



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1175561
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: _____

1175561

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: _____ _____
--	---	---

Lease Name: Cantrell	Spud Date: 9/17/2013	Surface Pipe Size: 7"	Depth: 40'	TD: 1086
Operator: Ron-Bob Oil	Well #11	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_4	soil			
4_151	shale			
151_435	lime			
435_504	shale			
504_637	lime			
637_800	shale			
800_805	lime			
805_821	shale			
821_826	lime			
826_898	shale			
898_901	lime			
901_914	shale			
914_919	lime			
919_920	shale			
920_975	upper sand oil show			
975_1020	shale			
1020_1021	cap			
1021_1027	good oil sand			
1027_1031	badly broken sand			
1031_1086	shale			
	1086 TD			

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



Ticket Number 100319
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
9-17-13		Centrell #11	11-24-16E	Woodson
Customer	Mailing Address		City	State
Row-Bob Oil				Zip

Job Type:	Longstring			Truck #	Driver
Hole Size:	5 7/8"	Casing Size:		201	Kelly
Hole Depth:	1088'	Casing Weight:		202	Ferry
Bridge Plug:		Tubing:	2 7/8"	105	Charlie
Packer:		PBTD:	1083'	106	Rick
		Displacement:	6.27 Bbls		
		Displacement PSI:	500		
		Cement Left in Casing:	0'		

Quantity Or Units	Description of Services or Product	Pump charge	
30	Mileage	\$3.25/Mile	1790.00
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 TRUCK	84.00	336.00
5000 GAL	WATER	13.00 per 1000	65.00
30 miles	TRUCK #250	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
		Sales Tax 7.15%	159.70
		Estimated Total	4247.70

Remarks: Rig up to Tubing, Tased Float shoe at 1083' by wireline. Break circulation with 5 Bbls water, Pumped 10 Bbls of Gel Flush, circulated Gel around to condition Hole. Mixed 115 Sks Quick Set cement, shut down - washout Pump & Lines. Release 2-Top Rubber Plugs - Displaced Plugs with 6 1/4 Bbls water. Final Pumping @ 500 PSI. Bumped Plugs to 1000 PSI. Closed Tubing in with 1000 PSI. Good cement returns with 5 1/2 Bbl slurry

"Thank you"

Witnessed by Row
 Customer Signature



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

Ticket Number 1131
 Location _____
 Foreman Julie #392

FRAC Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
9/26/13		CANTRELL #11		Woods
Customer		Mailing Address	City	State Zip
Row 4 BOB OIL				KS

Well Data			Truck #	Driver	Truck #	Driver
Casing Size 2 7/8	Total Depth		303	CLAYTON		
Casing Weight	Plug Depth		144/150	ROCK		
Tubing Size	Packer Depth		143/151	MARK		
Tubing Weight	Open Hole			TERRY		
Perfs 1025-1031 13			312/311	DAVID		
Break PSI 1700	Max PSI 1700			SUSTIN		
Treat PSI 900-1200	ISIP 600			BRAD		
Quantity	Acid	Additives Used	Charge			
1	303	Pump Charge	875 ⁰⁰			
100	158	Acid with inhibitor	195 ⁰⁰			
1/2		NE-320	11 ⁹⁵			
		FSW-4100				
		Iron Stay				
		Clay Stay				
4 3/4		KCL	124 ⁹²			
2 1/2		Biocide	95 ⁰⁰			
7	SP-902	Gel	315 ⁰⁰			
1/2	LEB	Breaker	81 ⁰⁰			
		Ball Sealers				
		Ball Gun				
9	303	Pump truck Mileage	39 ²⁵			
		Acid Transport				
1	310	Acid Spotter	200 ⁰⁰			
1	312/311	Sand Truck	200 ⁰⁰			
9	392	Pickup Mileage	13 ⁵⁰			
		80 Vac				
1 1/2		Transport	472 ⁵⁰			
10		20/40 Sand	300 ⁰⁰			
30		12/20 Sand	960 ⁰⁰			
2 1/2		SR-445	672 ⁵			
						Total 4040 ⁰⁰

Remarks: SPOT 100 GAL ON PERFS. RIG UP TEST LOGS. LOAD & BREAK. GET RATE 10:00 PM. PUMP 1050L PAA START 20/40 PSI UP WOOD & BROKE 900. START 12/20. 20 SIGS TO PSI UP 1200. 30 SIGS PSI 1050. FLUSH CORNER (SET 600) 145 GAL TOTAL.