



KANSAS CORPORATION COMMISSION 1095277
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 # 34684
Name: German, Ronald dba German Oil Company
Address 1: 1500 MAIN
Address 2: _____
City: NEOSHO FALLS State: KS Zip: 66758 +
Contact Person: RONALD GERMAN
Phone: (620) 963-2735
CONTRACTOR: License # 33900
Name: Leis, Steven A.
Wellsite Geologist: NONE
Purchaser: PACER ENERGY

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 (Corr. 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>3/7/2012</u>	<u>3/8/2012</u>	<u>4/8/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28080-00-00

Spot Description: _____

NE NW NE Sec. 4 Twp. 24 S. R. 17 East West

5115 Feet from North / South Line of Section

2035 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Woodson

Lease Name: KRAMER Well #: 2

Field Name: _____

Producing Formation: MISSISSIPPI

Elevation: Ground: 969 Kelly Bushing: 978

Total Depth: 1238 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: 0 ppm Fluid volume: 40 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: NACMI JAMES Date: 10/03/2012



1095277

Operator Name: German, Ronald dba German Oil Company Lease Name: KRAMER Well #: 2
 Sec. 4 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 <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 MISSISSIPPI
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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	7	17	20	PORTLAND	10	

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

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. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Hodown Drilling

Yates Center, KS

Lease Name: Kramer	Spud Date: 3-7-2012	Surface Pipe Size: 30 7"	Depth: 20'	TO:
Operator: Ron German	Well #2	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_7	soil			
7_24	clay			
24_28	sand/gravel			
28_91	lime			
91_156	shale			
156_165	lime			
165_205	shale			
205_209	lime			
209_331	shale			
331_414	lime			
414_418	black shale			
418_465	lime			
465_632	shale			
632_665	lime			
665_671	shale			
671_689	lime			
689_700	shale			
700_708	lime			
708_732	shale			
732_736	lime			
736_742	shale			
742_748	lime			
748_759	shale			
759_762	lime			
762_779	shale			
779_782	lime			
782_798	shale			
798_802	lime			
802_805	shale			
805_808	lime			
808_813	shale			
813_816	lime			
816_850	shale			
850_851	cap rock			
851_857	shale			
857_859	cap			
859_864	broken sand, free oil			
864_870	odor, mostly shale			
870_1187	shale			
1187_1192	broken lime			
1192_1194	soft lime, slight odor			
1194_1203	soft broken lime			
1203_1238	lime			
	1238 td			

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

Ticket Number 100059
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
4-3-12		Kramier # 2	4-24-17E	Woodson
Customer German Oil Company		Mailing Address	City	State Zip

Job Type: Plug To Abandon	Truck #	Driver
	201	Kelly ✓
	203	Jerry ✓
Hole Size: 5 7/8"	Casing Size:	Displacement:
Hole Depth: 1234'	Casing Weight:	Displacement PSI:
Bridge Plug:	Tubing:	Cement Left in Casing:
Packer:	PBTD:	

Quantity Or Units	Description of Services or Product	Pump charge	
⊖	Mileage- Truck in area	\$3.25/Mile	790.00 N/C
56 SACKS	60/40 Pozmix cement	10.90	610.40
190 lbs.	Gel 47	.30	57.00
2.50 Tons	Bulk Truck > minimum charge	\$1.15/Mile	250.00
	Plugs		
		Subtotal	1707.40
		Sales Tax	48.72
		Estimated Total	1756.12

Remarks: Set cement Plugs as follows:
 10 SKs @ 1200'
 10 SKs @ 850'
 36 SKs @ 250' To Surface

NOTE: Gel Spacers between Plugs
 (Gel Provided by customer)

Witnessed by Ron
 Customer Signature