



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1220124
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: _____

1220124

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> _____ <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		Well No. 3	Lease Name Cantrell		Well Location 1155S, 5115E		1/4 SW	1/4 NW	1/4 NW	Sec. 11	Twp. 24	Rge, 16E	
1607 Main St Neosho Falls, KS 66758		Well API # 15-207-28704	Type/Well Oil		County Woodson		State KS	Total Depth 1100		Date Started 5/3/2014	Date Completed 5/4/2014		
Job/Project Name/No.			Surface Record			Bit Record			Coring Record				
Driller/Crew Andy King			Bit Size: 11 1/4	From 0'	To 40'	Type PDC	Size 11 1/4	From 0'	To 40'	Core #	From	To	% Rec.
			Casing Size: 7"	From 40'	To 1100'	Type PDC	Size 5 7/8	From	To	Core #	From	To	% Rec.
			Casing Length: 40'	From	To	Type	Size	From	To	Core #	From	To	% Rec.
			Cement Used: 10sx	From	To	Type	Size	From	To	Core #	From	To	% Rec.
			Cement Type: Portland	From	To	Type	Size	From	To	Core #	From	To	% Rec.

From	To	Formation	From	To	Formation	From	To	Formation
0	14	over burden	1033	1034	oil sand			
14	154	shale	1034	1037	broken sand			
154	387	lime	1037	1039	badly broken sand			
387	408	shale	1039		shale			
408	442	lime						
442	487	shale						
487	635	lime						
635	808	shale						
808	815	lime						
815	830	sandy shale						
830	839	lime						
839	931	sandy shale						
931	942	lime						
942	954	shale						
954	965	lime						
965	973	shale						
973	990	lime						
990	993	shale						
993	997	lime						
997	1003	mulkey shale						
1003	1029	sandy shale						
1029	1030	lime						
1030	1032	shale						
1032	1033	lime						
Well Notes: Ran 1095' 2 7/8" casing.								

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



Ticket Number 100395
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5-5-14		Contrell "3"	11-24-16E	Woodson
Customer		Mailing Address	City	State Zip
Ron-Bob Oil				

Job Type:	Leasing			Truck #	Driver
Hole Size:	5 7/8"	Casing Size:		201	Jerry
Hole Depth:	1100'	Casing Weight:		203	Bryan
Bridge Plug:		Tubing:	2 7/8"	105	Cherie
Packer:		PBTD:	1095'	106	Mark

Quantity Or Units	Description of Services or Product	Pump charge	
		790.00	
30	Mileage	\$3.25/Mile	97.50
117 SACKS	ThickSet cement	18.60	2176.20
200 lbs	Gel Flush	.30	60.00
3 1/2 Hrs	WATER Truck	84.00	294.00
3 1/2 Hrs	WATER Truck	84.00	294.00
30 miles	Truck #11	1.50	45.00
Tons	Bulk Truck > minimum charge	1.30	300.00
2	Plugs 2 7/8" Top Rubber	25.00	50.00
		Subtotal	4106.70
		7.15%	Sales Tax
			163.46
		Estimated Total	4270.16

Remarks: Rig up to 2 7/8" Tubing, Break circulation with 5 Bbls water, Pumped 10 Bbl. Gel Flush, circulated Gel around to condition Hole. Mixed 117 sks. ThickSet cement at 13.4 lb P/GAL, (shut down) Washout Pump valves, Release 2-Top Rubber Plugs - Displaced Plugs with 6 1/4 Bbls WATER. Final Pumping @ 500PSI - Bumped Plugs To 1000PSI - closed Tubing w/ 1000 PSI Good cement returns with 5 Bbl Slurry

"Thank you"

Witnessed by RON
 Customer Signature