

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

AUG 27 2010

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC WICHITA

OPERATOR: License # 34047
Name: Ron-Bob Oil LLC
Address 1: PO Box 41
Address 2: _____
City: Neosho Falls State: KS Zip: 66758 + _____
Contact Person: Robert Christenson
Phone: (620) 365-0919
CONTRACTOR: License # 33986
Name: Owens Petroleum Serv, LLC
Wellsite Geologist: none
Purchaser: Pacer Energy Marketing, LLC

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 (Corr, 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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

6/09/2010	6/11/2010	6/14/2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 207-27589-00-00
Spot Description: _____
SE SW SW NW Sec. 32 Twp. 23 S. R. 17 East West
2,805 Feet from North / South Line of Section
4,785 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Fitzpatrick Well #: 6
Field Name: Neoso Falla-Leroy
Producing Formation: squirrel
Elevation: Ground: 974 Kelly Bushing: none
Total Depth: 950 Plug Back Total Depth: none
Amount of Surface Pipe Set and Cemented at: 41.4' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 941
feet depth to: surface w/ 123 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: 70 bbls
Dewatering method used: fluid hauled off, CDP-5 filed
Location of fluid disposal if hauled offsite: _____
Operator Name: Ron-Bob Oil LLC
Lease Name: Nelson License #: 34047
Quarter NE Sec. 3 Twp. 24 S. R. 17 East West
County: Woodson Permit #: D-28898

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.

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.

Signature: Robert Christenson
Title: Partner Date: 8/20/2010

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dlg Date: 9/1/10

Operator Name: Ron-Bob Oil LLC Lease Name: Fitzpatrick Well #: 6
 Sec. 32 Twp. 23 S. R. 17 East West County: Woodson

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum squirrel
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CASING RECORD <input type="checkbox"/> New <input checked="" 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	9 7/8"	7" (new)	17#	41 .4"	Portland	20	
production	5 5/8"	2 7/8"	6.5#	941'	OWC	123	

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
2	880' - 885' (11 Perfs)	75 gal 15% HCL, 4000# sand	

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. 6/21/2010		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. .50	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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**OWENS PETROLEUM SERVICES, LLC
DRILLER'S LOG**

Operator: Ron Bob
 Lease / Well #: Fitzpatrick #6 32-23-17
 API #: 15-207-27589-0000

Spud/Surface	Date	Drilled to TD	Date	Logged	Date	1" / pump
Set Surface	06-09-10	Run/Casing	6-11-10	Perforated		Lead Line/Elec
Spud/Casing	06-10-10	Cemented LS		Frac		Closed Pit

Purpose	Size Drilled	Size Pipe	Weight #/ft	Setting Depth	Cement	# Sacks	Additives
Surface:	9 5/8"	7"		41.4'	monarch	20	
Casing:	5 3/4"	2 3/8"					
Frac:							

Driller's TD:	950 ft	Logger's TD:		Fluid Volume:		bbls
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Surface Bit and Subs: 3.70'
 Kelly: Top of Groove to Square: 22.60'
 Footage Above Ground Level: 1' Total

Bit and Sub	FOOTAGE:	FORMATION:	TOTAL:
Bit and Sub	1.90	Coquet 18-20	
1st Collar	19.90	shale	
2nd Collar	20.00	4 1/8"	
Joints: 1	62.5	shale	
2	83.2	L 97 -	
3	103.9	L 121 -	
4	124.6	- 102	
5	145.3	L 164 -	
6	166.0	- 119 L 179 -	
7	186.7	- lime -	
8	207.4	- 210 L 215 - 225	
9	228.1	L 228 lime	
10	248.8	lime	
11	269.5	lime	
12	290.2	lime	
13	310.9	L 314 - 325 -	
14	331.6	- 335 340-344 red shale 345 L	
15	352.3	L 361 L 368	
16	373.0	lime	
17	393.7	lime	
18	414.4	lime	
19	435.1	lime	
20	455.8	lime	
21	476.5	L - 494	
22	497.2	shale	
23	517.9	shale	
24	538.6	shale	

