



KANSAS CORPORATION COMMISSION 1071932
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: _____



1071932

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Lease Name: Nelson	Spud Date: 10/04/11	Surface Pipe Size: 7 1/2"	Depth: 40'	TD: 1210
Operator: Ron-Bob Oil	Well #41	Bit Diameter: 5 7/8"		
Footage taken	Sample type	Footage Taken	Sample Type	
0_10	soil	1158_1160	free oil	
10_26	sand/gravel	1160_1210	shale	
26_107	shale		1210 TD	
107_120	lime			
120_124	shale			
124_127	lime			
127_138	shale			
138_141	lime			
141_156	shale			
156_212	lime			
212_221	shale			
221_223	lime			
223_235	soft lime			
235_284	shale			
284_314	lime			
314_325	shale			
325_328	lime			
328_340	shale			
340_418	lime			
418_554	shale			
554_558	lime			
558_581	shale			
581_588	lime			
588_606	shale			
606_614	lime			
614_680	shale			
680_684	lime			
684_690	shale			
690_697	lime			
697_708	shale			
708_711	lime			
711_726	shale			
726_751	lime			
751_753	shale			
753_758	lime			
758_769	shale			
769_772	lime			
772_784	shale			
784_814	sand/gravel			
814_815	lime			
815_818	shale			
818_819	2nd cap			
819_822	broken sand free oil			
822_825	badly broken some odor			
825_863	shale			
863_865	lime			
865_1126	shale			
1126_1134	river ton coal			
1134_1138	shale			
1138_1147	lime			
1147_1149	1st break free oil			
1149_1151	no oil			
1151_1154	good free oil			
1154_1158	free oil			

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
 4778

DATE 10-5-11

COUNTY Woodson CITY _____

CHARGE TO Ron & Bob Oil

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Nelson #41 CONTRACTOR Steve Leis

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

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
121 sks	QuickSet cement		750.00
			1,996.50
200 lbs	Gel > Flush Ahead		50.00
5 Hrs	water Transport		500.00
5 Hrs	water Truck		400.00
	BULK CHARGE		
6.75 Tons	BULK TRK. MILES		259.87
35	PUMP TRK. MILES		105.00
	Mileage on Trk #290		52.50
2	PLUGS 2 7/8" Top Rubber Plugs		46.00
		7.3% SALES TAX	152.75
		TOTAL	4,312.62

T.D. 1209'

CSG. SET AT _____ VOLUME _____

SIZE HOLE 5 5/8"

TBG SET AT 1207' VOLUME 7 Bbls

MAX. PRESS. _____

SIZE PIPE 2 7/8"

PLUG DEPTH _____

PKER DEPTH _____

PLUG USED _____

TIME FINISHED _____

REMARKS: Rig up to 2 7/8" Tubing, Break circulation with fresh water, 10 Bbl. Gel Flush, Circulate Gel around to condition hole. Mixed 121 sks. QuickSet cement, shut down - wash out pump & lines. Release 2-plugs & Displace plugs with 7 Bbls water. Final Pumping at 500 PSI - Bumped plug to 1100 PSI close tubing in with 1100 PSI. Good cement returns w/ 5 Bbl. slurry.

"Thank you"

EQUIPMENT USED

NAME _____ UNIT NO. _____

NAME _____ UNIT NO. _____

Kelly Kimberlin 201

Jerry #202, Roger #105, Delbert #144 - #152

Brad Butler

witnessed by Ron

HSI REP.

OWNER'S REP.