



KANSAS CORPORATION COMMISSION 1071903
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 #: _____
8/22/2011 8/24/2011 8/24/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-207-27920-00-00
Spot Description: _____
NW SW SE SE Sec. 3 Twp. 24 S. R. 17 East West
485 Feet from North / South Line of Section
1130 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Nelson Well #: 38
Field Name: Neosho Falls/Leroy
Producing Formation: mississippi
Elevation: Ground: 950 Kelly Bushing: 955
Total Depth: 1208 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 43 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1200
feet depth to: 0 w/ 128 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 50 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 Gantzer Date: 01/18/2012



1071903

Operator Name: Ron-Bob Oil LLC Lease Name: Nelson Well #: 38
 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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 (If no, Submit Copy)	<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	43	Portland	10	
production	5.625	2.875	6.5	1200	Quick Set	128	

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	1147-1151	1100 gal 15% HCL	
2	1154-1157		
2	1162.5-1168.5		

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. 9/22/2011	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. 1	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 (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Lease Name: Nelson	Spud Date: 8/22/11	Surface Pipe Size: 7 1/2"	Depth: 43'	TD: 1208
Operator: Ron-Bob Oil	Well #38	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_21	soil			
21_25	sand			
25_35	gravel			
35_39	lime			
39_114	shale			
114_133	lime			
133_141	shale			
141_147	broken lime			
147_159	shale			
159_217	lime			
217_227	shale			
227_249	lime			
249_286	shale			
286_428	lime			
428_586	shale			
586_589	lime			
589_613	shale			
613_619	lime			
619_684	shale			
684_700	lime			
700_714	shale			
714_718	lime			
718_735	shale			
735_738	lime			
738_759	shale			
759_762	lime			
762_775	shale			
775_778	lime			
778_781	shale			
781_786	black shale			
786_790	shale muck			
790_795	sand			
795_811	shale			
811_812	lime			
812_819	shale			
819_820	2nd cap			
820_826	broken sand free oil			
826_830	badly broken sand			
830_1135	shale			
1135_1138	black shale			
1138_1142	lime			
1142_1153	first break, lime			
1153_1163	lime			
1163_1170	second break			
1170_1176	lime			
1176_1208	shale			
	1208 TD			

FED ID#
 MC ID # 165290
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3813A Y Road
 Madison, KS 66860

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

Cement, Acid or Tools
Service Ticket

4678

DATE 8-24-11

COUNTY Woodson CITY _____

CHARGE TO Ron & Bob Oil
 ADDRESS _____ CITY _____ ST _____ ZIP _____
 LEASE & WELL NO. Nelson # 38 CONTRACTOR _____
 KIND OF JOB LongString SEC. 3 TWP. 24 RNG. 17E
 DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			750.00
128 sks	Quick Set cement		2112.00
200 lbs	Gel / Flush Ahead		50.00
4 Hrs	Water Transport		400.00
4 Hrs	Water Truck		320.00
	BULK CHARGE		
7.25 Ton	BULK TRK. MILES		279.12
0	PUMP TRK. MILES Trk in Area		N/C
2	PLUGS 2 7/8" Top Rubber		46.00
		7.3% SALES TAX	161.18
		TOTAL	4118.30

T.D. 1207'
 SIZE HOLE 5 7/8"
 MAX. PRESS. _____
 PLUG DEPTH _____
 PLUG USED _____

CSG. SET AT _____ VOLUME _____
 TBG SET AT 1200' VOLUME 7 Bbls
 SIZE PIPE 2 7/8"
 PKER DEPTH _____
 TIME FINISHED _____

REMARKS: Pig up to 2 7/8" Tubing, Break circulation with 5 Bbls water, 10 Bbl. Gel Flush, circulate Gel around to condition hole, Mixed 128 sks Quick Set cement, Shutdown-washout Pump & Lines. Release 2-Plugs - Displace Plugs with 7 Bbls water. Final Pumping at 500 PSI. Bumped Plugs to 1000 PSI - Close Tubing w/ 1000 PSI. Good cement returns with 5 Bbl slurry "Thank you"

EQUIPMENT USED

NAME	UNIT NO.	NAME	UNIT NO.
<u>Kelly Kimberlin</u>	<u>201</u>	<u>Jerry #202, Mark #105, Delbert #141-152</u>	
<u>Brad Butler</u>		<u>Witnessed by Bob</u>	