



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1089043

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: _____



1089043

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 ☐ Yes ☐ No
 (Attach Additional Sheets)

 Samples Sent to Geological Survey ☐ Yes ☐ No

 Cores Taken ☐ Yes ☐ No

 Electric Log Run ☐ Yes ☐ No

 Electric Log Submitted Electronically ☐ Yes ☐ No
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum
CASING RECORD ☐ New ☐ 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 (Amount and Kind of Material Used)	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 (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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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McGown Drilling, Inc.

Mound City, Kansas

Operator:

Jackson & Johnson Oil, LLC
Kansas City, MO

Milleret #1

Leavenworth Co., KS
24-12S-20E
API # 103-21357

Spud Date: 3/26/2012

Surface Casing: 7"

Surface Length: 83'

Surface Cement: Cemented by Consolidated

Surface Bit: 11"

Drill Bit: 5.875"

Longstring: 820.25'

Longstring Date: 3/28/2012

Longstring Size: 2 7/8 EUE

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	34	Clay	
34	65	Sand & Gravel	
65	122	Shale	
122	140	Lime	
140	148	Shale	
148	155	Lime	
155	175	Shale	
175	182	Lime	
182	215	Shale	
215	273	Lime	
273	302	Shale	
302	313	Lime	
313	329	Shale	
329	338	Lime	
338	352	Shale	
352	462	Lime	
462	650	Big Shale	
650	660	Lime	
660	669	Shale	
669	674	Lime	
674	695	Shale	
695	702	Lime	
702	720	Shale	
720	744	Sand	Broken in places, fairly good oil show

Milleret #1
Leavenworth Co., KS

744	776	Shale	Oil show
776	789	Sand	Grey, laminated
789	814	Sand	Grey, light oil show; best 734-44
814	816	Shale	
816	818	Lime	
818	904	Shale	
904	910	Sand	Grey
910	1002	Shale	
1002	TD		

Coring

Run	Footage	Recovery
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Mixed 30 sacks of gel to set surface - 3 hours
Circulated hole clean and ran longstring - 2 hours



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 36956
LOCATION OTAWA
FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-26-12		Mallencroft #1	SE 24	12	20	LV
CUSTOMER Jackson + Johnson Oil LLC						
MAILING ADDRESS 4010 Washington St Ste 100						
CITY Kansas City	STATE MO	ZIP CODE 64111	TRUCK #	DRIVER	TRUCK #	DRIVER
			516	Alan M	368	Scott M
			368	Gary M	369	Derek M
			369	Derek M	538	Ryan S
			538	Ryan S		

JOB TYPE Surfing HOLE SIZE 12 1/4 HOLE DEPTH 83 CASING SIZE & WEIGHT 7 7/8
CASING DEPTH 83 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
DISPLACEMENT 3.7 DISPLACEMENT PSI 200 MIX PSI 100 RATE 45 gpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 58 sk Portland A plus 2% calcium, 2% gel, 1/4" flo-seal. Circulated cement. Displaced casing with clean water. Closed valve.

McLeaver, Frank

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		825.00
5406	40	MILEAGE		160.00
5402	83'	casing footage		
5407	min	for miles		350.20
5502C	2	80 val		180.00
11045	58 sk	Portland A		867.10
1186	109 #	gel		22.89
1107	15 #	flo seal		35.25
1102	109 #	calcium		80.66
		2594.33		
	Less 2%	51.89		
		2542.44		
		2486.03		
		73		
		SALES TAX		23.43
		ESTIMATED TOTAL		2594.33

paid check # 1002

Thanks

levin 3737

AUTHORIZATION _____

TITLE _____

DATE _____

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



CEMENT

FOREMAN Fred Meder

REMARKS: Establish pump rate. Mix + Pump 100# Premium Gel Flush.
Mix + Pump 143.5Ks 50/50 Poz mix Cement 2% Gel 1/4" Flo Seal/gk.
Cement to Surface. Flush pump + lines clear. Displace 2 1/2"
rubber plug to casing TD. Pressure to 700 PSI. Release
pressure to set float valve. Shut in casing.

Fred Moore

Հայկ 3797

TITLE

DATE _____

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