



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1086372

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: _____



1086372

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 ☐ Yes ☐ No
 (Attach Additional Sheets)

 Samples Sent to Geological Survey ☐ Yes ☐ No

 Cores Taken ☐ Yes ☐ No

 Electric Log Run ☐ Yes ☐ No

 Electric Log Submitted Electronically ☐ Yes ☐ No
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum
CASING RECORD ☐ New ☐ 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 (Amount and Kind of Material Used)	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

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled (Submit ACO-5) (Submit ACO-4) ☐ Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Lease Name: Remlinger/Gleue	Spud Date: 5-8-2012	Surface Pipe Size: 7"	Depth: 44'6"	T.D. 1010
Operator: Ron-Bob Oil	Well # S60-22	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_4	soil			
4_10	clay			
10_28	sand gravel			
28_98	shale			
98_161	lime			
161_204	shale			
204_271	lime			
271_283	shale			
283_293	lime			
293_304	shale			
304_373	lime			
373_403	shale			
403_405	lime			
405_439	shale			
439_528	lime			
528_534	shale			
534_550	lime			
550_558	shale			
558_578	lime			
578_726	shale			
726_731	lime			
731_850	shale			
850_890	lime			
890_896	shale			
896_898	lime			
898_934	shale			
934_936	lime			
936_947	shale			
947_948	lime			
948_950	dark sand odor			
950_953	broken sand, free oil			
953_967	good oil sand			
967_1010	shale			
1010 TD				

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

Ticket Number 100082
Location Madison
Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5-9-12		S-60 #22		Woodson
Customer Ron & Bob Oil		Mailing Address	City State	Zip

Job Type:	LongString	Truck #	Driver
Hole Size: 5 7/8"	Casing Size:	Displacement: 5 3/4 Bbls.	201 Kelly
Hole Depth: 1011'	Casing Weight:	Displacement PSI: 600	202 Jerry
Bridge Plug:	Tubing: 2 7/8" - 1000'	Cement Left in Casing: 144.152	106 Jesus
Packer:	PBTD:		Cody

Quantity Or Units	Description of Services or Product	Pump charge	
0	Mileage Trk. on Location	\$3.25/Mile	790.00
109 SACKS	Quick Set cement	17.25	1880.25
200 lbs.	Gel > Flush Ahead	.30	60.00
2 1/2 Hrs.	water Truck	84.00	210.00
3 1/2 Hrs.	water Truck	84.00	294.00
6.15 Tons	Bulk Truck > minimum charge	\$1.15/Mile	250.00
2	Plugs 2 7/8" Top Rubber	25.00	50.00
		Subtotal	3534.25
		Sales Tax	145.29
		Estimated Total	3679.54

Remarks: Rig up to 2 7/8" Tubing, Break circulation with Freshwater, 10 Bbl Gel Flush, circulated Gel around to condition Hole.
Mixed 109 sks. Quick Set cement. Shut down - washout Pump & Lines - Release 2-Plugs
Displaced Plugs with 5 3/4 Bbls water. Final Pumping at 600 PSI
Bumped Plugs To 1200 PSI - close Tubing w/ with 1200 PSI
Good cement returns with 6 Bbl slurry

"Thank you"

Witnessed by Bob
Customer Signature

**MIDWEST SURVEYS**

LOGGING • PERFORATING • CONSULTING • M.I.T. SERVICES

P. O. Box 68 • Osawatomie, KS 66064

Phone 913-755-2128

Invoice

Date	Invoice #
5/21/2012	26510

Bill To
RON-BOB OIL, LLC 1607 MAIN NEOSHO FALLS, KS 66758

Ship To
REMLINGER/GLEUE #S60-22 WOODSON CO, KS

Customer Order No.	Terms
B CHRIESTENSON	B CHRIESTE...

Qty	Description	Amount
21	2" DML RTG 180° PHASE TWO (2) PERFORATIONS PER FOOT MINIMUM CHARGE -- TEN (10) PERFORATIONS ELEVEN (11) ADDITIONAL PERFORATIONS @ \$21.00 EA	700.00 231.00
1	CASING MECHANICAL INTEGRITY TEST FOR THE STATE OF KANSAS PERFORATED AT: 956.0 TO 966.0	100.00
Net Due Upon Receipt		Total \$1,031.00

Late Charge of 1 - 1/2 % per Month on Accounts over 30 Days

Pd
6-6-12