



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1069738
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1069738

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

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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
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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> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

January 19, 2012

Larry Macha
Macha Enterprises, Inc.
PO BOX 220
GAS, KS 66742

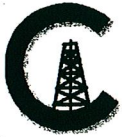
Re: ACO1
API 15-001-30279-00-00
Macha #2
NW/4 Sec.33-24S-18E
Allen County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Larry Macha



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 245338

Invoice Date: 10/27/2011 Terms: 0/0/30,n/30

Page 1

McGOWN DRILLING
P.O. BOX 334
MOUND CITY KS 66056
(785)795-2258

MACHA 2 *Longstring*
32990
NW 33 24 18 AL
10/20/11
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	134.00	10.4500	1400.30
1118	PREMIUM GEL / BENTONITE	325.00	.2000	65.00
1110A	KOL SEAL (50# BAG)	670.00	.4400	294.80
1107	FLO-SEAL (25#)	34.00	2.2200	75.48
4404	4 1/2" RUBBER PLUG	1.00	42.0000	42.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	975.00	975.00
368 EQUIPMENT MILEAGE (ONE WAY)	55.00	4.00	220.00
368 EQUIPMENT MILEAGE (ONE WAY)	971.00	.00	.00
570 TON MILEAGE DELIVERY	335.36	1.26	422.55

Parts: 1877.58 Freight: .00 Tax: 141.76 AR 3636.89
 Labor: .00 Misc: .00 Total: 3636.89
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, Ok
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 245204

Invoice Date: 10/25/2011 Terms: 0/0/30,n/30

Page 1

McGOWN DRILLING
P.O. BOX 334
MOUND CITY KS 66056
(785) 795-2258

MACHA 2 *Surface*
32956
NW 33 24 18 AL
10/14/11
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	25.00	10.4500	261.25
1118B	PREMIUM GEL / BENTONITE	42.00	.2000	8.40
1110A	KOL SEAL (50# BAG)	125.00	.4400	55.00
1107	FLO-SEAL (25#)	6.00	2.2200	13.32

Description	Hours	Unit Price	Total
368 CEMENT PUMP (SURFACE)	1.00	775.00	775.00
368 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
368 CASING FOOTAGE	40.00	.00	.00
510 TON MILEAGE DELIVERY	62.56	1.26	78.83

Parts:	337.97	Freight:	.00	Tax:	25.51	AR	1217.31
Labor:	.00	Misc:	.00	Total:	1217.31		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
OIL WELL SERVICES, LLC

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

TICKET NUMBER **32990**

LOCATION **Ottawa**

FOREMAN **Alan Mader**

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-20-11	5363	Macha #2	NW 33	24	18	AL
CUSTOMER		TRUCK #				
McGowan Drilling		516	Alan M	Safety	Mart	
MAILING ADDRESS		368	Arlen M	AM		
P.O. Box 3341		510	Gary M	GM		
CITY	STATE	ZIP CODE				
Mound City	KS	66056				

JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
Long String	6 3/4	982	4 1/2
CASING DEPTH	DRILL PIPE	TUBING	OTHER
971			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
15			105
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE
15	800	200	5 bpm

REMARKS: Held crew meeting. Established rate. Mixed & pumped 100# gel to flash well, followed by 9 bbl dye. Mixed & pumped 134 gals 50/50 po2 plus 2# gel & 1/2# flo seal. Circulated dye. Flushed pump. Pumped plug to casing TD. Circulated 5 bbl cement returns. Well hold 800 PSI. Set float.

McGowan Drilling, Frank
Macha water

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	55	MILEAGE		220.00
5406	971	casing footage		
5407A	335.36	ton miles		422.55
1124	134 sk	50/50 po2		1400.30
1118	325#	gel		65.00
1102A	670 #	1/2# seal		294.80
1107	37 #	1/2# seal		75.48
4404	1	4 1/2 plus		42.00
				SALES TAX 147.00
				ESTIMATED TOTAL 3630.80

RAVIN 3737

Chris M McPherson

AUTHORIZATION _____ 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.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 32956
LOCATION Off well
FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
10-14-11	5363	Macha #2	NW 33	24	18	AL	
CUSTOMER McGown Drilling			TRUCK # DRIVER TRUCK # DRIVER				
MAILING ADDRESS P.O. Box 334			516 Alan M Safety Meet				
CITY STATE ZIP CODE Mound City KS 66056			368 Derek M DM				
			370 Arlen Mc ARM				
			510 Gary M GM				
JOB TYPE	SURFACE	HOLE SIZE	12 1/4	HOLE DEPTH	40	CASING SIZE & WEIGHT	8078
CASING DEPTH	40	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	YES
DISPLACEMENT	2 1/2	DISPLACEMENT PSI		MIX PSI		RATE	5 bpm
REMARKS: Held crew meeting. Established rate. Mixed & pumped 25 sk 50/50 po2 plus 5 # 1501 seal, 2 # gel, 14 # flo seal per sack. Air emulated cement. Displaced casing with clean water. Closed valve.							

McGown Drilling & water

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401S	1	PUMP CHARGE		775.00	
5406	35	MILEAGE on lease		220.00	
5402	40'	Casing footage			
5407A	62.56	ton miles		78.83	
1124	25 sk	50/50 po2		261.25	
118B	42 #	gel		8.40	
110A	125 #	Kol seal		55.00	
1107	6 #	flo-seal		13.32	
				SALES TAX	25.51
				ESTIMATED TOTAL	1217.31

215204

Revin 3797
No company rep.
AUTHORIZATION Jim G. O'K'd

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.