



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1175952
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: _____

1175952

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: 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Lease Name: Cantrell	Spud Date: 9/19/2013	Surface Pipe Size: 8"	Depth: 40'	TD: 1180
Operator: Ron-Bob Oil	Well #14	Bit Diameter: 6 3/4"		
Footage taken	Sample type			
0_3	soil			
3_147	shale			
147_440	lime			
440_508	shale			
508_645	lime			
645_830	shale			
830_836	lime			
836_861	sandy shale			
861_873	lime			
873_948	shale			
948_951	lime			
951_970	shale			
970_974	lime			
974_981	shale			
981_984	lime			
984_1023	shale and lime			
1023_1027	shale			
1027_1040	shale and lime			
1040_1061	soft broken lime			
1061_1070	sandy lime			
1070_1080	lime and shale slight odor			
1080_1090	grey sand			
1090_1101	shale			
1101_1102	lime cap			
1102_1108	shale			
1108_1110	lime			
1110_1028	oil sand			
1028_1180	shale			
	1180 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 100321
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
9-23-13		Contrell #14	11-24-16E	Woodson
Customer		Mailing Address	City	State Zip
Ron- Bob Oil				

Job Type:	Longstring	Truck #	Driver
Hole Size:	6 3/4"	201	Kelly
Hole Depth:	1180'	202	Jerry
Bridge Plug:		105	David
Packer:		842-152	Danny
Casing Size:	4 1/2"	Displacement:	18.6 Bbls
Casing Weight:	used pipe	Displacement PSI:	550
Tubing:		Cement Left in Casing:	0'
PBTD:	1172'		

Quantity Or Units	Description of Services or Product	Pump charge	
30	Mileage	\$3.25/Mile	790.00
124 SACKS	Quick SET cement	17.90	2219.60
620 lbs	KOI-SEAL 5# PPK/SK	.55	341.00
300 lbs	Gel Flush	.30	90.00
2 Hrs.	WATER TRUCK	84.00	168.00
3 Hrs.	WATER TRANSPORT	105.00	315.00
4000 GAL	WATER	13.00 PPK/1000	52.00
30 miles	Truck # 290	1.50	45.00
	Wireline Services	50.00	n/c
Tons	Bulk Truck > minimum charge	\$1.15/Mile	250.00
1	Plugs 4 1/2" Top Rubber	38.00	38.00
		Subtotal	4406.10
		Sales Tax 7.15%	195.95
		Estimated Total	4602.05

Remarks: Rig up to casing, Tagged float shoe at 1172' by wireline. Break circulation with 10 Bbls WATER Pumped 15 Bbl. Gel Flush, circulated Gel around to condition hole. Pumped 10 Bbls. Dry water Ahead, Mixed 124 Sks of Quick SET cement w/ 5# PPK/SK of KOI-SEAL. Shut down - washout Pump lines. Release Top Rubber Plug Displaced Plug with 18 1/2 Bbls WATER. Final Pumping @ 550 PSI - Bumped Plug To 1100 PSI. Release Pressure - Float Held, close casing in with ORSI. Good cement returns with 6 Bbl slurry

"Thank you"

called 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 1142
Location _____
Foreman JLH #392

FRAC Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
10/8/13		CANTRELL #14		W0
Customer		Mailing Address	City	State Zip
Row 4 1506 OSL				KS

Well Data		Truck #	Driver	Truck #	Driver
Casing Size 4 1/2	Total Depth	303	RODGER		
Casing Weight	Plug Depth	312/311	DANNY		
Tubing Size	Packer Depth	144/150	RJK		
Tubing Weight	Open Hole	842/156	ERIC		
Perfs 1109.5-1119.5		106	CHARLES		
Break PSI 1200	Max PSI 1500		SUSAN		
Treat PSI 850-1500	ISIP 400				
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			
6		KCL			157 ⁰⁰
3		Biocide			114 ⁰⁰
7	SP-902	Gel			215 ⁰⁰
1/2	LEB	Breaker			81 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 ⁵⁰
1	106	80 Vac			84 ⁰⁰
1 1/2	342/144	Transport			315 ⁰⁰
10		20/40 Sand			300 ⁰⁰
30		12/20 Sand			960 ⁰⁰
3		SR-445			81 ³⁰
* BOB PRIZE					Total 4070 ⁰⁰

Remarks: SPOT 100 GALS ON PERFS LOG UP LOAD & BREAK 1200. EST RATE 10BPM @ 850. PUMP 10 GBL PAD. START 10 SILS 20/40 PSE UP 900. START 12/20 PSE UP 1200 AND BREAK 1000. 30 SILS DO START FLUSH PSE UP 1500 FLUSH S OVER. ISIP 400

Customer Signature