



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1080222  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back       Conv. to GSW       Conv. to Producer
- 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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

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

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

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

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

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

Total Vertical 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

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

1080222

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

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

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

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

<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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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WIRELINE SERVICES, INC.  
CRAWFORD, KANSAS

# GAMMA RAY NEUTRON COMPLETION LOG

Company: ROCKIN BAR NOTHIN RANCH, INC.  
Well: FOBIAN #08-22  
Field: WAYSIDE-HAVANA  
County: MONTGOMERY  
State: KANSAS

Location: 4899 FOL, 2169 ERL  
API #: 15-125-31564-00-01  
Other Services:

Company: ROCKIN BAR NOTHIN RANCH, INC.  
Well: FOBIAN #08-22  
Field: WAYSIDE-HAVANA  
County: MONTGOMERY  
State: KANSAS

Location: 4899 FOL, 2169 ERL  
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Company: ROCKIN BAR NOTHIN RANCH, INC.  
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Well: FOBIAN #08-22  
Field: WAYSIDE-HAVANA  
County: MONTGOMERY  
State: KANSAS

Location: 4899 FOL, 2169 ERL  
API #: 15-125-31564-00-01  
Other Services:

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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 be liable or responsible for any loss, 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.

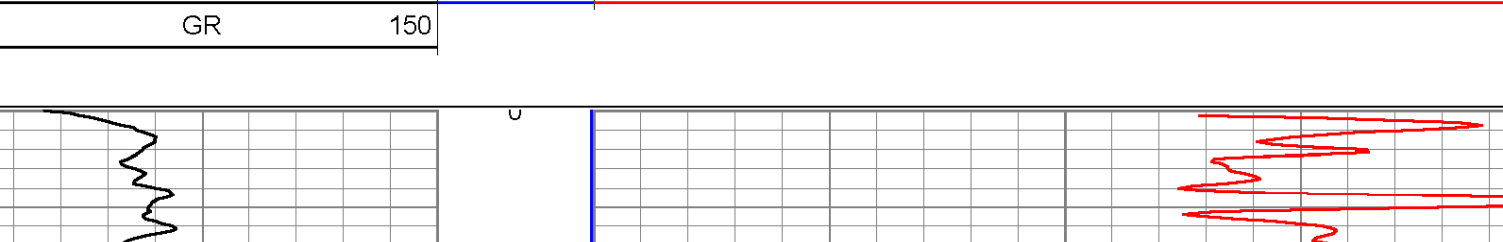
Comments

THANK YOU

Dataset: h:\fobian #08-22 db: field\well\run1\pass1  
Total Length: 10.92 ft  
Total Weight: 52.50 lb  
O.D.: 1.69 in

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

Database File: h:\fobian #08-22 db: pass1  
Presentation Format: gr-n-ccl  
Dataset Creation: Thu Apr 19 17:19:09 2012 by Log Std Casedhole 09061  
Charted by: Depth in Feet scaled 1.240



Company: ROCKIN BAR NOTHIN RANCH, INC.  
Well: FOBIAN #08-22  
Field: WAYSIDE-HAVANA  
County: MONTGOMERY  
State: KANSAS  
Date: 4-18-12

SEC 12 TWP. 34S RGE 13E

Customer	Rockin Bar Nothing	Stage	1 1
Customer Acct #		County	County,
Well No.	.08-2# 2	Section	12
Mailing Address		TWP	34
City & State		RGE	13
Zip Code		Formation	Arbuckle
Dispatch Location	Bartlesville	Perfs	

Code	Vehicles, Equipment and Mileage	Quantity	Unit	Price per Unit	
5305	ACID BREAKDOWN AHEAD OF FRACS	1	0	525.00	\$ 525.00
5306	EQUIPMENT MILEAGE (LOADED MILE)	35		4.00	\$ 140.00
0			0	0.00	\$ -
0			0	0.00	\$ -
0			0	0.00	\$ -
0			0	0.00	\$ -
0			0	0.00	\$ -
0			0	0.00	\$ -
0			0	0.00	\$ -
0			0	0.00	\$ -
0			0	0.00	\$ -
0			0	0.00	\$ -
<b>EQUIPMENT TOTAL</b>					<b>\$ 665.00</b>

Chemical Treatment and Water					
3129	CITY WATER (TAXABLE)	2,000	PER GALLON	0.02	\$ 31.20
3172A	KCL SUBSTITUTE (KCL-8001)	2	PER GALLON	36.50	\$ 73.00
3107	15% HCL ACID (CHARGE FOR INHIBITOR IN ADDITION)	500	PER GALLON	2.40	\$ 1,200.00
3175B	STIMFLO (FBA)	1	PER GALLON	65.00	\$ 65.00
3166	ACID INHIBITOR (AI-260)	1	PER GALLON	50.00	\$ 50.00
3171	IRON CONTROL (SP-950)	1	PER GALLON	40.00	\$ 40.00
0			0.0	0.00	\$ -
0			0.0	0.00	\$ -
0			0.0	0.00	\$ -
0			0.0	0.00	\$ -
0			0.0	0.00	\$ -
0			0.0	0.00	\$ -
0			0.0	0.00	\$ -
<b>CHEMICAL TOTAL</b>					<b>\$ 1,459.20</b>

