



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1175385
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: _____

1175385

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

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"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Lease Name: Cantrell	Spud Date: 9/6/2013	Surface Pipe Size: 8"	Depth: 40'	TD: 1528
Operator: Ron-Bob Oil	Well #7	Bit Diameter: 6 3/4"		
Footage taken	Sample type			
0_6	soil			
6_158	shale			
158_445	lime			
445_489	shale			
489_492	lime			
492_501	shale			
501_645	lime			
645_812	shale			
812_845	lime			
845_910	sandy shale			
910_946	lime			
946_950	shale			
950_988	lime			
988_1028	shale			
1028_1033	lime			
1033_1080	shale/some lime			
1080_1085	grey sand			
1085_1105	shale			
1105_1120	oil sand			
1120_1135	mostly sand some oil sand			
1135_1145	sandy shale odor			
1145_1273	shale			
1273_1275	soft lime			
1275_1473	shale			
1473_1493	lime			
1493_1497	soft lime/shale			
1497_1528	lime			
	1528 TD			

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



Ticket Number 100314
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
9-10-13		Cantrell #7	11-24-16E	Woodson
Customer		Mailing Address	City	State
Row - Bob Oil				Zip

Job Type:	Longstring			Truck #	Driver
Hole Size:	6 3/4	Casing Size:	4 1/2"	201	Kelly ✓
Hole Depth:	1500'	Casing Weight:	used Pipe	202	Jerry •
Bridge Plug:		Tubing:		106	charlie •
Packer:		PBTD:	1154'	144 + 152	Rick

Quantity Or Units	Description of Services or Product	Pump charge	
0	Mileage Truck w/location	\$3.25/Mile	790.00 N/C
126 SACKS	Quick Set cement	17.90	2255.40
630 lbs.	KOI-SEAL 5" P/SK.	.55	346.50
300 lbs.	Gel Flush	.30	90.00
3 1/2 Hrs.	WATER Truck	84.00	294.00
3 1/2 Hrs.	WATER Transport	105.00	367.50
6700 GAL.	WATER	13.00 P/1000	87.10
30 miles	Truck #290	1.50	45.00
	Wireline Service	50.00	N/C
Tons	Bulk Truck > minimum charge	\$1.15/Mile	250.00
1	Plugs 4 1/2" Top Rubber	38.00	38.00
		Subtotal	4563.50
		7.15%	Sales Tax 201.41
		Estimated Total	4764.91

Remarks: Note! Plug back well up to 1200' with 3.5 SKs cement provided by customer.
 ran 4 1/2" casing into hole - Rig up to casing, Tagged Flat shoe at 1154' by wireline. Break circulation with water,
 Pumped 15 Bbls Gel Flush, circulated Gel around to condition hole. Pumped 10 Bbls Dye water ahead.
 Mixed 126 SKs Quick Set cement w/ 5" P/SK of KOI-SEAL. shut down - wash out Pump & lines
 Release Top Rubber Plug - Displace Plug with 18 1/2 Bbls water. Final Pumping at 600 PSI, Bumped Plug to 1100 PSI
 Release Pressure - Flat Held - close casing w/ O PSI Good cement returns with 6 Bbl. Slurry
 "Thank you"

witnessed by Bob
 Customer Signature



Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 620-437-2661

Ticket Number 1121
 Location _____
 Foreman J. J. #392

FRAC Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
9/23/13		CANTRILL #7		WO
Customer		Mailing Address	City	State Zip
POM & BOB ODE				KS

Well Data		Truck #	Driver	Truck #	Driver
Casing Size 4 1/2	Total Depth 1148.7	303	CLAYTON		
Casing Weight	Plug Depth	144/150	RICK		
Tubing Size	Packer Depth	842/151	DANNY		
Tubing Weight	Open Hole	105	KELLY		
Perfs 1105-1114 19		312/311	DAVID		
Break PSI 1000	Max PSI 1500				
Treat PSI 950-1500	ISIP 450				

Quantity	Acid	Additives Used	Charge
1	303	Pump Charge	975 ⁰⁰
100	15%	Acid with inhibitor	195 ⁰⁰
1/2		NE-320	11 ⁹⁵
		FSW-4100	
		Iron Stay	
		Clay Stay	
4 3/4		KCL	124 ⁹³
2 1/2		Biocide	95 ⁰⁰
7	SP-902	Gel	315 ⁰⁰
1/2	LEB	Breaker	81 ⁰⁰
		Ball Sealers	
		Ball Gun	
12	303	Pump truck Mileage	39 ⁰⁰
		Acid Transport	
1	310	Acid Spotter	300 ⁰⁰
1	312/311	Sand Truck	200 ⁰⁰
12	392	Pickup Mileage	18 ⁰⁰
10 1/4	105	80 Vac	105 ⁰⁰
10 1/4	144/842	Transport	262 ⁵⁰
10		20/40 Sand	300 ⁰⁰
30		12/20 Sand	960 ⁰⁰
2 1/2		SR-445	67 ⁷⁵
*1500 PUMP			Total 4050 ¹³

Remarks: SPOT 100 GAL 15% ON PERFS. RIG UP & TEST LINE. LOAD & BREAK 1000
 EST. RATE 10 BPM @ 950. PUMP 10 GAL PAD START 10 SLS 20/40 PSI UP 1000
 START 12/20 PSI UP 1300 & BREAK. 30 SLS 12/20 IN FLUSH STAGE
 OVER. ISIP 450 150 BBL TOTAL.

Customer Signature

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

January 10, 2014

Robert Christenson
Ron-Bob Oil LLC
1607 MAIN ST.
NEOSHO FALLS, KS 66758-4033

Re: ACO-1
API 15-207-28602-00-00
Cantrell 7
SW/4 Sec.11-24S-16E
Woodson County, Kansas

Dear Robert Christenson:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 9/5/2013 and the ACO-1 was received on January 06, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department