



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1072395
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: _____

1072395

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift 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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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 # 245020

Invoice Date: 10/19/2011 Terms: 0/0/30,n/30

Page 1

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

MACHA 1 *Surface*
32933
NW 33 24 18 AL
10/11/11
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	68.00	17.9000	1217.20
1107	FLO-SEAL (25#)	17.00	2.2200	37.74

Description	Hours	Unit Price	Total
368 CEMENT PUMP (SURFACE)	1.00	775.00	775.00
368 EQUIPMENT MILEAGE (ONE WAY)	55.00	4.00	220.00
368 CASING FOOTAGE	42.50	.00	.00
558 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts:	1254.94	Freight:	.00	Tax:	94.75	AR	2674.69
Labor:	.00	Misc:	.00	Total:	2674.69		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

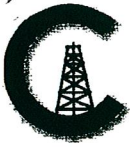
PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



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Oil Well Services, LLC

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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 # 245202

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 1 Longstring
32957
NW 33 24 18 AL
10/14/11
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	149.00	10.4500	1557.05
1118B	PREMIUM GEL / BENTONITE	350.00	.2000	70.00
1110A	KOL SEAL (50# BAG)	745.00	.4400	327.80
1107	FLO-SEAL (25#)	37.00	2.2200	82.14
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 CASING FOOTAGE	996.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
510 TON MILEAGE DELIVERY	372.87	1.26	469.82

Parts: 2078.99 Freight: .00 Tax: 156.97 AR 4170.78
 Labor: .00 Misc: .00 Total: 4170.78
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 32957

LOCATION Dttgwg

FOREMAN Alan Madu

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-14-11	5363	Macha #1	NW 33	24	18	AL
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
McGowan Drilling			516	Alam	Safety	Meat
MAILING ADDRESS			368	Deek	DM	
P.O. Box 334			370	Allen	AM	
CITY	STATE	ZIP CODE	510	Gary	GM	
Mound City	KS	66056				

JOB TYPE <u>Long string</u>	HOLE SIZE <u>6 3/4</u>	HOLE DEPTH <u>1002</u>	CASING SIZE & WEIGHT <u>4 1/2</u>
CASING DEPTH <u>996</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>
DISPLACEMENT <u>15.5</u>	DISPLACEMENT PSI <u>900</u>	MIX PSI <u>200</u>	RATE <u>5 bpm</u>

REMARKS: held crew meeting. Established rate & loaded casing from SE Kan tanker. Mixed & pumped 100# gel to flush hole, followed by 10 bbl dye marker. Mixed & pumped 149 sk 50 150 po2 plus 5# Kol seal, 27 gal 1/4# flo seal per sack, mixed with low water. Circulated dye. Flushed pump. Pumped plus to casing T.D. Checked depth with wireline. Well held 900 PSI. Set float.

McGowan Drilling Alan Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
6401	1	PUMP CHARGE		975.00
3406	55	MILEAGE		220.00
3402	996	casing footage		
5407A	372.87	ton miles		469.82
3502C	3	80 vac		270.00
1124	149 SK	50 150 POZ		1557.05
1183	350 #	gel		70.00
110A	745 #	Kol seal		327.80
1107	37 #	flp seal		82.14
740 #	1	4 # plug		42.00

245202

SALES TAX	156.97
ESTIMATED TOTAL	4170.78

Revin 3737
NO company rep
Jim Okid

AUTHORIZATION Jim Okid 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
On Well Services, LLC

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

TICKET NUMBER 32933
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-11-11	5363	Macha #1	nw 33	24	18	AL
CUSTOMER <u>McGowan Drilling</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 334</u>			<u>516 Alan M Sady Mader</u>			
CITY STATE ZIP CODE <u>Mound City KS 66056</u>			<u>308 Arlen M AM</u>			
JOB TYPE <u>Surface</u> HOLE SIZE <u>11 1/4</u> HOLE DEPTH <u>425</u> CASING SIZE & WEIGHT <u>8 5/8</u>			<u>558 Derckm DM</u>			
CASING DEPTH <u>42.5</u> DRILL PIPE _____ TUBING _____ OTHER _____			SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING <u>yes</u>			
DISPLACEMENT <u>2 1/2</u> DISPLACEMENT PSI _____ MIX PSI <u>200</u> RATE <u>5 bpm</u>			REMARKS: <u>Held crew meeting. Established rate. Mixed & pumped 68 sk DWL plus 1/4 # flo seal per sack. Circulated cement. Displaced casing with clean water. Closed valve.</u>			
<u>Used extra cement due to poor circulation</u>						

McGowan Drilling & water, Frank
Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
54015	1	PUMP CHARGE		725.00	
5406	55	MILEAGE		220.00	
5402	42.5	casing footage			
5407	min	ton miles		330.00	
1126	68 sk	DWL		1217.20	
1107	17 #	flo-seal		37.74	
				SALES TAX	94.75
				ESTIMATED TOTAL	2674.69

245020

Ravin 3737 AUTHORIZATION Chris M McGowan 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.

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

February 06, 2012

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

Re: ACO1
API 15-001-30256-00-00
Macha #1
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