Water and Chemical Transport					
5501A	WATER TRANSPORT (ACID)	3	PER HOUR	\$112.00	\$ 336.00
0			0.0	\$0.00	\$ -
0			0.0	\$0.00	\$ -
0			0.0	\$0.00	\$ -
0			0.0	\$0.00	\$ -
<b>TRANSPORT TOTAL</b>					<b>\$ 336.00</b>

Frac Valves					
0			0	\$0.00	\$ -
<b>FRAC VALVE TOTAL</b>					<b>\$ -</b>

Miscellaneous Costs					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
<b>MISC. TOTAL</b>					<b>\$ -</b>

				SUB TOTAL	2,460.20	
DISCOUNT				10%	MATERIALS DISCOUNT	246.02
(GOOD IF PAID WITHIN 30 DAYS)					SALES TAX	1.97
				<b>DISCOUNTED TOTAL</b>	<b>\$ 2,216.15</b>	

CUSTOMER or AGENTS SIGNATURE *Brandon W. Owens* COWS FOREMAN \_\_\_\_\_

CUSTOMER or AGENT (PLEASE PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of this 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



TREATMENT REPORT  
FRAC AND ACID

Customer	Rockin Bar Nothing
Customer Acct #	0
Well No.	08-2022
Mailing Address	0
City and State	0
Zip Code	0
Dispatch Location	Bartlesville

County	County,	Stage	1 OF 1
Section	12	Formation	Mississippi
TWP	34	TVD Perfs	1567
RANGE	13	MD Perfs	

On Location	
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WELL DATA						DRIVER	DRIVER
TREATMENT THROUGH TUBING IN CASING					PLUG DEPTH (FT)	552/T98	Tom S
TVD OF PERFS	MD OF PERFS			PACKER DEPTH (FT)			
	CASING WEIGHT	TMD TO TOP PERF (FT)	ID (INCHES)	DISPL COEF (BBL/FT)	VOLUME (BBL)	Nunley Trans	
TUBING SIZE (IN)	TUBING WEIGHT	ID TO BOTTOM OF TUBING (FT)	ID (INCHES)	DISPL COEF (BBL/FT)	VOLUME (BBL)		
0	0	DISPLACEMENT TO TOP PERF (BBL)					
0							
<b>CHEMICALS</b>							
0	CITY WATER (TAXABLE)			2,000			
0	KCL SUBSTITUTE (KCL-8001)			2			
0	5% HCL ACID (CHARGE FOR INHIBITOR IN ADDITION)			500			
0	STIMFLO (FBA)			1			
0	ACID INHIBITOR (AI-260)			1			
0	IRON CONTROL (SP-960)			1			
EFFECTIVE HOLES							

FET ANALYSIS (Optional)							
FLUID WEIGHT				MAX PRESSURE		ISDP	FRAC GRAD
HYDROSTATIC HEIGHT				PRESSURE 1		5 MIN SIP	FLUID EFF (%)
FLUID SG				PRESSURE 2		10 MIN SIP	CALC PERM
HYDROSTATIC PRESS				PRESSURE 3		15 MN SIP	

D	MAX PRESSURE	INITIAL PRESSURE	BREAKDOWN PRESSURE	ISIP	5 MIN	10 MIN	15 MIN	30 MIN
				Vac				

SUMMARY							
TOTAL FLUID PUMPED	42 BBL	MAX TREATING PRESSURE	160 PSI	FOAM QUALITY			
PROPPANT PUMPED	0 LBS	MIN TREATING PRESSURE	40 PSI	AMOUNT OF FOAM PUMPED			
MAX RATE	1.5 BBL/MIN	AVE TREATING PRESSURE	88	TYPE OF FOAM			
MIN RATE	0.9 BBL/MIN			Balloff Pressure			
AVERAGE RATE	1.2	FLUID WEIGHT	8.34	NUMBER OF BALLS PUMPED			
		HYDROSTATIC HEIGHT	0.00	BALL ACTION SEEN			
		HYDROSTATIC PRESS	0.00				
		FRAC GRADIENT	#VALUE!				

STAGE	CLEAN BBL	DESIGN	FLUID TYPE	PRESSURE	RATE	PROP AMOUNT	DESIGN	CONC	TYPE
1	12	Acid	Acid	40-150	.9-1				
2	30	Flush	Water	40-130	1-1.5				
3									
4									
5									
6									
7									
8									
13									
14									
15									
16									
17									
18									

Remarks

Had safety meeting with 1 Water hauler and 1 company man

Rigged up ran 500 gal HCL let sit 15 min flushed with 30 bbl water well went straight to Vac

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

May 03, 2012

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

Re: ACO1  
API 15-125-31564-00-01  
Fobian 08-22  
NE/4 Sec.12-34S-13E  
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