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	FOOTAGE:	FORMATION:	TOTAL:
25	559.3	shale	
26	580.0	shale	
27	600.7	shale	
28	621.4	shale	
28	642.1	shale	
30	662.8	L663 L673 L681	
31	683.5	L685-682	
32	704.2	L717-722	
33	724.9	shale	
34	745.6	L754-756 L760-	
35	766.3	-769 L776-778 L783-	
36	787.0	-786 oil shale shale 788-800	
37	807.7	shale L823-828	L839-842
38	828.4		
39	849.1	shale fine streaks oil shale	slight odor
40	869.8	L877 879 slight odor	879-881 shale 881-883 good flow odor
41	890.5	883-885 ^{good} oil 885-887 ^{oil} shale	887-889 ^{oil} shale same sand
42	911.2	shale 888 ¹ / ₂ -891 shale	
43	931.9	shale	
44	952.6		
45			
46			
47			S/N 879
48			FD 950 950
49			
50			PIPE TD 941
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Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date	Invoice #
6/14/2010	A-45009

Cement Treatment Report

Ron-Bob Oil LLC
Box 41
Neosho Falls, KS 66758

(x) Landed Plug on Bottom at 700 PSI
(x) Shut in Pressure 700
(x) Good Cement Returns
() Topped off well with _____ sacks
(x) Set Float Shoe - shut it

TYPE OF TREATMENT: Production Casing
HOLE SIZE: 5 5/8"
TOTAL DEPTH: 950

Well Name	Terms	Due Date		
	Net 15 days	7/14/2010		
Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount	
Cement 2 7/8"	941	3.00	2,823.00	
Sales Tax		6.30%	0.00	

Edward Fitzpatrick #6
Woodson County
Section: ~~23~~ 32
Township: ~~17~~ 23
Range: ~~32~~ 17

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Hooked onto 2 7/8" casing. Established circulation with 5.5 barrels of water, 3 GEL, 1 METSO, COTTONSEED ahead, blended 123 sacks of OWC cement, dropped 2 rubber plugs, and pumped 5.4 barrels of water

Total	\$2,823.00
Payments/Credits	\$0.00
Balance Due	\$2,823.00



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

1st well

TICKET NUMBER 50585
FIELD TICKET REF # 44474
LOCATION Thayer
FOREMAN Gary Wilhel

TREATMENT REPORT
FRAC & ACID

6982

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-15-10	XXXX	Fitzpatrick #6	32	23	17	WO
CUSTOMER XXXX Ron-Bob Oil			TRUCK #		DRIVER	
MAILING ADDRESS			TRUCK #		DRIVER	
CITY STATE ZIP CODE			TRUCK #		DRIVER	
			TRUCK #		DRIVER	
			TRUCK #		DRIVER	
			TRUCK #		DRIVER	
			TRUCK #		DRIVER	
			TRUCK #		DRIVER	

WELL DATA

CASING SIZE <i>2 1/2</i>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<i>880-85</i> (11)	

40sks

TYPE OF TREATMENT
Acid Spot / Sand Fracture

CHEMICALS

<i>City Water</i>	<i>75 15/16 HCC Acid</i>
<i>KCL Sub.</i>	<i>Inhibitor</i>
<i>20" Gal Breaker</i>	<i>Stim Oil</i>
<i>Biocide</i>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<i>Pad</i>	<i>15</i>	<i>-16.5</i>				BREAKDOWN <i>2200</i>
<i>20/110</i>			<i>5.75</i>	<i>300</i>		START PRESSURE
<i>12/20</i>			<i>75-1.75</i>	<i>3700</i>		END PRESSURE
<i>Flush/1st Over</i>	<i>10</i>					BALL OFF PRESS
						ROCK SALT PRESS
						ISIP <i>525</i>
						5 MIN
						10 MIN
<i>Totals</i>	<i>115</i>			<i>4000</i>		15 MIN
						MIN RATE
						MAX RATE
						DISPLACEMENT <i>5.1</i>

