



KANSAS CORPORATION COMMISSION 1071903
OIL & GAS CONSERVATION DIVISION

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 # _____

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: _____



1071903

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
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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

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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Lease Name: Nelson	Spud Date: 8/22/11	Surface Pipe Size: 7 1/2"	Depth: 43'	TD: 1208
Operator: Ron-Bob Oil	Well #38	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_21	soil			
21_25	sand			
25_35	gravel			
35_39	lime			
39_114	shale			
114_133	lime			
133_141	shale			
141_147	broken lime			
147_159	shale			
159_217	lime			
217_227	shale			
227_249	lime			
249_286	shale			
286_428	lime			
428_586	shale			
586_589	lime			
589_613	shale			
613_619	lime			
619_684	shale			
684_700	lime			
700_714	shale			
714_718	lime			
718_735	shale			
735_738	lime			
738_759	shale			
759_762	lime			
762_775	shale			
775_778	lime			
778_781	shale			
781_786	black shale			
786_790	shale muck			
790_795	sand			
795_811	shale			
811_812	lime			
812_819	shale			
819_820	2nd cap			
820_826	broken sand free oil			
826_830	badly broken sand			
830_1135	shale			
1135_1138	black shale			
1138_1142	lime			
1142_1153	first break, lime			
1153_1163	lime			
1163_1170	second break			
1170_1176	lime			
1176_1208	shale			
	1208 TD			

FED ID# 48-1214033
 MC ID # 165290
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3613A Y Road
 Madison, KS 66860

Hurricane Services, Inc.
P.O. Box 782228
Wichita, KS 67278-2228

Cement, Acid or Tools
Service Ticket

4678

DATE 8-24-11

COUNTY Woodson CITY _____

CHARGE TO Ron & Bob Oil

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Nelson # 38 CONTRACTOR _____

KIND OF JOB Longstring SEC. 3 TWP. 24 RNG. 17E

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			750.00
128 SKS	Quick Set Cement		2112.00
200 lbs	Gel > Flush Ahead		50.00
4 Hrs	water Transport		400.00
4 Hrs	water Truck		320.00
	BULK CHARGE		
7.25 Ton	BULK TRK. MILES		279.12
0	PUMP TRK. MILES Trk in Area		N/C
2	PLUGS 2 7/8" Top Rubber		46.00
		7.3% SALES TAX	161.18
		TOTAL	4118.30

T.D. 1207'

CSG. SET AT _____ VOLUME _____

SIZE HOLE 5 7/8"

TBG SET AT 1200' VOLUME 7 Bbls.

MAX. PRESS. _____

SIZE PIPE 2 7/8"

PLUG DEPTH _____

PKER DEPTH _____

PLUG USED _____

TIME FINISHED _____

REMARKS: Big up to 2 7/8" Tubing, Break circulation with 5 Bbls water, 10 Bbl. Gel Flush, circulate Gel around To condition Hole, Mixed 128 SKS Quick Set Cement, Shutdown-washout Pump & Lines Release 2-Plugs - Displace Plugs with 7 Bbls water, Final Pumping at 500 PSI Bumped Plugs To 1000 PSI - Close Tubing w/ 1000 PSI Good cement returns with 5 Bbl. slurry "Thank you"

EQUIPMENT USED

NAME UNIT NO.
Kelly Kimberlin 201
Brad Butler

NAME UNIT NO.
Jerry #202, Mark #105, Delbert #141-152
witnessed by Bob