



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1264559  
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: \_\_\_\_\_



1264559

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# RIG 6 DRILLING CO. INC

PO Box 227  
Iola, KS 66749

R.K. (Bud) Sifers  
620-365-9897

COMPANY: Ron-Bob Oil Co.  
ADDRESS: 1607 Main St.  
Neosho Falls, KS 66758

LEASE: Dunman  
COUNTY: GW  
LOCATION 2040'FSL/235'FEL  
27/22/13e

COMMENCED: #####76/25/15  
COMPLETED: 7/13/2015  
WELL #: 5  
API#: 15-073-24,230  
STATUS: SWD  
TOTAL DEPTH: 2491'-6 3/4"  
CASING: 40'-8 5/8" Cmt w/ 25 sx  
2329'-4 1/2" Hurricane Cmt

## DRILLER'S LOG

		1135 Ls	
		1178 Sh	
3	soil & clay	1201	Ls
22	Clay	1327	Sh
16	Gravel	1369	LS w/ sh brks
21	Sh yellow	1410	Sh w/ sa sh
28	Sa sh	1474	Sh w/ ls strks
57	Sh	1610	Sh
100	LS w/ sh strks	1664	Sh w/ ls strks
136	Sh	1674	Ls
143	LS	1843	Sa Sh
209	Sh (red)	1852	Sa w/ sh lt odor
238	LS	1882	LS Miss
278	Sh	1906	Ls (lt brn, fair to good odor)
309	LS	*	no free oil
367	Sh	2194	LS cherty
377	LS	2260	Sh
394	Sh	2262	LS w/ sa
412	LS	2265	LS
687	Sh w/ sa sh	2267	Sa ls v. lt odor
695	LS	2286	Ls hard
861	Sh w/ sa sh	2302	LS sandy
881	Ls	2366	LS hard
900	Sa sh	2373	LS sandy
926	Sa	2407	LS hard
980	Sh	2424	LS sandy
1012	LS	2429	LS hard
1020	Sh dark	2491	LS sandy T.D.
1082	LS		(LOC at 2491')
1091	Sh blk		



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.:	100605			
Address:		AFE No.:		Date:	7/13/2015			
City, State, Zip:		Job type:	Longstring <i>New</i>					
Service District:	Garnett	Well Details:	4 1/2" set @ 2330' TD @ 2491' 6 3/4" hole					
Well name & No.:	Dunman #5 SWD	Well Location:	27-22s-13e	County:	Greenwood			
				State:	Kansas			
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED	AM	TIME
231	Tom	25	Dwayne			ARRIVED AT JOB	AM	
165-250	Troy					START OPERATION	AM	
157-148	JR	30	Brad			FINISH OPERATION	AM	
106	Jerry					RELEASED	AM	
						MILES FROM STATION TO WELL	PM	

**Treatment Summary**

Rig up to casing, dropped brass ball to set tool, break circulation with fresh water- set packer shoe with 1100psi. Pumped 10 Bbbls gel ahead, followed with 20 Bbbls. fresh water spacer. Mixed 200 sks of 60/40 pozmix cement w/ 5% gel, 4lb.per/sk of kol-seal, fluid loss additive and defoamer @ 13lb per/gal. Tail in with 80 sks of Thick-set cement @ 13.4 lb per/gal. Shut down-release top rubber plug, wash out pump & lines. Displaced plug with 36 Bbbls. water. Final pumping at 875psi - bumped plug with 1200psi, held 1200psi for a few minutes-release pressure- float held. Close casing in w/ 0psi. Job complete with cement returns - 3 Bbl. slurry. "Thank You" Note: City water used during cementing process.

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount
c23100	Cement Pump	ea	1.00	\$950.00	\$950.00	20.00%	\$760.00
c00101	Heavy Equip. One Way	mi	15.00	\$3.25	\$48.75	20.00%	\$39.00
p01603	60/40 Pozmix Cement	sack	200.00	\$12.00	\$2,400.00	30.00%	\$1,680.00
p01607	Bentonite Gel	lb	900.00	\$0.30	\$270.00	30.00%	\$189.00
p01609	KOL-Seal	lb	800.00	\$0.65	\$520.00	30.00%	\$364.00
p01612	Fluid Loss Additive - Cementing	lb	12.00	\$6.50	\$78.00	30.00%	\$54.60
p01620	Defoamer	lb	15.00	\$6.00	\$90.00	30.00%	\$63.00
p01606	Thickset Cement	sack	80.00	\$18.60	\$1,488.00	30.00%	\$1,041.60
c25000	Cement Bulk Trailer	tm	400.00	\$1.30	\$520.00	20.00%	\$416.00
c15700	Transports 150 bbl	ea	3.00	\$105.00	\$315.00		\$315.00
c10600	Vacuum Truck 80 bbl	ea	2.50	\$84.00	\$210.00		\$210.00
p02000	H2O	gal	6,300.00	\$0.01	\$81.90		\$81.90
p01653	Type "A" Packer Shoe - 4 1/2"	ea	1.00	\$1,125.00	\$1,125.00	15.00%	\$956.25
p01655	Thread Lock Compound Kits	ea	1.00	\$25.00	\$25.00	15.00%	\$21.25
p01656	Cement Baskets - 4 1/2"	ea	1.00	\$135.00	\$135.00	15.00%	\$114.75
p01659	Centralizers - 4 1/2"	ea	1.00	\$70.00	\$70.00	15.00%	\$59.50
p01633	Rubber Plug 4 1/2"	ea	1.00	\$48.00	\$48.00	15.00%	\$40.80
c00102	Light Equip. One Way	mi	-	\$1.50	\$0.00		\$0.00
p01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00	30.00%	\$42.00

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:	\$ 8,434.65	Net:	\$ 6,448.65
Total Taxable	\$4,708.65	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:	\$ 336.67
		Total:	\$ 6,785.32

Date of Service: 7/13/2015

HSI Representative: Brad Butler

Customer Representative: \_\_\_\_\_

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.