



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1175519  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1175519

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> _____ _____
--	---	---



Lease Name: Cantrell	Spud Date: 9/12/2013	Surface Pipe Size: 7"	Depth: 40'	TD: 10 <del>94</del>
Operator: Ron-Bob Oil	Well #9	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_3	soil			
3_156	shale			
156_219	lime			
219_246	shale			
246_442	lime			
442_503	shale			
503_636	lime			
636_807	shale			
807_812	lime			
812_836	shale			
836_840	lime			
840_900	sandy lime			
900_904	lime			
904_915	shale			
915_919	lime			
919_953	shale			
953_960	lime			
960_972	shale			
972_976	lime			
976_987	shale			
987_989	black shale			
989_992	lime			
992_998	mulkey			
998_1024	shale			
1024_1028	oil sand			
1028_1031	broken sand			
1031_1034	oil sand good			
1034_1045	shale mucky			
1045_10 <del>94</del>	shale			
	10 <del>94</del> TD			

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



HURRICANE SERVICES INC  
 OILFIELD SERVICES  
 MADISON, KANSAS

Ticket Number 100316  
 Location Madison  
 Foreman Brad Butler

**Cement Service ticket**

Date	Customer #	Well Name & Number	Sec./Township/Range	County
9-12-13		CanTrell #9	11-24-16E	Woodson
Customer	Mailing Address		City	State Zip
Row-Bob Oil				

Job Type:	Longstring			Truck #	Driver
Hole Size:	5 7/8"	Casing Size:	Displacement:	201	Kelly
Hole Depth:	1094	Casing Weight:	Displacement PSI:	202	Jerry
Bridge Plug:		Tubing:	Cement Left in Casing:	105	Kelly
Packer:		PBTD:		143-151	Mark

Quantity Or Units	Description of Services or Product	Pump charge	
0	Mileage Trk. on location	\$3.25/Mile	N/C
116 SACKS	Quick Set cement	17.90	2076.40
200 lbs	Gel Flush	.30	60.00
4 Hrs.	Water Truck	84.00	336.00
4 Hrs.	Water Truck	84.00	336.00
5000 GAL.	Water	13.00 per 1000	65.00
30 miles	Truck #270	1.50	45.00
	Wireline Services	50.00	N/C
Tons	Bulk Truck / minimum charge	\$1.15/Mile	250.00
2	Plugs 2 7/8" Top Rubber	25.00	50.00
		Subtotal	4008.40
		Sales Tax 7.15%	160.97
		Estimated Total	4169.37

Remarks: Rig up to Tubing, Tased Float shoe at 1084' by wireline. Break circulation with 5 Bbls water. Pumped 10 Bbls. Gel Flush circulated Gel around to condition hole. Mixed 116 sacks Quick Set cement. Shut down. Washout Pump 1 hrs. Release 2-Top Rubber Plugs - Displaced Plugs with 6 1/4 Bbls water. Final Pumping at 500 PSI Bumped Plugs to 1000 PSI, closed Tubing in with 1000 PSI Good cement returns with 5 Bbl. slowly

"Thank you"

Witnessed by Ron  
 Customer Signature





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

Ticket Number 1123  
Location \_\_\_\_\_  
Foreman 327L #392

FRAC Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
9/23/13		CANTRELL #9		WO
Customer		Mailing Address	City	State Zip
Ron & Bob Orr				KS

Well Data		Truck #	Driver	Truck #	Driver
Casing Size 2 7/8	Total Depth 1094	303	CLAYTON		
Casing Weight	Plug Depth	144/150	ROCK		
Tubing Size	Packer Depth	843/151	DANNY		
Tubing Weight	Open Hole	105	KELLY		
Perfs 1031-1037 13		312/311	DAVID		
Break PSI 2250	Max PSI 3000				
Treat PSI 850-2500	ISIP 500				
Quantity	Acid	Additives Used	Charge		
1	303	Pump Charge			875.00
100	15%	Acid with inhibitor			195.00
1/2		NE-320			11.95
		FSW-4100			
		Iron Stay			
		Clay Stay			
4 3/4		KCL			134.93
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
1 1/4	105	80 Vac			105.00
1 1/2	144/842	Transport			262.50
10		20/40 Sand			300.00
30		12/20 Sand			960.00
2 1/2		SR-445			67.15
*1500 PRICE					Total 3949.53

Remarks: SPOT 100 GAL AND PERFS. RIG UP TEST LOGS. LINDA & BRENNER. 2250  
EST. RATE 10 BPM @ 1000. PUMP 10 GBL PAD START 10 SIKS 20/40 PSI DOWN 200  
START 12/20. PSI UP 1250 BROKE 1100. 9 SIKS AND PSI UP 3000. START DOWN  
AND FLOW BACK. EST RATE 9 BPM. @ 2000. PUMP 10 GBL PAD START SAND  
PSI 1700 AND DROPPING. 30 SIKS 12/20 AND. FLUSH 5 OVER ISIP 500  
170 GBL TOTAL.