

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 6861
Name: Ron's Oil Operations, Inc.
Address 1: 1889 200th Ave
Address 2: _____
City: Penokee State: KS Zip: 67659 + _____
Contact Person: Ron Nickelson
Phone: (785) 421-2409
CONTRACTOR: License # 33575
Name: WW Drilling, LLC
Wellsite Geologist: Rich Bell

Purchaser: None
Designate Type of Completion:
____ New Well ____ Re-Entry ____ Workover
____ Oil ____ SWD ____ SLOW
____ Gas ____ ENHR ____ SIGW
____ CM (Coal Bed Methane) ____ Temp. Abd.
 Dry ____ Other _____
(Core, WSW, Expl., Cathodic, 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: _____ Plug Back Total Depth _____
____ Commingled Docket No.: _____
____ Dual Completion Docket No.: _____
____ Other (SWD or Enhr.?) Docket No.: P+A
11/10/09 11/15/09 11/16/09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 039-21108-00-00
Spot Description: _____
NW SE SE SW Sec. 4 Twp. 2 S. R. 28 East West
390 Feet from North / South Line of Section
2080 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Decatur
Lease Name: Love Well #: 4-1
Field Name: Wildcat
Producing Formation: None
Elevation: Ground: 2643 Kelly Bushing: 2648
Total Depth: 3860 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 252 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 PAWS 7-710
(Data must be collected from the Reserve Plf)
Chloride content: 4,000 ppm Fluid volume: 400 bbls
Dewatering method used: Air dry - backfill
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Ron Nickelson
Title: Pres Date: 12-15-09
Subscribed and sworn to before me this 15th day of December
20 09
Notary Public: Marlys L. Yelton **FEB 18 2010**
Date Commission Expires: May 3, 2010 **KCC WICHITA**

NOTARY PUBLIC - State of Kansas
MARLLYS L. YELTON
My Appt. Exp. 05/03/10

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
DEC 18 2009
KCC WICHITA

Operator Name: Ron's Oil Operations Inc. Lease Name: Love Well #: 4-1
 Sec. 4 Twp. 2 S. R. 28 East West County: Decatur

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Radiation, Micro, dual induction, and compensated neutron/density	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Love 4-1 3596 -948 <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED FEB 18 2010 KCC WICHITA </div>
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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
surface	12 1/4	8 5/8	23#	252	common	165	3%cc- 2%gel

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				

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 (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 <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Side Two

Operator Name: Ron's Oil Operations, Inc. Lease Name: Love Well #: 4-1
 Sec. 4 Twp. 2 S. R. 28 East West County: Decatur

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) 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 checked="" 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
Surface	12 1/4	8 5/8	23#	252	Common	165	3%cc - 2%gel

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
		RECEIVED FEB 18 2010	
		RECEIVED DEC 18 2009	
		KCC WICHITA	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	KCC WICHITA
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 (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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906

Voice: (785) 483-3887
 Fax: (785) 483-5566

INVOICE

Invoice Number: 120656

Invoice Date: Nov 16, 2009

Page: 1

Bill To:
Ron's Oil Operations, Inc. 1889 - 200th Avenue Penokee, KS 67659-2036

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Ron's	Love #4-1	10% 25, Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Russell	Nov 16, 2009	12/16/09

Quantity	Item	Description	Unit Price	Amount
123.00	MAT	Class A Common	15.45	1,900.35
82.00	MAT	Pozmix	8.00	656.00
7.00	MAT	Gel	20.80	145.60
51.00	MAT	Flo Seal	2.50	127.50
205.00	SER	Handling	2.40	492.00
50.00	SER	Mileage 205 sx @ .10 per sk per mi	20.50	1,025.00
1.00	SER	Rotary Plug	1,017.00	1,017.00
50.00	SER	Pump Truck Mileage	7.00	350.00
1.00	EQP	Wooden plug	40.00	40.00

*12.15.09
 CK 2985
 4677.54*

Subtotal	5,753.45
Sales Tax	362.47
Total Invoice Amount	6,115.92
Payment/Credit Applied	
TOTAL	6,115.92

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

\$ *1438.36*

ONLY IF PAID ON OR BEFORE

Dec 11, 2009

RECEIVED
 KANSAS CORPORATION COMMISSION

APR 23 2010

CONSERVATION DIVISION
 WICHITA, KS

*-1438.36
 4677.56*



24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906

Voice: (785) 483-3887
 Fax: (785) 483-5566

INVOICE

Invoice Number: 120574

Invoice Date: Nov 10, 2009

Page: 1

Bill To:
 Ron's Oil Operations, Inc.
 1889 - 200th Avenue
 Penokee, KS 67659-2036

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Ron's	Love #4-1	10% 25, Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Nov 10, 2009	12/10/09

Quantity	Item	Description	Unit Price	Amount
165.00	MAT	Class A Common	15.45	2,549.25
3.00	MAT	Gel	20.80	62.40
6.00	MAT	Chloride	58.20	349.20
174.00	SER	Handling	2.40	417.60
50.00	SER	Mileage 174 sx @ .10 per sk per mi	17.40	870.00
1.00	SER	Surface	1,018.00	1,018.00
50.00	SER	Pump Truck Mileage	7.00	350.00

pd
11.18.09
CK 2978

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 1404.11

ONLY IF PAID ON OR BEFORE
 Dec 5, 2009

Subtotal	5,616.45
Sales Tax	186.53
Total Invoice Amount	5,802.98
Payment/Credit Applied	
TOTAL	5,802.98

RECEIVED
 KANSAS CORPORATION COMMISSION

APR 23 2010

CONSERVATION DIVISION
 WICHITA, KS

1404.11
4398.87