



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1175772
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: _____

1175772

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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

| 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 |
|----------------|-------|---------|------------|---------------------------------------------------------------------|

| | |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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> _____ |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| 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> _____ <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL: _____ _____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|

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 100322
 Location Madison
 Foreman Brad Butler

Cement Service ticket

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

| | | | |
|-------------------|----------------|---------|---------|
| Job Type: | Longstring | Truck # | Driver |
| Hole Size: 5 7/8" | Casing Size: | 201 | Kelly |
| Hole Depth: | Casing Weight: | 202 | Jerry |
| Bridge Plug: | Tubing: 2 7/8" | 105 | Mark |
| Packer: | PBTD: 1084' | 106 | Charlie |
| | | | |

| Quantity Or Units | Description of Services or Product | Pump charge | |
|-------------------|------------------------------------|-----------------|---------|
| 0 | Mileage Trk. on location | \$3.25/Mile | N/C |
| 117 SACKS | Quick Set cement | 17.90 | 2094.30 |
| 200 lbs. | Gel Flush | .30 | 60.00 |
| 2 1/2 Hrs | Water Truck | 84.00 | 210.00 |
| 3 1/2 Hrs. | Water Truck | 84.00 | 294.00 |
| 3300 GAL | Water | 13.00 @ 1000 | 42.90 |
| 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 | 3836.20 |
| | | Sales Tax 7.15% | 160.67 |
| | | Estimated Total | 3996.87 |

Remarks: Rig up to Tubing, Taped Flat shoe to 1084' by wireline. Break circulation with 5 Bbls water, Pumped 10 Bbl Gel Flush, circulated Gel around to condition hole. Mixed 117 Sks. Quick Set cement, shut down - wash out Pump & lines. Release 2-Top Rubber Plugs, Displaced Plugs with 6 1/4 Bbls water. Final Pumping @ 550 PSI. Bumped Plugs to 1100 PSI. Closed Tubing w/ with 1100 PSI. Good cement returns with 5 1/2 Bbl slurry.

"Thank you"

Witnessed by Bob

Customer Signature



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

Ticket Number 1141
 Location _____
 Foreman J. E. H. #392

FRAC Service ticket

| Date | Customer # | Well Name & Number | Sec./Township/Range | County |
|----------------|------------|--------------------|---------------------|-----------|
| 10/8/13 | | CANTRELL #13 | | WYO |
| Customer | | Mailing Address | City | State Zip |
| Rony & Bob Ose | | | | KS |

| Well Data | | Truck # | Driver | Truck # | Driver |
|--------------------|--------------|---------|---------|---------|--------|
| Casing Size 2 7/8 | Total Depth | 303 | RODGER | | |
| Casing Weight | Plug Depth | 312/311 | DANNY | | |
| Tubing Size | Packer Depth | 144/150 | ROCK | | |
| Tubing Weight | Open Hole | 342/156 | ERIC | | |
| Perfs 1030-1040 | | 106 | CHARLES | | |
| Break PSI 900 | Max PSI 1450 | | JUSTIN | | |
| Treat PSI 750-1400 | ISIP 500 | | | | |

| Quantity | Acid | Additives Used | Charge |
|----------|---------|---------------------|-------------------------------------|
| 1 | 303 | Pump Charge | 975 ⁰⁰ |
| 100 | 152 | 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 |
| 6 | SP-902 | Gel | 270 ⁰⁰ |
| 1/2 | LEB | Breaker | 40 ⁰⁰ |
| | | Ball Sealers | |
| | | Ball Gun | |
| 17 | 303 | Pump truck Mileage | 55 ²⁵ |
| | | Acid Transport | |
| 1 | 310 | Acid Spotter | 300 ⁰⁰ |
| 1 | 312/311 | Sand Truck | 200 ⁰⁰ |
| 17 | 392 | Pickup Mileage | 25 ⁰⁰ |
| 1 | 106 | 80 Vac | 84 ⁰⁰ |
| 1 1/2 | 144/342 | Transport | 315 ⁰⁰ |
| 10 | | 20/40 Sand | 300 ⁰⁰ |
| 30 | | 12/20 Sand | 960 ⁰⁰ |
| 2 | | SR-445 | 54 ²⁰ |
| | | | * BLD RATE Total 3967 ⁰⁰ |

Remarks: RIG UP. SPOT 100 GAL 152 and PERFS. Loads & Break. 900
 EST. RATE 10 GPM. Pump 10 BBL PAD START 20/40 10 SKS. IPSI 800
 START 12/30 PSI UP 950. 30 SKS IN START FLUSH PSI UP
 1450. FLUSH 5 min 1500 SUB. 120 BBL TOTAL.

Customer Signature