



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1188797
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: _____

1188797

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: David Bedenbeudei		Spud Date: 8/30/2013	Surface Pipe Size: 8"	Depth: 20'	TD: 1058
Operator: Ron-Bob Oil		Well #3	Bit Diameter: 6 3/4"		
Footage taken	Sample type				
0_8	soil				
8_78	lime				
78_159	shale				
159_208	lime				
208_283	shale				
283_396	KC Lime				
396_594	shale				
594_605	lime				
605_670	shale				
670_685	lime				
685_695	shale				
695_699	lime				
699_712	shale				
712_746	lime				
746_751	black shale				
751_755	lime				
755_767	shale				
787_790	oil show broken				
790_792	cap rock				
792_852	shale no oil				
852_875	sandy shale no oil				
875_895	mostly sand no oil				
895_905	light brown sand odor				
905_915	good oil sand				
915_920	sand some oil				
920_925	broken oil sand gray				
925_935	sand some oil				
935_940	light colored sand				
940_945	coal				
945_995	shale				
995_1005	broken sand odor				
1005_1017	sand strong odor oil show				
1017_1031	looks wet best oil yet				
1031_1045	sand oil show				
1045_1058	good oil sand				
	1058 TD				

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



Ticket Number 100306
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
9-3-13		David Bedenhender #3	5-24-18E	Allen
Customer		Mailing Address	City	State Zip
Row-Bob Oil, LLC				

Job Type:	Longstrings			Truck #	Driver
Hole Size: 6 3/4"	Casing Size: 4 1/2"	Displacement: 16 3/4 Bbls.	201	Kelly	
Hole Depth: 1058'	Casing Weight: Used Pipe	Displacement PSI: 500	202	Jerry	
Bridge Plug:	Tubing:	Cement Left in Casing: 0'	143-151	Mark	
Packer:	PBTD: 1056'				

Quantity Or Units	Description of Services or Product	Pump charge	
40	Mileage	\$3.25/Mile	790.00 130.00
113 SACKS	Quick Set cement	17.90	2022.70
565 lbs.	KOI-SEAL 5" PPS/K	.55	310.75
200 lbs.	Gel Flush	.30	60.00
4 Hrs.	WATER Transport	105.00	420.00
4600 GAL	WATER	13.00 PPS/1000	59.80
40 miles	Truck #290	1.50	60.00
	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	4141.25
		Sales Tax 7.4%	184.35
		Estimated Total	4325.60

Remarks: Rig up to 4 1/2" casing, Tagged Float shoe at 1056' by wireline.
 Break circulation with 5 Bbls water, 10 Bbl. Gel Flush, circulated Gel around to condition Hole. Pumped 10 Bbl.
 Dye water Ahead, Mixed 113 scks. Quick Set cement w/ 5" PPS/K of KOI-SEAL. Shutdown - washout Pump lines.
 Release Plug - Displaced Plug with 16 3/4 Bbls water. Final Pumping at 500 PSE
 Bumped Plug to 900 PSE, wait a few minutes - Release Pressure - Float Held - close casing w/ 0 PSE
 Good cement fills with 6 Bbl slurry

"Thank you"

Witnessed by Row
 Customer Signature