



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1247768
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: _____



1247768

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: 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> _____ <i>(Submit ACO-4)</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, LLC 1607 Main St. Neosho Falls, KS 66758		Well No. 33b	Lease Name Maynard	Well Location 2475's, 4275e	1/4 NE	1/4 NE	1/4 NW	Sec. 24	Twp. 23	Rge, 16E
Job/Project Name/No.		Well API # 15-207-28884	Type/Well Oil	County Woodson	State KS	Total Depth 1012	Date Started 1/14/2015	Date Completed 1/16/2015		
Driller/Crew Andy King Charlie King Damian King		Surface Record		Bit Record		Coring Record				
	Bit Size:	11 3/4	Type	Size	From	To	Type	From	To	% Rec.
	Casing Size:	8 5/8		5 7/8	41'	1012				
	Casing Length:	41'								
	Cement Used:	16sx								
	Cement Type:	Portland								

		Formation Record								
From	To	Formation	From	To	Formation	From	To	Formation	From	To
0	18	overburden	952	954	black sand					
18	95	shale	954	1012	shale					
95	149	lime								
149	258	shale								
258	399	lime								
399	425	shale								
425	560	lime								
560	695	shale								
695	698	lime								
698	720	shale								
720	754	lime								
754	819	shale								
819	855	lime								
855	869	shale								
869	897	lime								
897	903	shale								
903	906	lime								
906	910	shale								
910	939	sandy shale								
939	941	lime								
941	943	dark shale (odor)								
943	946	oil sand								
946	949	oil sand								
949	952	oil sand								

Well Notes:

ran 1000' 2 7/8" casing.



250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer	Ron & Bob Oil				Customer Name:	Bob	Ticket No.:	100553		
Address:					AFE No.:		Date:	1/16/2015		
City, State, Zip:					Job type:	Longstring / Bid Job				
Service District:	Madison				Well Details:	1000' of 2 7/8" tubing - 1012' of 5 7/8" hole				
Well name & No.:	Maynard #33B				Well Location:		County:	Woodson	State:	Ks.
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED			AM PM	TIME
201	Jerry					ARRIVED AT JOB			AM PM	
202	Bryan					START OPERATION			AM PM	
104	Anthony					FINISH OPERATION			AM PM	
106	David					RELEASED			AM PM	
						MILES FROM STATION TO WELL			30 miles	

Treatment Summary

Rig up to tubing, break circulation with fresh water, pumped 10 Bbls. Gel flush ahead, circulate gel around to condition hole. Pumped 1 Bbl. Dye water ahead, Mixed 112 sks. Thick set cement. Shut down- wash out pump & lines, release two top rubber plugs. Displaced plugs with 5.75 Bbls. water, final pumping @ 500psi. Bumped plugs to 1000psi., close tubing in w/ 1000psi. Good cement returns w/4Bbl. slurry. Job Complete-tear down.

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount
c20101	Cement Pump (Longstring & Plug)	ea	1.00	\$790.00	\$790.00	5.00%	\$750.50
c00101	Heavy Equip. One Way	mi	30.00	\$3.25	\$97.50	5.00%	\$92.63
p01606	Quick Set Cement	sack	112.00	\$18.60	\$2,083.20	5.00%	\$1,979.04
p01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00	5.00%	\$57.00
c10400	Vacuum Truck 80 bbl	ea	2.50	\$84.00	\$210.00	5.00%	\$199.50
c10600	Vacuum Truck 80 bbl	ea	2.50	\$84.00	\$210.00	5.00%	\$199.50
c00104	Minimum Ton Mile Charge	ea	1.00	\$300.00	\$300.00	5.00%	\$285.00
c00102	Light Equip. One Way	mi	30.00	\$1.50	\$45.00	5.00%	\$42.75
c00108	Wireline	job	NC	\$50.00			\$0.00
p01631	Rubber 2 7/8	ea	2.00	\$25.00	\$50.00	5.00%	\$47.50

TERMS: Cash in advance unless Hurricane Services Inc has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and subject to collection.

Gross:		\$ 3,845.70	Net:	\$ 3,653.42
Total Taxable	\$2,083.64	Tax Rate:	7.150%	
Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.		Sale Tax:	\$	148.97
		Total:	\$	3,802.39

Date of Service: 1/16/2015 "AS BID"
 HSI Representative: Brad Butler Thank You
 Customer Representative: Bob

X _____
 CUSTOMER AUTHORIZED AGENT

Customer Comments or Concerns:

Hurricane Services appreciates any Comments, Concerns or Criticism's from our valuable customers as Safety and Customer Satisfaction are our Number 1 goal. All Comments are confidential and will be used in a constructive manner to improve our Safety and Job Performance.