



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1175556  
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: \_\_\_\_\_

1175556

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> _____ _____
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Lease Name: Cantrell	Spud Date: 9/16/2013	Surface Pipe Size: 7"	Depth: 40'	TD: 1088
Operator: Ron-Bob Oil	Well #10	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_3	soil			
3_156	shale			
156_226	lime			
226_245	shale			
245_384	lime			
384_506	shale			
506_639	lime			
639_803	shale			
803_808	lime			
808_825	shale			
825_829	lime			
829_902	sandy shale			
902_905	lime			
905_916	shale			
916_921	lime			
921_951	shale			
951_956	lime			
956_970	shale			
970_975	lime			
975_988	shale			
988_990	lime			
990_997	mulkey			
997_1022	shale			
1022_1024	cap rock			
1024_1027	sandy shale			
1027_1028	cap rock			
1028_1033	oil sand			
1033_1037	badly broken sand			
1037_1088	shale			
	1088 TD			

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



Ticket Number 100318  
 Location Madison  
 Foreman Brad Butler

**Cement Service ticket**

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

Job Type: Longstring	Truck #	Driver
Hole Size: 5 7/8"	201	Kelly
Hole Depth: 1089'	202	Jerry
Bridge Plug:	105	Clayton
Packer:	106	Charlie
Casing Size:	Displacement: 6.27 Bbls	
Casing Weight:	Displacement PSI: 450	
Tubing: 2 7/8"	Cement Left in Casing: 0'	
PBTD: 1083'		

Quantity Or Units	Description of Services or Product	Pump charge	
			790.00
.30	Mileage	\$3.25/Mile	97.50
115 SACKS	Quick Set cement	17.90	2058.50
200 lbs.	Gel Flush	.30	60.00
4 Hrs.	Water Truck	84.00	336.00
4 Hrs.	Water Trucks	84.00	336.00
5000 GAL	Water	13.00 per 1000	65.00
30 miles	Truck #290	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	4088.00
		7.15%	Sales Tax 159.70
		Estimated Total	4247.70

Remarks: Rig up to Tubing, Taped Floaterhead 1083' by wireline. Break circulation with 5 Bbls water, Pumped 10 Bbl Gel Flush, circulated Gel around to condition hole. Mixed 115 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 450 PSI Bumped Plugs To 1000 PSI, closed Tubing with 1000 PSI Good cement returns with 5 Bbl slurry

"Thank you"

Witnessed by Row  
 Customer Signature





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

Ticket Number 1130  
 Location \_\_\_\_\_  
 Foreman J. L. #392

FRAC Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
9/26/13		CANTRELL #10		MO
Customer		Mailing Address	City	State Zip
Row 4 Box 012				KS

Well Data		Truck #	Driver	Truck #	Driver
Casing Size	Total Depth	303	CLAYTON		BRAD
Casing Weight	Plug Depth	144/150	ALIK		
Tubing Size	Packer Depth	143/151	MARK		
Tubing Weight	Open Hole	# 840	RENNY		
Perfs	1029-1036 15'	312/311	DAVID		
Break PSI	1500	Max PSI	1500		JUSTIN
Treat PSI	400-1250	ISIP	500		RODGER
Quantity	Acid	Additives Used	Charge		
1	303	Pump Charge	975 <sup>00</sup>		
1000	156	Acid with inhibitor	195 <sup>00</sup>		
1/2		NE-320	11 <sup>95</sup>		
		FSW-4100			
		Iron Stay			
		Clay Stay			
43/4		KCL	124 <sup>23</sup>		
2 1/2		Biocide	95 <sup>00</sup>		
7	SP-902	Gel	315 <sup>00</sup>		
1/2	LEB	Breaker	81 <sup>00</sup>		
		Ball Sealers			
		Ball Gun			
9	303	Pump truck Mileage	29 <sup>75</sup>		
		Acid Transport			
1	310	Acid Spotter	300 <sup>00</sup>		
1	312/311	Sand Truck	200 <sup>00</sup>		
9	392	Pickup Mileage	13 <sup>50</sup>		
		80 Vac			
1 1/2		Transport	472 <sup>50</sup>		
10		20/40 Sand	300 <sup>00</sup>		
30		12/20 Sand	960 <sup>00</sup>		
2 1/2		SR-445	67 <sup>75</sup>		
				*Box Price	
				Total	4140 <sup>88</sup>

Remarks: SPOT 1000 GAL W/ PUMPS. RIG UP TEST LOGS. LOTS & B/STAIN. 1ST PUMP  
 10 RPM @ 800. PUMP 10 GAL PAD START 10 SIG 20/40 PSI UP 1000.  
 START 12/30 PSI UP 1250 & BRK 1200. 20 SIG W/ PSI 1100. 30 SIG W/  
 FLOWIT 5 OVER 150 GAL TOTAL BWP 500.

Customer Signature \_\_\_\_\_