



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1089521

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      Date Reached TD      Completion Date or  
Recompletion Date           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: \_\_\_\_\_



1089521

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Lease Name: Remlinger/Gleue	Spud Date: 5-10-2012	Surface Pipe Size: 7"	Depth: 44'6"	T.D. 1010
Operator: Ron-Bob Oil	Well # S60-28	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_4	soil			
4_8	clay			
8_30	sand gravel			
30_108	shale			
108_167	lime			
167_265	shale			
265_279	lime			
279_289	shale			
289_295	lime			
295_308	shale			
308_372	lime			
372_429	shale			
429_501	lime			
501_558	shale			
558_725	lime			
725_735	shale			
735_740	lime			
740_752	shale			
752_758	lime			
758_805	shale			
805_807	lime			
807_824	shale			
824_830	lime			
830_842	shale			
842_846	lime			
846_857	shale			
857_874	lime			
874_886	shale			
886_894	lime			
894_902	shale			
902_904	lime			
904_955	shale			
955_958	mostly shale little oil			
958_965	broken sand free oil			
965_969	sandy shale slight odor			
969_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 100087  
Location Madison  
Foreman Brad Butler

**Cement Service ticket**

Date <u>5-11-12</u>	Customer #	Well Name & Number <u>S-60 # 28</u>	Sec./Township/Range	County <u>Woodson</u>
Customer <u>Ron + Bob Oil</u>	Mailing Address	City	State	Zip

Job Type: <u>Longstring</u>	Truck #	Driver
Hole Size: <u>5 7/8"</u>	<u>201</u>	<u>Kelly</u>
Casing Size:	<u>202</u>	<u>Jerry</u>
Hole Depth:	<u>105</u>	<u>Cody</u>
Casing Weight:	<u>106</u>	<u>Reddy</u>
Bridge Plug:		
Tubing: <u>2 7/8" x 1000'</u>		
Cement Left in Casing:		
Packer:		
PBTD:		

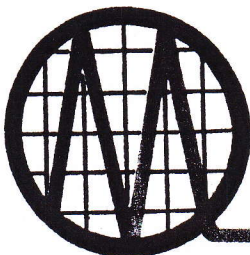
Quantity Or Units	Description of Services or Product	Pump charge	
<del>0</del>	Mileage <u>Trk. In Area</u>	\$3.25/Mile	<u>N/C</u>
<u>108 sacks</u>	<u>Quick Set cement</u>	<u>17.25</u>	<u>1863.00</u>
<u>200 lbs</u>	<u>Gel &gt; Flush Ahead</u>	<u>.30</u>	<u>60.00</u>
<u>3 Hrs</u>	<u>water Truck</u>	<u>84.00</u>	<u>252.00</u>
<u>3 Hrs</u>	<u>water Truck</u>	<u>84.00</u>	<u>252.00</u>
<u>6 Tons</u>	<u>Bulk Truck &gt; minimum charge</u>	<u>\$1.15/Mile</u>	<u>250.00</u>
<u>2</u>	<u>Plugs 2 7/8" Top Rubber</u>	<u>25.00</u>	<u>50.00</u>
	Subtotal		<u>3517.00</u>
	Sales Tax		<u>144.03</u>
	Estimated Total		<u>3661.03</u>

Remarks: Rig up to 2 7/8" tubing, Break circulation with fresh water, 10 Bl Gel Flush, Circulate Gel and to condition hole. Mixed 108 sks Quick Set cement. Shutdown - washout pump + lines.  
Release 2-Plugs - Displaced Plugs with 5 3/4 Bls water. Final Pumping @ 500 PSI  
Bump and Plug to 1200 PSI - close tubing id with 1200 PSI  
Good cement returns with 6 Bl 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	26512

<b>Bill To</b>
RON-BOB OIL, LLC 1607 MAIN NEOSHO FALLS, KS 66758

<b>Ship To</b>
REMLINGER/GLEUE #S60-28 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 910) 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
<b>Net Due Upon Receipt</b>		<b>Total</b> \$1,031.00

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

Pd  
6-6-12