

Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1220705

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 #			API No. 15					
Name:			Spot Description:					
Address 1:			Sec.	TwpS. R	East _ West			
Address 2:			F6	eet from	South Line of Section			
City: S	tate: Zi	p:+	Fe	eet from East / V	West Line of Section			
Contact Person:			Footages Calculated from	Nearest Outside Section Co	orner:			
Phone: ()			□ NE □ NV	V □SE □SW				
CONTRACTOR: License #			GPS Location: Lat:	, Long:				
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)			
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84				
Purchaser:			County:					
Designate Type of Completion:			Lease Name:	We	ell #:			
New Well Re	-Entry	Workover	Field Name:					
	_		Producing Formation:					
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground:	Kelly Bushing: _				
☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:					
CM (Coal Bed Methane)	dow	iemp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet			
Cathodic Other (Con	e. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No			
If Workover/Re-entry: Old Well In			If yes, show depth set:		Feet			
Operator:			If Alternate II completion, of	cement circulated from:				
Well Name:			feet depth to:	w/	sx cmt.			
Original Comp. Date:	Original To	otal Depth:						
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Manageme	nt Plan				
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from t					
O constitued and	D		Chloride content:	ppm Fluid volume:	bbls			
<ul><li>Commingled</li><li>Dual Completion</li></ul>			Dewatering method used:					
SWD			Location of fluid disposal if	f haulad offsita:				
☐ ENHR			Location of fluid disposal fi	nauled offsite.				
GSW	Permit #:		Operator Name:					
_			Lease Name:	License #:				
Spud Date or Date Rea	ached TD	Completion Date or	QuarterSec	TwpS. R	East _ West			
Recompletion Date		Recompletion Date	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 III Approved by: Date:								



Operator Name:			Lease Name: _			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	ring and shut-in pressu	ormations penetrated. Eures, whether shut-in predict final chart(s). Attach	essure reached stati	c level, hydrosta	atic pressures, bott		
		otain Geophysical Data a or newer AND an image		ogs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional S		Yes No			on (Top), Depth an		Sample
Samples Sent to Geol	logical Survey	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	ew Used			
			conductor, surface, inte		ion, 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 / SQL	JEEZE RECORD			
Purpose:  Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives			
Did you perform a hydrau	ulic fracturing treatment o	n this well?		Yes	No (If No, ski	p questions 2 aı	nd 3)
Does the volume of the to	otal base fluid of the hydr	aulic fracturing treatment ex	_	= :	No (If No, ski	p question 3) out Page Three	
Shots Per Foot	PERFORATIO Specify F	N RECORD - Bridge Plug ootage of Each Interval Per	s Set/Type forated		cture, Shot, Cement mount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or ENH	HR. Producing Meth		Gas Lift (	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wate	er B	bls. G	as-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS:	Open Hole		Comp. Comp.	mmingled	PRODUCTIO	ON INTERVAL:
	bmit ACO-18.)	Other (Specify)	(Submit )	4CO-5) (Sub	omit ACO-4)		

Form	ACO1 - Well Completion
Operator	Ron's Oil Operations Inc
Well Name	STEVE NICKELSON 22-1
Doc ID	1220705

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth			Type and Percent Additives
surf	7.8750	00	00	00	60/40 poz	220	



### TREATMENT REPORT

ACIO &	Cement							Acid Stage No	o	
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	ls of Sand
Date 5/10/2014 District F.O. No. 4026					Bkdown					
Company R	Sale Control of the C					Bbl./Gal.				
Well Name 8	No. STEVE 2	2-1								
Location			Field			Bbl./Gal.				
County G	GRAHAM		State KS		Flush					
					Treated from		t. to		No. ft.	0
Casing:	Size	Type & Wt.		Set atft.		f			No. ft.	-
Formation:				to	from	f			No. ft.	
Formation:			Perf.		Actual Volume of C	Dil / Water to Load Hole				Bbl./Gal.
					rictaal volume or e	on, water to tour not				
Formation:		14/4		to	Summa Tanaha	Al- IId. CAd	210 -		m t.	
				Bottom atft.	Pump Trucks.	No. Used: Std.	210 Sp.	17-308	_ IWIN _	
				ft. toft.						
rubing: 31					Auxiliary Tools	DON SCOTT AND .	CADAN			-
	remorated fro	UIII .	ft. to	π.						
		×			Plugging or Sealing	Materials: Type				
Open Hole Si	ze	T.D	ft. P.	B. toft.				Gals.		lb.
Company Re	presentative		ANDERSON D	RILLING	Treater		BRAND	ON		
TIME	PRESS		Total Fluid Pumped			REMARKS				
a.m./p.m.	Tubing	Casing								
11:00				ON LOCATION						
2:00		4		PUMP 25 SKS 60	/40 4% AT 2	2170' AND DIS	SPLACE W/	MUD PUI	MP	
4:00				<b>PUMP 100 SKS 6</b>	0/40 4% AT	1015'				
									4	
4:45				PUMP 40 SKS 60	/40 4% AT 2	260'				
				PUMP 10 SKS AT	40'					
				I OWI 10 SKS AT	40					
	100		Carrier San	DILIC DAT LIOLE	W/ 20 CKC (	CO / 40 / 40/				
				PLUG RAT HOLE	VV/ 30 3K3 6	50/40 4%				
			1						CHANCE CONTROL	
			5	THANKS						
				BRANDON						www.
			-							



### TREATMENT REPORT

Acid &	& Cemer	it A						Acid Stage No	)		
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pounc	ds of Sand	
Date 4	/29/2014	District G.B.	F.O. N	No. C40209	Bkdown						
Company	Rons Oil Ope	eration									
Well Name	& No. Steve I	Nickelson #22-	1			Bbl./Gal.					
Location			Field			Bbl./Gal.					
County	Graham		State KS		Flush						
					Treated from	ft	. to	ft.	No. ft.	0	
Casing:	Size 8 5/8	8" Type & Wt		Set atft.	from	ft	. to	ft.	No. ft.	0	
Formation:			Perf	to	from	ft	. to	ft.	No. ft.	0	
Formation:			Perf	to	Actual Volume of Oil /	Water to Load Hole				Bbl./Gal.	
Formation:			Perf.	to							
Liner: Siz	zeТуре	& Wt	Top at ft.	Bottom atft.	Pump Trucks. No.	Used: Std.	320 Sp.		Twin		
(	Cemented: Yes	▼ Perforated	from		Auxiliary Equipment			360			
Tubing:	Size & Wt.		Swung at	ft.	Personnel						
	Perforated	from	ft. to	ft.	Auxiliary Tools						
					Plugging or Sealing Ma	aterials: Type					
Open Hole	Size	T.D	ft. P	.B. toft.				Gals.		lb.	
Company F	Representative		Ron		Treater		Nathan	W.			
TIME	PRE	SSURES	Total Fluid Pumped			REMARKS					
a.m./p.m.	Tubing	Casing	100011001								
4:30		8 5/8"		On Location.							
		*									
				Pipe=214'							
				Run casing. Break circulation with mud pump.							
				Mix 165sks 60/40poz 2% gel 3% C.C.							
	-49			Displace with 12	.3bbls at 4bpr	m-200#					
7:25				Circulated ceme	nt to surface.						
7:45				Wash up.							
				•							
			1 1 1 1 1 1 1 1 1								
		<b> </b>									
		-									



Ron's Oil Operation Inc

Steve Nickelson #22-

DST Test Number: 1









