



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1306715
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: _____

1306715

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

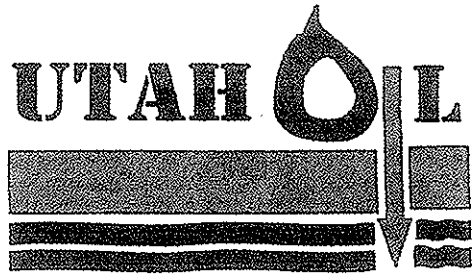
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

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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SPUD DATE: 4-16-13
 FINISH DATE: 4-19-13
 LEASE: Roberson
 LEASE OPERATOR: R. D. O. I.
 WELL: 3
 API: 15-059-27103
 SEC: 8 TWP: 18 RNG: 21
 COUNTY: Fr.
 DRILLERS NAME: Brad Leach
 RIG #: 1



2394 UTAH ROAD
RANTOUL, KS 66079

SURFACE: SIZE BIT 9 7/8 LENGTH 23' SIZE 7" CEMENT 5 sacks
 DRILL BIT SIZE 5 7/8 LENGTH 668.3 SIZE 2 7/8 BAFFLE —
 TD 682 CORED —

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
soil		0	3	shale		582	583
lime		3	18	lime		583	586
shale		18	48	Blk shale		586	588
lime		48	66	shale		588	597
shale		66	70	lime		597	604
sand		70	85	shale		604	614
shale		85	157	lime		614	616
lime		157	176	lime bleeding		616	621
shale		176	196	shale		621	623
lime		196	200	Broken wht sand		623	625
limy shale		200	237	wht sand		625	626
shale		237	244	Broken sand bleeding		626	629
lime		244	258	Badly Broken sand blk		629	630
shale		258	269	sand bleeding		630	634
lime		269	281	sand bleeding		634	637
shale		281	284	Broken bleeding		637	639
lime		284	296	Badly broken some bleed		639	642
Blk Shale		296	299	shale		642	675
shale		299	306	lime		675	676
lime		306	327	shale		676	682
Blk Shale		327	333				
lime Hertha		333	343	T.D. 682			
shale		343	489				
shaly lime		489	495				
shale		495	508				
lime		508	517				
wht shale		517	520				
sandy shale		520	523				
Broken wht sand		523	541				
shale		541	564				
lime		564	572				



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

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer:	R and D Oil	Customer Name:	Danny Gillette	Ticket No.:	50761
Address:		AFR No.:		Date:	4/21/2016
City, State, Zip:		Job type:	cement longstring (new well)		
Service District:	Garnett, Kansas	Well Details:	5 7/8 hole 682 .. 2 7/8 casing @ 662		
Well name & No.:	Roberson #3	Well Location:	Lane, KS	County:	Franklin
				State:	KS
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours
231	Tom				TRUCK CALLED
241	Amos				ARRIVED AT JOB
110	Billy				START OPERATION
32	Kevin				FINISH OPERATION
					RELEASED
					MILES FROM STATION TO WELL

Treatment Summary

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount
P01603	60/40 Pozmix Cement	sack	108.00	\$12.00	\$1,296.00		\$726.76
P01607	Bentonite Gel	lb	186.00	\$0.30	\$55.80		\$31.25
P01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00		\$33.60
P02000	H2O	gal	2,100.00	\$0.01	\$27.30		\$15.20
P01631	Rubber Plug 2 7/8	ea	1.00	\$30.00	\$30.00		\$16.80
C00102	Light Equip. One Way	mi	15.00	\$1.50	\$22.50		\$12.60
C23103	Cement Pump	ea	1.00	\$675.00	\$675.00		\$378.00
C00101	Heavy Equip. One Way	mi	15.00	\$3.25	\$48.75		\$27.30
C24101	Cement Bulk Truck - Minimum	ea	1.00	\$300.00	\$300.00		\$168.00
C11000	Vacuum Truck 80 bbl	ea	2.00	\$84.00	\$168.00		\$94.08

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:	\$ 2,883.35	Net:	\$ 1,502.68
Total Taxable	\$ 773.81	Tax Rate:	7.650%
Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.		Sale Tax:	\$ 59.20
		Total:	\$ 1,561.87
Date of Service:	4/21/2016		
HSI Representative:	Tom Goodner		
Customer Representative:			

X _____
CUSTOMER AUTHORIZED AGENT
Customer Comments or Concerns:

TREATMENT REPORT



HURRICANE SERVICES INC

Customer:	R and D Oil	Date:	4/21/2016	SOW:		1288
Representative:						
Address:						
City, State:						
County, Zip:	Franklin					

Field Order No.:	50760	Open Hole:	5 7/8	Perf Depths (ft)		Perfs	
Well Name:	Robertson #3	Casing Depth:					
Location:	Lane, KS	Casing Size:					
Formation:		Tubing Depth:	662				
Type of Service:	Longstring	Tubing Size:	2 7/8				
Well Type:		Liner Depth:					
Age of Well:	NEW	Liner Size:					
Packer Type:		Liner Top:					
Packer Depth:		Liner Bottom:					
Treatment Via:		Total Depth:	682				
						Total Perfs	0

TIME	INJECTION RATE FLUID	N2/CO2	PRESSURE STP	ANNULUS	REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
9:00am					Called Out			
					Leave Shop			
9:30am					On location with casing in the hole			
					Safety Meeting			
					Spot trucks into locallon			
10:00am					Rig up to 2 7/8 casing 6.4#			
10:30am	3.0		50.0		Started pumping 5bbl ahead			5.00
10:35am	3.0		50.0		Start pump down gel			8.00
10:40am	3.0		150.0		Start down with water to bring gel to surface			4.00
10:43am	3.0		160.0		Start down wth 6bbl of dye water			6.00
					Start mixing 60/40 2% 108sx @ 14.4ppg			
10:45am	3.5		100.0		Cement up to weight started it down behind dye			24.00
10:52am					Flush pump and lines			
10:53am	2.0		100.0		Pump down plug			4.00
10:55am			900.0		Plug landed			
11:00am					Clean up truck and flush out lines			
					2 bbl of good cement to surface			
					Leave just enough cement in truck to top off other wells			
TOTAL:						-	-	51.00

SUMMARY

Max FI Rate	Avg FI Rate	Max PSI	Avg PSI
3.5	1.5 bpm	900.0	750.0

PRODUCTS USED

108sx 60/40 2%gel 200#gell

Treater: Tom Goodner

Customer: R and D Oil