



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: _____



1082975

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: Holtz	Spud Date: 2-27-12	Surface Pipe Size: 7 1/2"	Depth: 20'	TD: 1240
Operator: Ron-Bob Oil	Well #10	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_7	soil			
7_18	gravel/clay			
18_84	lime			
84_154	shale			
154_255	lime			
255_296	shale			
296_372	lime			
372_378	shale			
378_400	lime			
400_429	shale			
429_433	lime			
433_436	shale			
436_465	lime			
465_624	shale			
624_627	lime			
627_717	shale			
717_719	lime			
719_726	shale			
726_755	lime			
755_768	shale			
768_775	lime			
775_768	shale			
768_775	lime			
775_788	shale			
788_792	lime			
792_802	shale			
802_807	lime			
807_840	shale			
840_841	lime			
841_855	sandy shale, no oil			
855_900	shale			
900_901	lime			
901_1174	shale			
1174_1196	soft lime, oil			
1196_1199	hard lime			
1199_1206	soft lime, oil			
1206_1240	hard lime			
1240_	t.d.			

Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765

Ticket Number 100046
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
2-28-12		Holt #10		Woodson
Customer Ron-Bob Oil, LLC		Mailing Address	City	State Zip

Job Type:	Truck #	Driver
LongString	201	Kelly ✓
Hole Size: 5 7/8"	202	Jerry ✓
Hole Depth: 1240'	101	Justin ✓
Bridge Plug:	105	Jesus ✓
Packer:		
Casing Size:	Displacement: 7 Bbl.	
Casing Weight:	Displacement PSI: 500	
Tubing: 2 7/8" - 1230'	Cement Left in Casing: 0'	
PBTD: 1230'		

Quantity Or Units	Description of Services or Product	Pump charge	
35 miles	Mileage	\$3.25/Mile	790.00 113.75
127 SACKS	Quick Set cement	17.25	2190.75
200 lbs.	Gel > Flush Ahead	.30	60.00
4 Hrs.	water Truck	84.00	336.00
4 Hrs.	water Truck	84.00	336.00
7.08 Tons	Bulk Truck > minimum charge	\$1.15/Mile	250.00
35 miles	Truck #270	-	n/c
2	Plugs 2 7/8" Top Rubber	25.00	50.00
		Subtotal	4126.50
		Sales Tax	167.95
		Estimated Total	4294.45

Remarks: Rig up to 2 7/8" Tubing, Pumped 5 Bbl. water Ahead, Pumped 10 Bbl. Gel Flush, Circulate Gel around to condition Hole. Mixed 127 Sks. Quick Set cement, shut down - wash out Pump Lines - Release 2 Plugs
 Displace Plugs with 7 Bbls water. Final Pumping @ 500 PSI - Bumped Plugs to 1000 PSI
 Close Tubing w/ 1000 PSI Good cement returns with 5 Bbl. slurry
 Job complete - Trsd down

"Thank you"

witnessed by Bob
 Customer Signature