



KANSAS CORPORATION COMMISSION 1071928
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 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 #: _____
10/06/2011 10/07/2011 10/07/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-207-27959-00-00
Spot Description: _____
SE NW SE SE Sec. 3 Twp. 24 S. R. 17 East West
850 Feet from North / South Line of Section
785 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Nelson Well #: 40
Field Name: Meosho Falls-Leroy
Producing Formation: mississippi
Elevation: Ground: 962 Kelly Bushing: 967
Total Depth: 1210 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: 1207
feet depth to: 0 w/ 129 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 40 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 Gerritsor Date: 01/18/2012



1071928

Operator Name: Ron-Bob Oil LLC Lease Name: Nelson Well #: 40
 Sec. 3 Twp. 24 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	mississippi	
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			

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	7.5	20	40	Portland	10	
production	5.625	2.875	6.5	1207	Quick Set	129	

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
2	1139.5-1141.5	1100 gal 15% HCL	
2	1155-1164		

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. 10/20/2011			Producing Method: <input type="checkbox"/> Flowing <input checked="" 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
	.75				

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) (Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	---	--

Hodown Drilling

Yates Center, KS

Lease Name: Nelson	Spud Date: 10/06/11	Surface Pipe Size: 7 1/2"	Depth: 40'	TD: 1210
Operator: Ron-Bob Oil	Well #40	Bit Diameter: 5 7/8"		
Footage taken	Sample type	Footage Taken	Sample Type	
0_10	soil	1145_1146	chalk	
10_27	sand/gravel	1146_1149	faint odor	
27_107	shale	1149_1157	hard lime	
107_148	lime	1157_1160	free oil	
148_163	shale	1160_1161	hard lime	
163_240	lime	1161_1164	oil, lime	
240_272	shale	1164_1210	lime	
272_274	lime		1210 TD	
274_294	shale			
294_377	lime			
377_381	black shale			
381_411	lime			
411_414	shale			
414_418	lime			
418_582	shale			
582_607	lime			
607_618	hard lime			
618_623	shale			
623_645	soft lime			
645_649	lime			
649_683	shale			
683_697	lime			
697_699	hard lime			
699_712	soft lime			
712_715	hard lime			
715_731	shale			
731_757	lime			
757_766	hard lime			
766_774	black shale			
774_776	lime			
776_779	mulky			
779_799	upper sand, slight show free oil			
799_810	shale			
810_811	cap			
811_817	shale			
817_818	2nd cap			
818_821	broken free oil			
821_824	badly broken free oil			
824_832	mostly shale some odor			
832_854	shale			
854_858	broken lime			
858_868	shale			
868_873	black shale			
873_912	shale			
912_915	black shale			
915_966	shale			
966_970	black shale			
970_1117	shale			
1117_1122	broken lime			
1122_1132	shale			
1132_1136	black shale			
1136_1141	shale			
1141_1143	lime			
1143_1145	free oil			

FED ID#
 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
 4780

DATE 10-7-11

COUNTY Woodson CITY _____

CHARGE TO Ron & Bob Oil

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Nelson #40 CONTRACTOR Steve Leis

KIND OF JOB LongString SEC. 3 TWP. 24s RNG. 17E

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			<u>750.00</u>
<u>129 sks</u>	<u>Quick Set Cement</u>		<u>2128.50</u>
<u>300 lbs</u>	<u>Gel > Flush Ahead</u>		<u>75.00</u>
<u>5 Hrs</u>	<u>Water Transport</u>		<u>500.00</u>
<u>5 Hrs</u>	<u>Water Truck</u>		<u>400.00</u>
	BULK CHARGE		
<u>7.24 Trks</u>	BULK TRK. MILES		<u>278.74</u>
<u>35</u>	PUMP TRK. MILES		<u>105.00</u>
	<u>Mileage Trk #290</u>		<u>52.50</u>
<u>2</u>	PLUGS <u>2 7/8" Top Rubber</u>		<u>46.00</u>
		<u>7.3% SALES TAX</u>	<u>164.21</u>
		TOTAL	<u>4,499.95</u>

T.D. 1210'

CSG. SET AT _____ VOLUME _____

SIZE HOLE 5 5/8"

TBG SET AT 1207' VOLUME 7 Bbls

MAX. PRESS. _____

SIZE PIPE 2 7/8"

PLUG DEPTH _____

PKER DEPTH _____

PLUG USED _____

TIME FINISHED _____

REMARKS: Rig up to 2 7/8" Tubing, Break circulation with fresh water, 15 Bbl. Gel Flush, circulate Gel around To condition hole. Mixed 129 sks Quick Set Cement, shut down - wash out Pump & Lines Release 2-Plugs > Displace plugs with 7 Bbls water, Final Pumping @ 550 PSI - Bump Plugs to 1200 PSI close Tubing in with 1200 PSI
Good cement returns w/ 7 Bbl. slurry

"Thank you"

EQUIPMENT USED

NAME Zack Hanson UNIT NO. #201

NAME Jerry #202, Rodger #105, Delbert #144-152

Brad Butler
 HSI REP.

witnessed by Bob
 OWNER'S REP.