



KANSAS CORPORATION COMMISSION 1081704
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: _____



1081704

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

Mound City, Kansas

Operator:

McGown Drilling, Inc.
Mound City, Kansas

Randall M16-11

Linn County, Kansas
11-22S-23E
API: 107-24560

Spud Date: 1/19/2012
Surface Casing: 7"
Surface Length: 21.80'
Surface Cement: 4 sx

Surface Bit: 9.875"
Drill Bit: 5.625"
Longstring: 542'
Longstring Date: 1/26/2012

Driller's Log

Top	Bottom	Formation	Comments
0	3	Soil	
3	12	Clay	
12	14	Gravel	
14	15	Lime	
15	20	Sand	
20	29	Lime	
29	87	Shale	
87	88	Coal	
88	92	Shale	
92	106	Lime	
106	118	Shale	
118	123	Lime	
123	125	Dark Shale	
125	134	Sand	
134	137	Sandy Shale	
137	164	Shale	
164	173	Lime	
173	185	Shale	
185	187	Dark Shale	
187	192	Shale	
192	194	Lime	
194	200	Shale	
200	205	Sand	
205	210	Sandy Shale	
210	233	Shale	
233	242	Sand	

Randall M16-11
Linn County, KS

242	276	Shale
276	277	Coal
277	290	Shale
290	291	Lime
291	293	Dark Shale
293	356	Shale
356	357	Lime
357	358	Coal
358	374	Shale
374	376	Sand
376	389	Dark Shale
389	392	Sand
392	415	Shale
415	422	Sandy Shale
422	445	Shale
445	446	Coal
446	449	Shale Muddy
449	460	Sand / Sandy shale
460	461	Shale
461	465	Sand
465	466	Shale
466	468	Shale
468	470	Coal
470	491	Dark Shale
491	492	Coal
492	524	Shale
524	542	Mississippian
542		TD



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 33594

LOCATION Eureka

FOREMAN Steve Mead

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
1-26-12	5363	Randall * M16-11				Linn
CUSTOMER <u>McGown Drilling</u>						
MAILING ADDRESS <u>P.O. Box K</u>						
CITY <u>Mound City</u>	STATE <u>Ks</u>	ZIP CODE <u>66056</u>	TRUCK # <u>485</u>	DRIVER <u>Alan m</u>	TRUCK # <u>515</u>	DRIVER <u>Joel</u>
			<u>Chris B (helper)</u>			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 542' CASING SIZE & WEIGHT _____
 CASING DEPTH 533' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 3 bbls DISPLACEMENT PSI 400# Bump Plug 1000# RATE _____

REMARKS: Safety meeting. Rig up to 2 3/8 Tubing. Break Circulation w/ Fresh water. Pump 100# Gel Flush + 3 bbls Water Mix 50/50 Pozmix Cement w/ 2% Gel. Shut down. Wash out pump + lines. Load plug in Tubing Displace with 3 bbls Fresh water. Final pump Pressure 400#. Bump plug 1000#. Release Pressure. Plug held. Good Cement Returns to surface. Job Complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	-	MILEAGE NC 2 nd well	-	-
1124	855 SKS	50/50 Pozmix Cement	10.95	930.75
1118B	140*	Gel 2%	.21	29.40
1118B	100#	Gel Flush	.21	21.00
5407		Ten milege Bulk Truck	MIX	350.00
4402	1	2 3/8 Rubber Plug	28.00	28.00
			Sub Total	2389.15
			SALES TAX	63.57
			ESTIMATED TOTAL	2452.72

Ravin 3737

AUTHORIZATION Chris M McGown

TITLE 247451

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