



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1064843

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

_____-_____-_____- Feet from ☐ North / ☐ South Line of Section

_____-_____-_____- Feet from ☐ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

County: _____ Permit #: _____

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: _____



1064843

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West 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 Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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:	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Name Top Datum </div>
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CASING RECORD <input 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

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

Mound City, Kansas

Operator:

Oil Sources Corporation
7105 W 105th Street
Overland Park, KS 66212

Well: Two Brothers #5

S-T-R S5-T16-R21

County: Franklin Co, KS

API:

Spud Date: 9/13/2011 **Surface Bit Size:** 9.875"

Surface Casing: 7" **Drill Bit Size:** 5.625"

Surface Length: 21.25'

Surface Cement: 5 sx

Surface Call: Chris M.

Driller's Log

Top	Bottom	Formation	Comments
0	3	Soil	
3	51	Clay	
51	57	Lime	
57	59	Shale	
59	76	Lime	
76	85	Shale	
85	94	Lime	
94	100	Shale	
100	124	Lime	
124	166	Shale	
166	179	Lime	
179	197	Sandy Shale	
197	254	Shale	
254	257	Lime	
257	258	Shale	
258	277	Lime	
277	303	Sand, shale	
303	308	Lime	
308	367	Shale	
367	374	Lime	
374	378	Shale	
378	391	Lime	
391	401	Shale	

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

mcgowndrilling@gmail.com

PO Box K
Mound City, KS 66056

401	424	Lime
424	428	Shale
428	432	Lime
432	435	Shale
435	441	Lime
441	550	Shale
550	555	Sandy Shale
555	567	Sand
567	580	Sandy Shale
580	602	Shale
602	604	Lime
604	614	Shale
614	623	Lime
623	673	Shale
673	675	Lime
675	715	Shale
715	717	Clean sand
717	730	Sand
730	763	Shale
	763	TD
712	727	Oil sand
727	763	Sandy Shale
	763	TD

Soft brown, ^{med.} grain, fair
saturation, good stain

Coring	Core Run	Footage	Recovery
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Long String:			
747.8'		2 7/8	from Buckeye

Long String
Cement:

Long String and
Cement Call:



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 32922
LOCATION Ottawa, KS
FOREMAN Cassey Kennedy
ORT

DATE		CUSTOMER #		WELL NAME & NUMBER		SECTION		TOWNSHIP		RANGE		COUNTY	
9/29/11		5949		Two Brothers # 5		NE 5		16		21		FR	
CUSTOMER													
MAILING ADDRESS						TRUCK # DRIVER TRUCK # DRIVER							
7105 W 105th						389 Coker ck							
CITY STATE ZIP CODE						495 Har Bec HB							
Overland Park KS 66212						570 Kei Det MD							
						370 Arl McD AR							
JOB TYPE		HOLE SIZE		HOLE DEPTH		CASING SIZE & WEIGHT							
long string		5 1/8"		763'		22 1/8" EUE							
CASING DEPTH		DRILL PIPE		TUBING		OTHER							
746'													
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT In CASING							
						2 1/2" rubber plug							
DISPLACEMENT		DISPLACEMENT PSI		MIX PSI		RATE							
4.34 bbl/s						5.5 bpm							
REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbl fresh water, mixed & pumped 104 sks Pozmix cement w/ 2% Gel per sk, cement to surface, pushed pump clean, displaced 2 1/2" rubber plug to casing top w/ 4.34 bbl/s fresh water, pressured to 800 PSI, released pressure to set float valve, shot in casing.													

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE cement pump	495.	975. ⁰⁰
5406	15	MILEAGE pump truck	495.	180. ⁰⁰
5402	74 1/6'	casing footage		
5407	minimum	for mileage		330. ⁰⁰
5502C	1.5 hrs	80 bbl Vac Truck		135. ⁰⁰
1124	104 sks	50/50 Pozmix cement		1086. ⁸⁰
111PB	275 #	Premium Gel		55. ⁰⁰
4402	1	2 1/2 " rubber plug		28. ⁰⁰
		-5% check on location SCANNED SALES TAX	B-2622 ⁹⁹	91.24

Revin 3737

AUTHORIZATION No Co. Rep. on location TITLE _____ DATE _____

AUTHORIZATION No Co. Rep. on location TITLE _____ DATE _____

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