

Confidentiality Requested:

Yes No

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
----------------	-------	---------	------------	--

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 1607 Main St Neosho Falls, KS 66758		Well No. rm-22	Lease Name Remlinger/gleue	Well Location 4790 fsl, 4330 fel	1/4 SW	1/4 NE	1/4 NW	Sec. 34	Twp. 24	Rge, 16E	
Job/Project Name/No.		Well API # 15-207-29750	Type/Well Oil	County Woodson	State KS	Total Depth 1006	Date Started 12/14/2019	Date Completed 12/17/2019			
Driller/Crew Andy King		Surface Record		Bit Record		Coring Record					
		Bit Size: 11 1/4	Type PDC	Size 11 1/4	From 0'	To 40'	Core #	From	To	% Rec.	
		Casing Size: 7"	Type PDC	Size 5 7/8	From 40'	To 1006					
		Casing Length: 40'									
		Cement Used: 14sx									
		Cement Type: Portland									

From	To	Formation	From	To	Formation	From	To	Formation
0	31	overburden						
31	81	shale						
81	161	lime						
161	261	shale						
261	552	lime						
552	717	shale						
717	748	lime						
748	817	shale						
817	826	lime						
826	839	shale						
839	880	lime						
880	892	lime						
892	895	shale						
895	930	shale						
930	932	lime						
932	937	oil show						
937	939	oil sand						
939	942	oil show						
942	945	oil sand						
945	947	broken oil sand						
947	949	oil show						
949	952	lime						
952	956	shale						
956	1006	shale						
			Well Notes:					
			Ran 996' 2 1/2" casing.					

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report

Ticket No. **4918**
 Foreman Kevin McCoy
 Camp EUREKA

API # 15-207-29750-00-00

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
12-18-19	13711	Romlinger Gleue RM 22	24	235	16E	Woodson	Ks
Customer	Mailing Address	City	State	Zip Code	Safety Meeting	Unit #	Driver
Ron - Bob OIL LLC	1607 MAIN ST.	Neosho Falls	Ks	66758	KM AM ZA SM	104 110 145 127 P.U.	ALAN M. KEVIN M. Zevi A. Steve M.

Job Type Longstring Hole Depth 1006' Slurry Vol. 35 BBL Tubing _____
 Casing Depth 996' Hole Size 5 7/8 Slurry Wt. 14 # Drill Pipe _____
 Casing Size & Wt. 2 7/8 Cement Left in Casing 0' Water Gal/SK _____ Other _____
 Displacement 5.9 BBL Displacement PSI 600 Bump Plug to 1000 BPM _____

Remarks: SAFETY Meeting: Rig up to 2 7/8" Tubing. Pump 300 # Gel Flush w/ Hulls = 15 BBL, Pump 6 BBL Fresh water SPACER. Mixed 135 sks O.W.C. Cement w/ 1 # PhenoSeal/sk @ 14 #/gal = 35 BBL Slurry. Good Cement to SURFACE. Shut down. Wash out Pump & Lines. STUFF 2 Plugs. Displace Plugs to SEAT w/ 5.9 BBL Fresh water. FINAL Pumping Pressure 600 PSI. Bump Plugs to 1000 PSI. Shut Tubing IN @ 250 PSI. ANNULUS Standing Full of Cement. Job Complete. Rig DOWN.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1100.00	1100.00
C 107	40	Mileage	4.20	168.00
C 202	135 sks	O.W.C. Cement	20.00	2700.00
C 208	135 #	PhenoSeal 1#/sk	1.30 #	175.50
C 206	300 #	Gel Flush	.21 #	63.00
C 214	45 #	HULLS	.50 #	22.50
C 108 B	7.02 Tons	Ton Mileage 40 miles	1.40	393.12
C 113	3 Hrs	80 BBL VAC TRUCK	90.00	270.00
C 224	3300 gals	City water	10.00/1000	33.00
C 400	2	2 7/8 Top Rubber Plugs	30.00	60.00
			Sub TOTAL	4985.12
			Less 5%	260.71
			7.5% Sales Tax	229.05
Authorization <u>By Bob Christenson</u> Title _____			Total	4953.46

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.