REMARKS: *Spot acid to parts - breakdown and stage*

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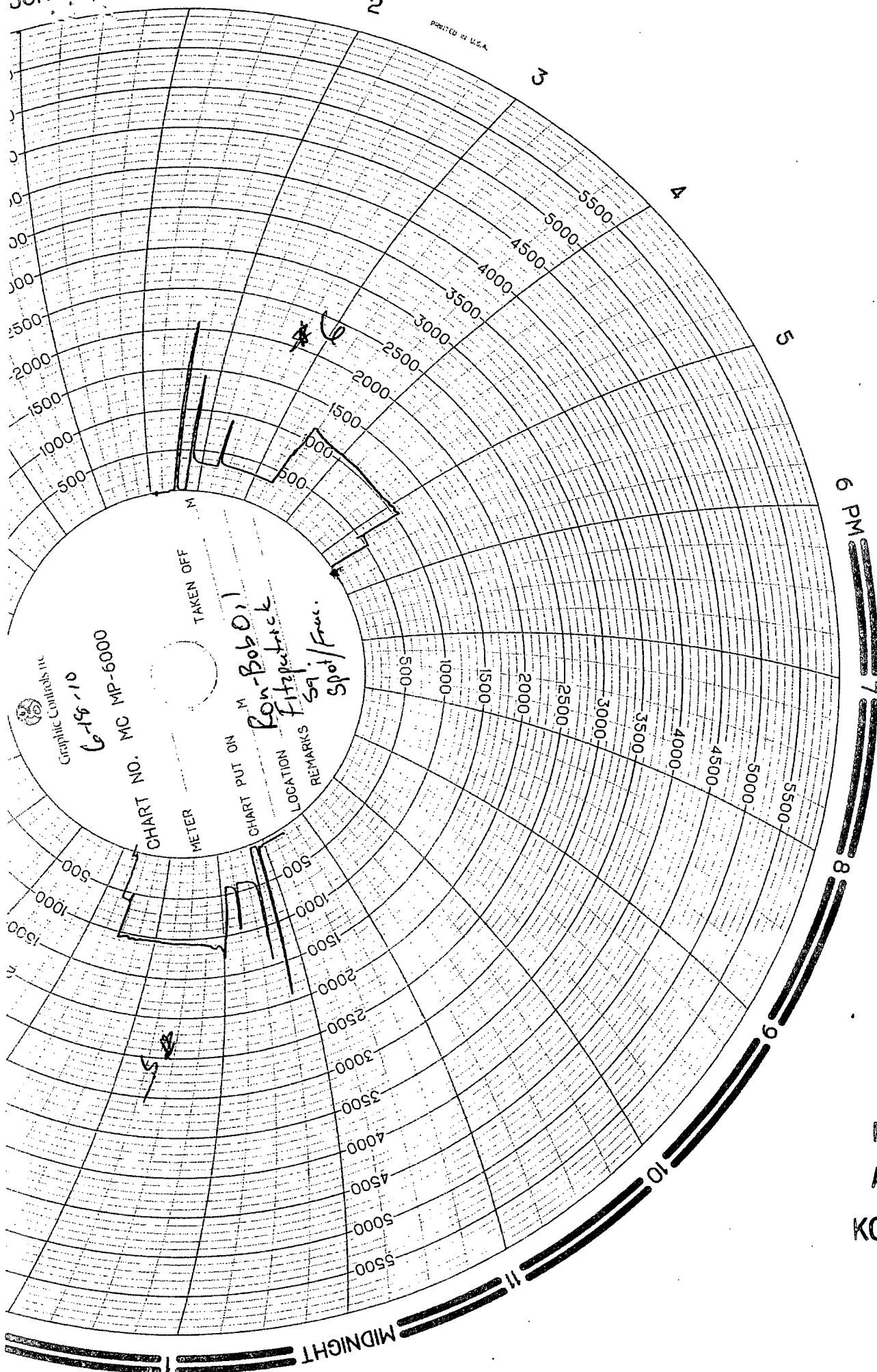
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AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.

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