



KANSAS CORPORATION COMMISSION 1080226

Form ACO-1

June 2009

CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM**WELL HISTORY - DESCRIPTION OF WELL & LEASE**Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 33297
 Name: Rockin Bar Nothing Ranch, Inc.
 Address 1: 2339 COUNTY RD 2800
 Address 2:
 City: INDEPENDENCE State: KS Zip: 67301 + 7187
 Contact Person: Brandon Owens
 Phone: (620) 289-4782
 CONTRACTOR: License # 5989
 Name: Finney, Kurt dba Finney Drilling Co.
 Wellsite Geologist: Brandon Owens
 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: Custer Oil & Gas
 Well Name: 08-20
 Original Comp. Date: 3/28/2008 Original Total Depth: 1663
☐ 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 #:

5/4/2012 5/4/2012
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 15-125-31562-00-01
 Spot Description:
 SE SW NE SE Sec. 12 Twp. 34 S. R. 13 ☒ East ☐ West
 1485 Feet from ☐ North / ☒ South Line of Section
 750 Feet from ☒ East / ☐ West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW
 County: Montgomery
 Lease Name: FOBIAN Well #: 08-20
 Field Name:
 Producing Formation: Mississippi
 Elevation: Ground: 793 Kelly Bushing: 0
 Total Depth: 1604 Plug Back Total Depth:
 Amount of Surface Pipe Set and Cemented at: 20 Feet
 Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
 If yes, show depth set: Feet
 If Alternate II completion, cement circulated from:
 feet depth to: w/ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: ppm Fluid volume: bbls
 Dewatering method used:
 Location of fluid disposal if hauled offsite:
 Operator Name:
 Lease Name: License #:
 Quarter Sec. Twp. S. R. ☐ East ☐ West
 County: Permit #:

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: 05/10/2012
☐ Confidential Release Date:
☐ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution
 ALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 05/10/2012