



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1213579
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: _____

1213579

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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Mud Rotary Drilling
Andrew King - Manager/Driller

Bar Drilling, LLC
Phone: (719) 210-8806

1317 105th Rd.
Yates Center, KS 66783

Company/Operator Ron-Bob Oil 1607 Main St Neosho Falls, KS 66758		Well No. 11		Lease Name Leis		Well Location 4315fs/3520fel		1/4 NE		1/4 SW		1/4 NE		Sec. 12		Twp. 25S		Rge, 15E			
Well API # 15-207-28845		Type/Well Oil		County Woodson		State KS		Total Depth 1462		Date Started 2/21/2014		Date Completed 2/25/2014									
Job/Project Name/No.				Surface Record				Bit Record				Coring Record									
Driller/Crew Andy King		Bit Size: 11 1/4		PDC		Type PDC		Size 11 1/4		From 0'		To 40'		Core #		From		To		% Rec.	
		Casing Size: 8 5/8		PDC		Type PDC		Size 6 3/4		From 40'		To 1462'									
		Casing Length: 40																			
		Cement Used: 10sx																			
		Cement Type: Portland																			

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	2	soil	659	670	shale	1102	1378	shale			
2	11	shale	670	677	lime	1378	1385	black shale			
11	15	lime	677	843	shale	1385	1408	dark shale			
15	25	shale	843	850	lime	1408	1411	Riverton			
25	29	lime	850	859	shale						
29	203	shale	859	862	lime						
203	259	lime	862	870	sandy shale						
259	171	shale	870	881	lime						
171	353	lime	881	925	sandy shale						
353	365	shale	925	944	lime						
365	376	soft lime	944	953	shale						
376	435	lime	953	959	lime						
435	468	shale	959	969	shale						
468	486	lime	969	984	lime						
486	530	shale	984	998	shale						
530	539	lime	998	1029	lime						
539	545	shale	1029	1033	mulky						
545	569	lime	1033	1039	oil show						
569	578	shale	1039	1041	broken oil sand						
578	618	lime	1041	1051	oil sand						
618	634	shale	1051	1055	broken sand less oil						
634	647	lime	1055	1083	shale						
647	654	black shale	1083	1099	oil show						
654	659	lime	1099	1102	sandy shale no oil						

Well Notes:

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



Ticket Number 100365
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
2-25-14		Leis # 11	12-25-15E	Woodson
Customer	Mailing Address		City	State Zip
Row - Bob Oil				

Job Type: Longstring

Hole Size: <u>6 3/4"</u>	Casing Size: <u>4 1/2"</u>	Displacement: <u>19 Bbls</u>	Truck #	Driver
Hole Depth: <u>1462'</u>	Casing Weight: <u>used Pipe</u>	Displacement PSI: <u>550</u>	<u>201</u>	<u>Kelly</u>
Bridge Plug:	Tubing:	Cement Left in Casing: <u>0'</u>	<u>202</u>	<u>Jerry</u>
Packer:	PBTD: <u>1203'</u>		<u>111</u>	<u>Arnold</u>
			<u>842-157</u>	<u>Byron</u>

Quantity Or Units	Description of Services or Product	Pump charge	
<u>40</u>	Mileage	\$3.25/Mile	<u>790.00</u>
<u>127 SACKS</u>	<u>ThickSet cement</u>	<u>18.60</u>	<u>2362.20</u>
<u>635 lbs.</u>	<u>KOI-SEAL 5" P/SK</u>	<u>.65</u>	<u>412.75</u>
<u>300 lbs</u>	<u>Gel Flush</u>	<u>.30</u>	<u>90.00</u>
<u>3 1/2 Hrs.</u>	<u>Water Truck</u>	<u>84.00</u>	<u>294.00</u>
<u>4 Hrs.</u>	<u>Water Transport</u>	<u>105.00</u>	<u>420.00</u>
<u>40 miles</u>	<u>Truck # 11</u>	<u>1.50</u>	<u>60.00</u>
	<u>Wireline services</u>	<u>50.00</u>	<u>N/A</u>
<u>7.3 Tons</u>	<u>Bulk Truck</u>	<u>1.30</u>	<u>379.60</u>
<u>1</u>	<u>Plugs 4 1/2" Top Rubber Plug</u>	<u>38.00</u>	<u>38.00</u>
		Subtotal	<u>4976.55</u>
		Sales Tax <u>7.15%</u>	<u>207.56</u>
		Estimated Total	<u>5184.11</u>

Remarks: Note! Plug well back with 35 sacks cement / Provided by customer. run 4 1/2" casing
Rig up to 4 1/2" casing - Taped float shoe at 1203' by wireline. Break circulation with fresh water
Pumped 15 Bbl. Gel Flush, circulated Gel around to condition hole. Pumped 10 Bbl. Dry Water Ahead
Mixed 127 sacks ThickSet cement w/ 5" P/SK of KOI-SEAL. shutdown - Washout Pump Lines.
Release Top Rubber Plug - Displace Plug with 19 Bbls water. Final Pumping at 550 PSI
Pumped Plug to 1100 PSI, Release Pressure - Float Held, close casing w/ O.P.S.E
Good cement returns with 4 Bbl slurry
"Thank you"
called by Bob