



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1220135
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: _____

1220135

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Company/Operator Ron-Bob Oil	Well No. 5	Lease Name Cantrell	Well Location 1815s,5115e	1/4 NW	1/4 SW	1/4 NW	Sec. 11	Twp. 24	Rge, 16E
1607 Main St	Well API # 15-207-28603	Type/Well Oil	County Woodson	State KS	Total Depth 1110	Date Started 4/29/2014	Date Completed 5/1/2014		
Neosho Falls, KS 66758	Surface Record	Type	Size	From	To	Core #	Size	From	To
Job/Project Name/No.	Driller/Crew	Bit Size:	11 1/4	PDC	0'	40'			
		Casing Size:	7"	PDC	40'	1110			
		Casing Length:	40'						
		Cement Used:	10sx						
		Cement Type:	Portland						

From	To	Formation	Formation	From	To	Formation
0	18	overburden				
18	166	shale				
166	410	lime				
410	441	shale				
441	454	lime				
454	496	shale				
496	652	KC lime				
652	812	shale				
812	914	broken lime				
914	937	lime				
937	945	shale				
945	949	lime				
949	967	shale				
967	989	lime				
989	1034	shale				
1034	1036	lime				
1036	1039	shale				
1039	1040	lime				
1040	1047	oil sand				
1047	1051	badly broken oil sand				
1051	1088	shale				
1088	1091	lime				
1091	1110	shale				

Well Notes:
 Ran 1100' 2 1/2" casing.

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



Ticket Number 100393
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
4-30-14		Contrell #5	11-24-16E	Woodson
Customer	Mailing Address	City	State	Zip
Ren-Bob Oil				

Job Type:	<u>LongStems</u>			Truck #	Driver
Hole Size: <u>5 7/8"</u>	Casing Size:	Displacement: <u>6.3 Bbls</u>	<u>201</u>	<u>Jerry</u>	
Hole Depth: <u>1110'</u>	Casing Weight:	Displacement PSI: <u>500</u>	<u>202</u>	<u>Bryan</u>	
Bridge Plug:	Tubing: <u>2 7/8"</u>	Cement Left in Casing: <u>0</u>	<u>105</u>	<u>Mark</u>	
Packer:	PBTD: <u>1100'</u>		<u>148-157</u>	<u>Rodger</u>	

Quantity Or Units	Description of Services or Product	Pump charge	
<u>30</u>	Mileage	\$3.25/Mile	<u>790.00</u>
<u>121 sacks</u>	<u>Thick Set Cement</u>	<u>18.60</u>	<u>2250.60</u>
<u>200 lbs.</u>	<u>Gel Flush</u>	<u>.30</u>	<u>60.00</u>
<u>3 1/2 Hrs</u>	<u>Water Truck #105</u>	<u>84.00</u>	<u>294.00</u>
<u>4 Hrs</u>	<u>Water Truck</u>	<u>84.00</u>	<u>336.00</u>
	<u>60 Bbl. Disposal Fee</u>	<u>.30</u>	<u>18.00</u>
<u>30 miles</u>	<u>Truck #11</u>	<u>1.50</u>	<u>45.00</u>
<u>6.67 Tons</u>	<u>Bulk Truck > minimum charge</u>	<u>1.30</u>	<u>300.00</u>
<u>2</u>	<u>Plugs 2 7/8" Top Rubber</u>	<u>25.00</u>	<u>50.00</u>
		Subtotal	<u>4241.10</u>
		7.15% Sales Tax	<u>168.78</u>
		Estimated Total	<u>4409.88</u>

Remarks: Rig up to 2 7/8" tubing, Break circulation with 5 Bbl. water, Pumped 10 Bbl. Gel Flush, circulated Gel around to condition Hole, Mixed 121 sacks of Thick Set Cement & 13 1/2 Bbl. #4 GEL, Shut down Washout Pump & Lines, Release Two Top Rubber Plugs - Displaced Plugs with 6 1/4 Bbls WATER, Final Pumping at 500 PSI - Bumped Plugs to 1000 PSI - Closed Tubing w/ with 1000 PSI Good cement returns with 5 Bbl. slurry

"Thank you"

Witnessed by Ren

Customer Signature