



KANSAS CORPORATION COMMISSION 1085921
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 #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
<u>5/16/2012</u>	<u>5/17/2012</u>	<u>5/17/2012</u>

API No. 15 - 15-207-28133-00-00
Spot Description: _____
SW SW NE SE Sec. 24 Twp. 23 S. R. 16 East West
1340 Feet from North / South Line of Section
1190 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 #: S60-21
Field Name: Neosho Falls-Leroy
Producing Formation: squirrel
Elevation: Ground: 976 Kelly Bushing: 981
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/ 114 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 55 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 Garcia Date: 07/02/2012



1085921

Operator Name: Ron-Bob Oil LLC Lease Name: Remlinger/Gleue Well #: S60-21
 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	114	

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	954 - 964	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. 5/28/2012		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: 5-14-2012	Surface Pipe Size: 7"	Depth: 44'6"	T.D. 1010
Operator: Ron-Bob Oil	Well # S60-21	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_4	soil			
4_10	sandy clay			
10_30	sand and gravel			
30_109	shale			
109_176	lime			
176_274	shale			
274_286	lime			
286_301	shale			
301_311	lime			
311_324	shale			
324_382	lime			
382_429	shale			
429_572	lime			
572_702	shale			
702_708	lime			
708_747	shale			
747_756	lime			
756_822	shale			
822_905	lime			
905_908	shale			
908_913	lime			
913_946	shale			
946_948	lime			
948_951	broken sand odor			
951_954	good oil sand			
954_957	sandy good odor			
957_963	sandy shale some oil			
963_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 100094
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5-17-12		S-60 * 21		Woodson
Customer		Mailing Address	City	State
Ron & Bob Oil				Zip

Job Type:	Longstring			Truck #	Driver
Hole Size: 5 7/8"	Casing Size:	Displacement: 5.8 Bbls	201	Kelly	
Hole Depth:	Casing Weight:	Displacement PSI:	202	Jerry	
Bridge Plug:	Tubing: 2 7/8" @ 1003'	Cement Left in Casing:	104	Denny	
Packer:	PBTD:		105	Cody	

Quantity Or Units	Description of Services or Product	Pump charge	
30	Mileage	\$3.25/Mile	790.00
114 SACKS	Quick Set cement	17.25	1966.50
200 lbs	Gel > Flush Ahead	.30	60.00
3 Hrs.	water Truck	84.00	252.00
4 Hrs.	water Truck	84.00	336.00
6.37 Tons	Bulk Truck > minimum charge	\$1.15/Mile	250.00
2	Plugs 2 7/8" Top Rubber	25.00	50.00
		Subtotal	3802.00
		Sales Tax	151.58
		Estimated Total	3953.58

Remarks: Rig up to 2 7/8" Tubing. Break circulation with Fresh water, 10 Bbl Gel Flush, circulate Gel around to condition hole. Mixed 110 Sks Quick Set cement. Shut down - washout Pump & lines. Release 2-Plugs - Displace Plugs with 5 7/8 Bbls water. Flag Pumping @ 500 PSI. Bumped Plugs to 1100 PSI. Close Tubing @ 1100 PSI.

Good cement return with 6 Bbl slurry

Thank you

Witnessed by Ron

Customer Signature

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

Ticket Number 5232
 Location _____
 Foreman JLH

Acid
 Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
S/24/12		SAFENIGHT 60 # 21		LD
Customer		Mailing Address	City	State
Randy & Bob Orr				KS

Well Data			Truck #	Driver	Truck #	Driver
Casing Size 2 7/8	Total Depth 1000		303/320	SP		
Casing Weight	Plug Depth		143/151	JLH		
Tubing Size	Packer Depth		104	DANNY		
Tubing Weight	Open Hole		390/310	JLH		
Perfs 948-960			141/311	LODY		
Break PSI 2000	Max PSI 2000					
Treat PSI 850-1600	ISIP 450					
Quantity	Acid	Additives Used	Charge			
1	303	Pump Charge	875.00			
100	15%	Acid with inhibitor	195.00			
		Mud Acid				
1/4		NE-320	5.98			
		FSW-4100				
		Iron Stay				
5		Bioicide BACHMOL	112.50			
		Clay Stay				
6		KCL	157.00			
3		Biocide	114.00			
15		Gel	417.00			
1/2		Breaker	81.00			
1	141/311	Ball Sealers SAND AER	150.00			
		Ball Gun				
13	303	Pump truck Mileage	42.35			
1	320	Acid Transport	N/C			
1	310	Acid Spotter	300.00			
13	390	Pickup Mileage	19.50			
2	104	80 Vac	168.00			
2	143/151	Transport	210.00			
10 SKS		20/40 SAND	300.00			
30 SKS		12/30 SAND	960.00			
			Total 4,108.03			

Remarks: SPOT 100 GAL 15% TEST LOW 3000. LOAD & BATH. EST RATE 10 BPM @ 1100. Pump 10 DBL SPACER PSE 1000 10 SKS 20/40 PSE 10SD 30 SKS 12/30 PSE UP 1600 AND BACK DOWN 850 FLUSH SAND EST 450 115 GAL TOTAL FLUID