



KANSAS CORPORATION COMMISSION 1085883
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: 1607 Main St.
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 #: _____

<u>5/04/2012</u>	<u>5/09/2012</u>	<u>5/09/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28122-00-00
Spot Description: _____
NW NW SW SE Sec. 24 Twp. 23 S. R. 16 East West
1010 Feet from North / South Line of Section
2475 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Remlinger/Gleue Well #: S60-17
Field Name: Neosho Falls-Leroy
Producing Formation: squirrel
Elevation: Ground: 977 Kelly Bushing: 982
Total Depth: 1010 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 44 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1003
feet depth to: 0 w/ 105 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 45 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 Gantner Date: 07/02/2012



1085883

Operator Name: Ron-Bob Oil LLC Lease Name: Remlinger/Gleue Well #: S60-17
 Sec. 24 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 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 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	10	7	17	44	Portland	10	
production	5.875	2.875	6.5	1003	Quick Set	105	

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	952 - 962	100 Gal 15% HCL, 40 sx sand	

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. 5/25/2012		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: _____ _____
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Hodown Drilling

Yates Center, KS

Lease Name: Remlinger/Gleue	Spud Date: 5-4-2012	Surface Pipe Size: 7"	Depth: 44'6"	T.D. 1010
Operator: Ron-Bob Oil	Well # S60-17	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_4	soil			
4_12	clay			
12_27	sand gravel			
27_106	shale			
106_173	lime			
173_270	shale			
270_276	lime			
276_304	shale			
304_375	lime			
375_405	shale			
405_407	lime			
407_430	shale			
430_496	lime			
496_505	shale			
505_532	lime			
532_538	shale			
538_582	lime			
582_722	shale			
722_727	lime			
727_748	shale			
748_758	lime			
758_893	shale			
893_896	lime			
896_937	shale			
937_938	lime			
938_947	shale			
947_948	lime			
948_951	oil sand			
951_957	good oil sand			
957_960	broken sand, free oil			
960_1010	shale			
	1010 TD			

Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765

Ticket Number 100081
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5-9-12		S-60 # 17		Woodson
Customer Roo Bob Oil		Mailing Address	City	State Zip

Job Type:	Truck #	Driver
Longstring	201	Kelly
Hole Size: 5 7/8"	202	Jerry
Hole Depth: 1010'	106	Jesus
Bridge Plug:	144-152	Cody
Packer:		
Casing Size:		
Casing Weight:		
Displacement: 5.8 Bbls		
Displacement PSI: 500		
Tubing: 2 7/8" x 1003'		
Cement Left in Casing:		
PBTD:		

Quantity Or Units	Description of Services or Product	Pump charge	
30	Mileage	\$3.25/Mile	790.00
105 SACKS	Quick Set cement	17.25	1811.25
200 lbs	Gel > Flush Ahead	.30	60.00
2 1/2 Hrs	water Truck	84.00	210.00
3 Hrs	water Truck	84.00	252.00
6 Tons	Bulk Truck > minimum charge	\$1.15/Mile	250.00
2	Plugs 2 7/8" Top Rubber	25.00	50.00
	Subtotal		3520.75
	Sales Tax		140.25
	Estimated Total		3661.00

Remarks: Rig up to 2 7/8" Tubing, Break circulation with fresh water, 10 Bbl Gel Flush, circulated Gel around to condition Hole. Mixed 105 sacks Quick Set cement. Shut down - wash out Pump & lines. Release 2 Plugs. Discharge Plugs with 5 7/8 Bbl water. Final Pumping at 500 PSI. Dumped Plugs to 1200 PSI. Close tubing with 1200 PSI. Good cement follows with 5 7/8 Bbl slurry.

Thank you
 Witnessed by Bob

Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 620-437-2661

Ticket Number 5225
 Location _____
 Foreman Jul 7h #390

Acid
 Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5/22/12		SAFEWRIGHT 60 # 17		LD
Customer Rons & Bob		Mailing Address	City	State KS Zip

Well Data		Truck #	Driver	Truck #	Driver
Casing Size 2 7/8	Total Depth 1000	303/320	JP		
Casing Weight	Plug Depth	143/151	3045		
Tubing Size	Packer Depth	144/152	DELORAY		
Tubing Weight	Open Hole	141/311	COBY		
Perfs 940-960		104	DANNEY		
Break PSI 1400	Max PSI 1400	251	JUSTIN		
Treat PSI 600-650	ISIP 350				
Quantity	Acid	Additives Used	Charge		
1	303	Pump Charge			8.75 ⁰⁰
100	152	Acid with inhibitor			195 ⁰⁰
		Mud Acid			
1/4		NE-320			5 ⁹⁸
		FSW-4100			
		Iron Stay			
5		Bacheide BACHSOLLE			112 ⁰⁰
		Clay Stay			
6		KCL			157 ⁰⁰
3		Blocide			114 ⁰⁰
15		Gel			417 ⁰⁰
1/2		Breaker			81 ⁰⁰
5000		Ball Sealers CITY WATER			65 ⁰⁰
1	141/311	Ball Gun SAND DEL			150 ⁰⁰
13	303	Pump truck Mileage			42 ²⁵
1	320	Acid Transport			N/C
1	310	Acid Spotter			300 ⁰⁰
13	390	Pickup Mileage			19 ⁰⁰
2	104	80 Vac			N/C
2	144/143	Transport			420 ⁰⁰
10		20/40 SAND			300 ⁰⁰
30		12/20 SAND			960 ⁰⁰
					Total 4215 ⁰⁰

Remarks: SPOT 100 GAL 152. TEST LINE TO 3000. LOAD AND BREAKER TEST RATE 100PM @ 600. PUMP 10 GAL SPACER 10 SICKS 20/40 AND 30 SICKS 12/20. PFC UP 650 FLUSH 5 OVER ISIP 350 135 TOTAL FLUID.