



KANSAS CORPORATION COMMISSION 1058531
OIL & GAS CONSERVATION DIVISION

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

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 # 33783
Name: Michael Drilling LLC
Wellsite Geologist: na
Purchaser: Pacer Energy Marketing

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
3/3/2011 3/11/2011 3/11/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-207-27790-00-00
Spot Description: _____
N2 NW SE SW Sec. 26 Twp. 23 S. R. 16 East West
1040 Feet from North / South Line of Section
3630 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Guatney Well #: 1
Field Name: Vernon
Producing Formation: Mississippi
Elevation: Ground: 1041 Kelly Bushing: 1046
Total Depth: 1478 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 41 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1455
feet depth to: 0 w/ 158 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 120 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: Ron-Bob Oil LLC
Lease Name: Nelson License #: 34047
Quarter SW Sec. 3 Twp. 24 S. R. 17 East West
County: Woodson Permit #: D28898

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

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garbar Date: 06/29/2011



1058531

Operator Name: Ron-Bob Oil LLC Lease Name: Guatney Well #: 1
 Sec. 26 Twp. 23 S. R. 16 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input 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 mississippi
---	---

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	11	8.625	18	41	Portland	20	
production	6.750	4.50	9.5	1455	Quick Set	156	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
— Perforate				
— Protect Casing	-			
— Plug Back TD				
— 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	1408 - 1418	1200 gal 15% HCL	
2	1426 - 1430		
2	1438 - 1444		

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. 6/2/2011		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. .25	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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--

Michael Drilling, LLC
P.O. Box 402
Iola, KS 66749
620-496-7795

030911 _____

Company: Ron & Bob Oil
 Address: PO Box 41
Neosho Falls Kansas 66758
 Ordered By: Bob

Date: 03/09/11
 Lease: GURNEY
 County: _____
 Well#: 1
 API#: _____

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-41	Overburden	1027-1030	Oil Odor
41-180	Shale	1030-1032	Sand
180-196	Lime	1032-1042	Oil Sand-Broken
196-207	Shale	1042-1364	Shale
207-245	Lime	1364-1400	Mississippi Lime
245-287	Shale	1400-1404	Shale -Oil Odor
287-495	Lime	1404-1433	Lime
495-507	Shale	1433-1443	Shale -Good Odor
507-519	Lime with Shale Streaks	1443-1478	Mississippi Lime
519-624	Lime	1478	TD
624-645	Shale Streaks		
645-834	Shale		Surface 41'
834-844	Lime		
844-851	Shale		
851-885	Sandy Lime		
885-910	Sandy Shale		
910-935	Lime		
935-969	Shale Streaks		
969-975	Lime		
975-988	Black Shale		
988-991	Oil Odor		
991-998	Oil Sand		
998-1026	Shale		
1026-1027	Cap Rock		

MG ID # 165290
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3613A Y Road
Madison, KS 66860

Hurricane Services, Inc.
P.O. Box 782228
Wichita, KS 67278-2228

Cement, Acid or Tools
Service Ticket
4338

DATE 3-11-11

COUNTY Woodsaw CITY _____

CHARGE TO Ren + Bob Oil

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Guatney # 1 CONTRACTOR Hurricane Serv.

KIND OF JOB Longstring SEC. _____ TWP. _____ RNG. _____

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			<u>750.00</u>
<u>156 sks</u>	<u>Quick Set cement</u>		<u>2574.00</u>
<u>780 lbs</u>	<u>KOL-SEAL 5#P/SK</u>		<u>351.00</u>
	BULK CHARGE		
<u>9.3 TONS</u>	<u>BULK TRK. MILES TRK #202</u>		<u>306.90</u>
<u>0</u>	<u>PUMP TRK. MILES Truck owned</u>		<u>N/C</u>
<u>1</u>	<u>PLUGS 4 1/2" Top Rubber</u>		<u>38.00</u>
		<u>7.3% SALES TAX</u>	<u>216.30</u>
		TOTAL	<u>4236.20</u>

T.D. 1478'

SIZE HOLE 6 3/4" (Air Hole)

MAX. PRESS. _____

PLUG DEPTH _____

PLUG USED _____

CSG. SET AT 1455' VOLUME 23 Bbls

TBG SET AT _____ VOLUME _____

SIZE PIPE 4 1/2" - used Pipe

PKER DEPTH _____

TIME FINISHED _____

REMARKS: Rise up to 4 1/2" casing, Break circulation w/ fresh water, Pumped 15 Bbl Dry Water.
Mixed 156 sks. Quick Set cement w/ 5#P/SK of KOL-SEAL. shutdown - wash out Pump lines - Release Plug
Displace Plug with 23 Bbls water. Final Pumping at 650 PSI - Bumped Plug to 1000 PSI
Release Pressure - Float Held - close casing in w/ 0 PSI Good cement returns w/ 6 Bbls slurry
"Thank you"

EQUIPMENT USED

NAME Kelly Kimberlin UNIT NO. 201
Brad Butler
 HSI REP.

NAME Jerry #202 UNIT NO. _____
Witnessed by Bob
 OWNER'S REP.