE KS 67301  
(620) 289-4782

RBN #9  
32061  
05/07/11  
KS

=====  
=====

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	75.00	17.9000	1342.50
1110A	KOL SEAL (50# BAG)	400.00	.4400	176.00
1107A	PHENOSEAL (M) 40# BAG)	80.00	1.2200	97.60
1118B	PREMIUM GEL / BENTONITE	150.00	.2000	30.00
1123	CITY WATER	3150.00	.0156	49.14
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Sublet Performed	Description	Total
9999-240	CASH DISCOUNT	-123.40
9999-240	CASH DISCOUNT	-172.32

Description	Hours	Unit Price	Total
419 CEMENT PUMP	1.00	975.00	975.00
419 CASING FOOTAGE	700.00	.21	147.00
T-97 WATER TRANSPORT (CEMENT)	1.00	112.00	112.00

Amount Due 3065.81 if paid after 06/12/2011

=====  
=====

Parts:	1723.24	Freight:	.00	Tax:	97.71	AR	2759.23
Labor:	.00	Misc:	.00	Total:	2759.23		
Sublt:	-295.72	Supplies:	.00	Change:	.00		

=====

Signed \_\_\_\_\_ Date \_\_\_\_\_

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 06, 2011

Brandon Owens  
Rockin Bar Nothing Ranch, Inc.  
2339 COUNTY RD 2800  
INDEPENDENCE, KS 67301-7187

Re: ACO1  
API 15-125-32070-00-00  
Melander RBN 9  
NW/4 Sec.11-34S-14E  
Montgomery County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
Brandon Owens