

Kansas Corporation Commission Oil & Gas Conservation Division

1064664

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 #	API No. 15			
Name:	Spot Description:			
Address 1:	SecTwpS. R			
Address 2:	Feet from North / South Line of Section			
City: State: Zip:+	Feet from East / West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()	□NE □NW □SE □SW			
CONTRACTOR: License #	County:			
Name:	Lease Name: Well #:			
Wellsite Geologist:	Field Name:			
Purchaser:	Producing Formation:			
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:			
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:			
☐ Oil ☐ WSW ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ OG ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane) ☐ Cathodic ☐ Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?			
If Workover/Re-entry: Old Well Info as follows:	·			
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)			
Original Comp. Date: Original Total Depth: Conv. to ENHR	Chloride content: ppm Fluid volume: bbls Dewatering method used:			
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:			
Commingled Permit #:	Operator Name:			
Dual Completion Permit #:	Lease Name: License #:			
SWD Permit #:	Quarter Sec TwpS. R			
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:			
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date Recompletion Date				

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: Date:					

Side Two



Operator Name: _ Lease Name: _ _ Well #: _ County: _ 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp. Perf. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

32923

DRIVER

COUNTY

CEMENT LEFT IN CASING SIZE "I UPOR PULCE

TRUCK#

RANGE

HH KD 418

10

CASING SIZE & WEIGHT 24/6"

DRIVER

TOWNSHIP

TICKET NUMBERY

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HOREMAN LOCATION

PROTESTIMO PERSONAL PROTESTICAL

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account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's

TITLE

McGown Drilling, Inc.

Mound City, Kansas

Operator:

Oil Sources Corporation 7105 W 105th Street

Overland Park, KS 66212

Well: S5-T16-R21

S-T-R S5-T16-R21 County: Franklin Co, KS

·IdA

:IAA

Spud Date: 9/27/2011 Surface Bit Size: 9.875"

Surface Casing: 7" Drill Bit Size: 5.625"

Surface Length: 20'

Surface Cement: 4sx

Surface Call: Chris M.

Top Bottom

Driller's Log

Comments

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Shale	87	72
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Shale	89	25
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Formation

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322 326 Lime 322 326 Lime 326 364 Shale 364 386 Lime 364 386 Lime

364 386 Lime 386 400 Shale 400 414 Lime 414 421 Shale

PO Box K Mound City, KS 66056 mos.lismg@gmail.com

Office: 913-795-2259 Chris' Cell: 620-224-7406

292 TD Shale 263 723 723 Sand **404** Shale **L0**L 799 Lime 299 999 Shale 999 01/9 PmiJ 079 621 Shale 621 919 209 əmiJ 919 Shale **L09** 799 Sand 799 199 Shale 199 432 Jime 432 431 Shale 431 456

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Lime

Cement Call: Long String and

Cement:

Long String

Coring

Footage

750.25

Core Run

2 7/8 from Buckeye

Long String:

Кесолегу