



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1175562
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: _____

1175562

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. _____	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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Lease Name: Cantrell	Spud Date: 9/18/2013	Surface Pipe Size: 7"	Depth: 40'	TD: 1088
Operator: Ron-Bob Oil	Well #12	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_3	soil			
3_146	shale			
146_220	lime			
220_243	shale			
243_435	lime			
435_505	shale			
505_639	lime			
639_801	shale			
801_807	lime			
807_822	shale			
822_840	lime			
840_895	shale			
895_902	lime			
902_912	shale			
912_917	lime			
917_960	soft lime			
960_965	black shale			
965_971	lime			
971_980	mulky			
980_986	broken upper sand oil show			
986_1018	shale			
1018_1019	cap			
1019_1021	broken oil sand			
1021_1027	good oil sand			
1027_1035	oil sand			
1035_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 100320
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
9-18-13		Cantrell # 12	11-24-16E	Woodson
Customer Ron-Bob Oil		Mailing Address	City State Zip	

Job Type:			Truck #	Driver
Hole Size: 5 7/8"	Casing Size:	Displacement: 6.27 Bbls	201	Kelly
Hole Depth:	Casing Weight:	Displacement PSI: 500	202	Jerry
Bridge Plug:	Tubing: 2 7/8"	Cement Left in Casing: 0'	103	Mark
Packer:	PBTD: 1083'		105	Charlie

Quantity Or Units	Description of Services or Product	Pump charge	
0	Mileage Truck 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 # 290 Witchline Services	1.50 50.00	45.00 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%	160.98
		Estimated Total	4169.38

Remarks: Rig up to Tubing, Taped Float shoe at 1083' by wireline. Break circulation with 5 Bbls water
 Pumped 10 Bbl. Gel Flush, circulated Gel around to condition hole. Mixed SKS Quick Set Cement. Shutdown
 Wash out Pump & Lines, Release 2-Top Rubber Plugs, Displaced Plugs with 6 1/4 Bbls water.
 Final Pumping @ 500 PSI, Bumped Plugs to 1100 PSI, closed Tubing w/ 1100 PSI
 Good cement returns with 5 1/2 Bbl. slurry

"Thank you"

Witnessed by Ron
 Customer Signature



HURRICANE SERVICES INC
OILFIELD SERVICES
MADISON, KANSAS

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

Ticket Number 1132
Location _____
Foreman [Signature] #392

FRAC Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
9/26/13		CANNON #12		W0
Customer		Mailing Address	City	State Zip
Row 4 BOB ORL				KS

Well Data		Truck #	Driver	Truck #	Driver
Casing Size 2 7/8	Total Depth	303	CLAYTON		
Casing Weight	Plug Depth	144/150	RECK		
Tubing Size	Packer Depth	143/151	MARK		
Tubing Weight	Open Hole	840	SEELY		
Perfs 1024-1034 21		312/311	DAVID		
Break PSI 1500	Max PSI 1500		JUSTIN		
Treat PSI 800-1400	ISIP 500		BRYAN		
Quantity	Acid	Additives Used	Charge		
1	303	Pump Charge			875 ⁰⁰
1000	156	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-903	Gel			315 ⁰⁰
1/2	LUB	Breaker			81 ⁰⁰
		Ball Sealers			
		Ball Gun			
9	303	Pump truck Mileage			29 ³⁵
		Acid Transport			
1	310	Acid Spotter			300 ⁰⁰
1	312/311	Sand Truck			200 ⁰⁰
9	392	Pickup Mileage			13 ⁸⁰
		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			67 ²⁵
# BOB PAID					Total 4040 ⁸⁸

Remarks: SPOT 100 GAL ON PERFS. RIG UP TEST LINE. LOADS & BREAK. EST RATE 10 BPM @ 800 PUMP 10 GAL PAD. START 10 SICK 20/40. PSE UP 1200 & BROKE 950. START 12/20 PSE 1000. 20 SICK IN PSE 850. 25 SICK IN PSE 1100. 30 SICK IN FLUSH 5 OVER ISIP 500. 145 TOTAL GAL