



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1176065
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: _____

1176065

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765



Ticket Number 100304
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
8-29-13		Craig Mentzer #22	32-23-18E	Allen
Customer		Mailing Address	City	State Zip
Row-Bob Oil LLC				

Job Type:	Longstring			Truck #	Driver
Hole Size:	5 7/8"	Casing Size:		201	Kelly
Hole Depth:	970'	Casing Weight:		202	Jerry
Bridge Plug:		Tubing:	2 7/8"	842-152	Rodger
Packer:		PBTD:	962'		
		Displacement:	5.5 Bbls		
		Displacement PSI:	500		
		Cement Left in Casing:	0'		

Quantity Or Units	Description of Services or Product	Pump charge	
40	Mileage	\$3.25/Mile	790.00 130.00
108 SACKS	Quick Set cement	17.90	1933.20
200 lbs.	Gel Flush	.30	60.00
4 1/2 Hrs.	WATER Transport	105.00	472.50
4200 GAL	WATER	13.00 @ 1/1000	54.60
40 miles	Truck #290	1.50	60.00
	wellline Services	50.00	N/C
Tons	Bulk Truck / minimum charge	\$1.15/Mile	250.00
2	Plugs 2 7/8" Top Rubber Plugs	25.00	50.00
		Subtotal	3800.30
		7.42	Sales Tax 155.23
		Estimated Total	3955.53

Remarks: Rig up to Tubing, Break circulation with 5 Bbls WATER, Pumped 10 Bbl. Gel Flush, circulated Gel ground to condition hole. Mixed 108 Sks Quick Set cement, shut down - wash out Pump & Lines. Release 2-Top Rubber Plugs, Displaced Plugs with 5 1/2 Bbls WATER. Final Pumping at 500 PSI Bumped Plugs To 1100 PSI, closed Tubing w/ 1100 PSI Good cement returns with 5 Bbl. slurry

"Thank you"

Called by Bob
 Customer Signature



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

Ticket Number 1133
 Location _____
 Foreman J. E. J. #392

FRAC Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
9/26/13		CRAIG MONTGOMERY #22		AL
Customer Row 4 BOB OR		Mailing Address	City	State Zip KS

Well Data		Truck #	Driver	Truck #	Driver
Casing Size 2 7/8	Total Depth	303	CLAYTON		
Casing Weight	Plug Depth	144/150	MARK		
Tubing Size	Packer Depth	143/151	MARK		
Tubing Weight	Open Hole	312/311	DAVID		
Perfs 842 ?			JUSTIN		
Break PSI 1000	Max PSI 3000		DAVID		
Treat PSI 1000 - 2500	ISIP 500				
Quantity	Acid	Additives Used	Charge		
1	303	Pump Charge			875 ⁰⁰
100	156	Acid with inhibitor			195 ⁰⁰
1/2		NE-320			11 ⁹⁵
		FSW-4100			
		Iron Stay			
		Clay Stay			
4		KCL			105 ²⁰
2		Biocide			76 ⁰⁰
5	SP-902	Gel			225 ⁰⁰
1/4	LEB	Breaker			40 ⁰⁰
		Ball Sealers			
		Ball Gun			
9	303	Pump truck Mileage			29 ²⁵
		Acid Transport			
1	310	Acid Spotter			300 ⁰⁰
1	312/311	Sand Truck			200 ⁰⁰
9	392	Pickup Mileage			13 ⁰⁰
		80 Vac			
1 1/2	144/143	Transport			315 ⁰⁰
10		20/40 Sand			300 ⁰⁰
19		12/20 Sand			352 ⁰⁰
2		SR-445			54 ²⁰
*OLD PRICE					Total 3092 ⁰⁰

Remarks: BPOT 100 GAL ON PERFS. RIG UP TEST LINE, LOAD & BREAK. GET RATE 10:00 PM @ 1000. PUMP 10 GAL PAD START 10:50 20/40 PSD UP 1200 START 12:20 PSD UP 1300 5 SLS ON PSD 1300 & BREAK 12:50. 11 SLS ON 1/2 PPG PSD GRINDING SHUT SAND AND START FLUSH PSD UP 3000 SHUT DOWN & TRIP TO FLOW BACK. WOULDN'T. RIG DOWN 100 BBL TOTAL. CLEAN UP.