



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
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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: _____



1082984

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Lease Name: Holtz	Spud Date: 12-8-2011	Surface Pipe Size: 8 5/8"	Depth: 20'	TD: 1252
Operator: Ron-Bob Oil	Well #8	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_7	soil			
7_15	gravel/clay			
15_102	lime			
102_138	shale			
138_162	lime			
162_193	shale			
193_262	lime			
262_297	sandy lime			
297_301	lime			
301_320	shale			
320_402	lime			
402_405	black shale			
405_457	lime			
457_622	shale			
622_654	lime			
654_719	shale			
719_721	lime			
721_730	shale			
730_752	lime			
752_766	shale			
766_794_	lime			
794_796	black shale			
796_799	lime			
799_805	shale			
805_806	lime			
806_811	shale			
811_818	sandy shale			
818_841	shale			
841_842	lime			
842_848	shale slight odor			
848_852	oil sand			
852_856	badly broken			
856_901	sandy shale			
901_903	lime			
903_998	shale			
998_1002	black shale			
1002_1170	shale			
1170_1173	black shale			
1173_1179	lime			
1179_1181	lime free oil			
1181_1183	lime good free oil			
1183_1184	hard lime			
1184_1190	lime free oil			
1190_1192	soft lime			
1192_1195	hard lime			
1195_1197	lime free oil			
1197_1201	hard lime			
1201_1203	lime free oil			
1203_1205	hard lime			
1205_1209	soft lime			
1209_1252	hard lime			
T.D.				1252

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
 4939

DATE 12-9-11

COUNTY Woodson CITY _____

CHARGE TO Ron & Bob Oil Co.

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Holt #8 CONTRACTOR Steve Leis

KIND OF JOB Long string SEC. _____ TWP. _____ RNG. _____

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			750.00
122 sks	Quick Set cement		2013.00
300 lbs	Gel > Flush Ahead		75.00
5 1/2 Hrs	water Truck		440.00
5 1/2 Hrs	water Truck		440.00
	BULK CHARGE		
6.86 Ton	BULK TRK. MILES		264.11
35	PUMP TRK. MILES		105.00
	mileage Trk *290		52.50
1	PLUGS Top Rubber Plug		36.00
		7.3% SALES TAX	155.05
		TOTAL	4330.66

T.D. 1252'

SIZE HOLE 5 7/8"

MAX. PRESS. _____

PLUG DEPTH _____

PLUG USED _____

CSG. SET AT _____ VOLUME _____

TBG SET AT 1254' VOLUME 10.9 Bbls

SIZE PIPE 3 1/2"

PKER DEPTH _____

TIME FINISHED _____

REMARKS: Rig up to 3 1/2" Tubing, Break circulation with 5 Bbl. fresh water, 15 Bbl. Gel Flush, followed with 30 Bbl. water. Mixed 122 sks. Quick Set cement, shut down - wash out pump lines - Release Plug - Displace Plug with 11 Bbls water. Final Pumping at 600 PSI - Bumped Plug to 1100 PSI - Release Pressure - Float Held. Close Tubing w/ 0 PSI. Good cement returns with 6 Bbl. slurry. "Thank you"

EQUIPMENT USED

NAME _____ UNIT NO. _____

NAME _____ UNIT NO. _____

Kelly Kimberlin 201

Jerry #202, Justin #101, Jesus #105

Brad Butto
 HSI REP.

OWNER'S REP.