



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1264478
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
-----------------------------------	-----------------	---

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: _____



1264478

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
--	---

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
----------------	-------	---------	------------	---

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> _____
---	--

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: _____ _____
--	--	---

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. 9	Lease Name Guatney	Well Location 1155'fsj, 2475'fel		1/4 NW	1/4 NW	1/4 SW	Sec. 11	Twp. 23	Rge, 16E
1607 Main St Neosho Falls, KS 66758		Well API # 15-207-29239	Type/Well Oil	County Woodson		State KS	Total Depth 1087'	Date Started 7/17/2015	Date Completed 7/20/2015		
Job/Project Name/No.		Surface Record		Bit Record		Coring Record					
Driller/Crew		Bit Size: 11 1/4	Type PDC	Size 11 1/4	From 0'	To 40'	Core #	Size	From	To	% Rec.
Andy King		Casing Size: 7"	PDC	5 7/8	40'	1087'					
Charles King		Casing Length: 40'									
		Cement Used: 10sx									
		Cement Type: Portland									

From	To	Formation	From	To	Formation	From	To	Formation
0	5	overburden						
5	182	shale						
182	196	lime						
196	208	shale						
208	233	lime						
233	283	shale						
283	452	lime						
452	502	shale						
502	625	lime						
625	820	shale						
820	831	lime						
831	887	shale						
887	907	lime						
907	921	shale						
921	924	lime						
924	940	shale						
940	965	lime						
965	970	shale						
970	974	lime						
974	983	shale						
983	986	lime						
986	1020	shale						
1020	1021	lime						
1021	1028	oil sand						
			Well Notes:					
			Ran 1080' 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 Christenson		Ticket No.: 100607				
Address:		AFE No.:		Date: 7/20/2015				
City, State, Zip:		Job type: Longstring <i>New</i>						
Service District: Garnett		Well Details: 2 7/8" tubing set @ 1078'		1087' of 5 7/8" hole				
Well name & No. Guatney # 9		Well Location: 26-23s-16e		County: Woodson State: Kansas				
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED	AM	TIME
231	Tom	25	Dwayne			ARRIVED AT JOB	PM	
240	Troy					START OPERATION	AM	
110	Junior	30	Brad			FINISH OPERATION	PM	
	Jeff					RELEASED	AM	
	Joe B.					MILES FROM STATION TO WELL	PM	

Treatment Summary

Rig up to 2 7/8" tubing, break circulation with fresh water. Pumped 8 Bbls gel flush ahead, followed with 20 Bbls water. Mixed 108 sks Thickset cement @ 13.2 lb. per/gal. Shut down- wash out pump & lines. Release 2 top rubber plugs, displace plugs with 6.25 Bbls of water. Final pumping 750psi Landed plugs with 1200psi, release pressure to 900psi closed tubing in. Good cement returns with 2.5 Bbls of slurry. Job Complete - wash up and teardown.
"Thank You"

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount
c23101	Cement Pump	ea	1.00	\$790.00	\$790.00	20.00%	\$632.00
c00101	Heavy Equip. One Way	mi	30.00	\$3.25	\$97.50	20.00%	\$78.00
p01606	Thickset Cement	sack	108.00	\$18.60	\$2,008.80	30.00%	\$1,406.16
p01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00	30.00%	\$42.00
c11000	Vacuum Truck 80 bbl	ea	3.00	\$84.00	\$252.00	20.00%	\$201.60
p02000	H2O	gal	2,300.00	\$0.01	\$29.90		\$29.90
c00102	Light Equip. One Way	mi	-	\$1.50	\$0.00		\$0.00
c00108	Wireline	job	-	\$50.00	\$0.00		\$0.00
p01631	Rubber Plug 2 7/8	ea	2.00	\$30.00	\$60.00	20.00%	\$48.00
c00102	Light Equip. One Way	mi	-	\$1.50	\$0.00		\$0.00
c00108	Wireline	job	-	\$50.00	\$0.00		\$0.00

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:		\$ 3,298.20	Net:	\$ 2,437.66
Total Taxable	\$1,526.06	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:	\$ 109.11	
		Total:	\$ 2,546.77	

X _____
CUSTOMER AUTHORIZED AGENT

Date of Service: 7/20/2015
HSI Representative: Brad Butler
Customer Representative:

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.