



KANSAS CORPORATION COMMISSION 1091699
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 + 4033
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 #: _____

<u>6/20/2012</u>	<u>6/21/2012</u>	<u>6/21/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28224-00-00
Spot Description: _____
NE NE NE SW Sec. 24 Twp. 23 S. R. 16 East West
2350 Feet from North / South Line of Section
2805 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Maynard Well #: W-1
Field Name: Neosho Falls-Leroy
Producing Formation: kansas city
Elevation: Ground: 977 Kelly Bushing: 982
Total Depth: 620 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: 612
feet depth to: 0 w/ 73 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 35 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 SE 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: 09/21/2012



1091699

Operator Name: Ron-Bob Oil LLC Lease Name: Maynard Well #: W-1
 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 kansas city
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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	8.625	20	40	Portland	10	
production	6.75	4.5	9.5	612	Quick Set	73	

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 <i>(Amount and Kind of Material Used)</i>	Depth

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.			Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls.	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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Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765

Ticket Number 100117
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
6-21-12		Maynard * W-1	24-23s-16E	Woodson
Customer Ren = Bob Oil		Mailing Address	City	State Zip

Job Type:	Truck #	Driver
Longstring	201	Kelly
Hole Size: 6 3/4"	202	Cody
Casing Size: 4 1/2"	105	Mark
Hole Depth: 626'	106	Clayton
Casing Weight: 10.57lb		
Displacement: 9.73 Bbls		
Displacement PSI: 450		
Cement Left in Casing: 0'		
Bridge Plug:		
Tubing:		
Packer:		
PBTD: 612'		

Target Footshoe by wellbore at 612'

Quantity Or Units	Description of Services or Product	Pump charge	
		790.00	
30	Mileage	\$3.25/Mile	97.50
73 SACKS	QuickSet cement	17.25	1259.25
365 lbs.	KOI-SEAL 5" PPSK	.55	200.75
200 lbs.	Gel > Flush Ahead	.30	60.00
3 hrs.	Water Truck	84.00	252.00
3 hrs.	Water Truck	84.00	252.00
4.3 Tons	Bulk Truck > minimum charge	\$1.15/Mile	250.00
1	Plugs 4 1/2" Top Rubber	38.00	38.00
		Subtotal	3199.50
		Sales Tax	113.73
		Estimated Total	3313.23

Remarks: Rig up to 4 1/2" casing, Break circulation with fresh water, Pumped 10 Bbl Gel Plug, circulate Gel around To condition Hole. Pumped 5 Bbl. Dye water Ahead, Mixed 73 scks Quick Set cement w/ 5" KOI-SEAL. Shut down - wear out Pump Lines - Release Plug - Displace Plug with 9 3/4 Bbls water. Final Pumping at 450 PSI Pumped Plug to 1000 PSI. Release Pressure - Float Hold - close casing w/ 0 PSI. Good cement returns with 4 Bbl slurry.

"Thank you"

Called by Bob
 Customer Signature

Hodown Drilling

Yates Center, KS

Lease Name: Maynard	Spud Date: 06-20-2012	Surface Pipe Size: 8"	Depth: 40'	T.D. 620
Operator: Ron-Bob O.I	Well # w-1	Bit Diameter: 6 3/4"		
Footage taken	Sample type			
0_4	soil			
4_10	clay			
10_29	sand gravel			
29_104	shale			
104_179	lime			
179_275	shale			
275_286	lime			
286_298	shale			
298_318	lime			
318_324	shale			
324_341	lime			
341_373	soft white lime			
373_382	lime			
382_417	shale			
417_419	lime			
419_430	shale			
430_505	lime			
505_512	shale			
512_536	lime			
536_543	shale			
543_568	lime			
568_620	shale			
	620 T.D.			