



KANSAS CORPORATION COMMISSION 1068624
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 # 33900
Name: Leis, Steven A.
Wellsite Geologist: none
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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

9/30/2011	10/03/2011	10/03/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-27751-00-00
Spot Description: _____
NE NE SE SE Sec. 19 Twp. 23 S. R. 17 East West
1040 Feet from North / South Line of Section
25 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Fitzpatrick Bayou Well #: 5
Field Name: Neosho Falls-Leroy
Producing Formation: squirrel
Elevation: Ground: 978 Kelly Bushing: 983
Total Depth: 965 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 952
feet depth to: 0 w/ 146 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 60 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 NE 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 Gerrits Date: 11/28/2011



1068624

Operator Name: Ron-Bob Oil LLC Lease Name: Fitzpatrick Bayou Well #: 5
 Sec. 19 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 type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum squirrel
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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	10	8.625	20	40	Portland	10	
production	6.750	2.875	6.5	952	Quick Set	146	

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	897.5 - 907.5		

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. 10/21/2011		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. .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-1B.)</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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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FED ID# 48-1214033
 MC 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
 4776

DATE 10-3-11

COUNTY Woodson CITY _____

CHARGE TO Ron & Bob Oil

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. FitzPatrick Bayou #5 CONTRACTOR Steve Leis

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

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			750.00
146 sks	Quick Set cement		2409.00
300 lbs	Gel > Flush Ahead		75.00
4 Hrs	Water Transport		400.00
4 Hrs	Water Truck		320.00
2500 GAL.	City water		37.50
8.18 Ton	BULK TRK. MILES		314.93
35	PUMP TRK. MILES		105.00
	mileage Trk #290		52.50
2	PLUGS 2 7/8" Top Rubber		46.00
		7.3% SALES TAX	187.42
		TOTAL	4697.35

T.D. 967'
 SIZE HOLE 6 3/4"
 MAX. PRESS. _____
 PLUG DEPTH _____
 PLUG USED _____

CSG. SET AT _____ VOLUME _____
 TBG SET AT 952' VOLUME 5 1/2 Bbls
 SIZE PIPE 2 7/8"
 PKER DEPTH _____
 TIME FINISHED _____

REMARKS: Rig up to 2 7/8" Tubing, Break circulation with fresh water, 15 Bbl. Gel Flush, circulated Gel around To condition Hole with fresh water, Mixed 146 sks Quick Set cement, Shutdown - Washout Pump & Lines. Release 2-Plugs > Displace Plugs with 5 1/2 Bbls water. Final Pumping @ 500 PSI - Bumped Plug to 1000 PSI close Tubing in w/ 1000 PSI Good cement returns w/ 5 Bbl. slurry "Thank you"

EQUIPMENT USED

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

NAME UNIT NO.
Jerry #202, Delbert #105, James #144-#152
witnessed by Bob
 OWNER'S REP.