



KANSAS CORPORATION COMMISSION 1080101
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 # _____

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: _____



1080101

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:	<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
_____ 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: 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
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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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36925
LOCATION Ottawa
FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-8-22	1862	Irene Vogel Trust #2	NE 33	12	20	DG
CUSTOMER			TRUCK #			
Circle E Investments			576	Alan M	Safety	Meat
MAILING ADDRESS			368	Alan M		
3820 W 52nd			369	Derek M	DM	
CITY			503	Daniel G	DG	
Roeland Park						
STATE						
KS						
ZIP CODE						
66025						

JOB TYPE long string HOLE SIZE 3 7/8 HOLE DEPTH 765 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 754 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 4.4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by 103 sk 50150 cement plus 2 7/8 gal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

McGowan, Frank.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		10.3000
5406	35	MILEAGE		140.00
5402	754	casing footage		
5407	1/2 min	van miles		175.00
5502C	1 1/2	80 gal		135.00
1124	103	50150 cement		1127.85
118B	273 #	gel		57.33
4402	1	2 1/2 plug		28.00
<u>247790</u>				
SALES TAX				88.56
ESTIMATED TOTAL				2781.74

Authorization Jim Okid TITLE _____ DATE _____
No company rep

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

McGown Drilling, Inc.
Mound City, Kansas

Operator:

Circle E Investments
Roeland Park, Kansas

Irene Vogel Trust #2

Douglas County, KS
33-12S-20E
API # 15-045-21715

Spud Date:	2/6/2012	Surface Bit:	11"
Surface Casing:	7"	Drill Bit:	5.875"
Surface Length:	58.05'	Longstring:	754.30'
Surface Cement:	Cemented by Consolidated	Longstring Date:	2/8/2012
		Longstring Size:	2 7/8 EUE

Driller's Log

Top	Bottom	Formation	Comments
0	20	Soil & clay	
20	65	Lime	
65	90	Shale	
90	105	Lime	
105	140	Shale	
140	202	Lime	
202	225	Shale	
225	236	Lime	
236	254	Shale	
254	265	Lime	
265	281	Shale	
281	367	Lime	
367	373	Shale	
373	384	Lime	
384	496	Big Shale	
496	508	Lime	
508	546	Shale	
546	552	Lime	
552	567	Shale	
567	573	Lime	
573	590	Shale	
590	592	Lime	
592	600	Shale & Bl. Shale	
600	607	Lime	
607	631	Shale	

Irene Vogel Trust #2
Douglas Co., KS

631	637	Lime	
637	647	Shale	
647	653	Sand	Broken, good oil show
653	700	Shale	
700	702	Sand	Broken, fair to good oil show
702	765	Shale	
765	TD		

Coring

Run	Footage	Recovery
1	647-662	14'

Mud

Mixes 24 sx gel to set surface