

### Kansas Corporation Commission Oil & Gas Conservation Division

#### 1090435

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

Name:   Address 1:	OPERATOR: License #	API No. 15
Address 2:	Name:	Spot Description:
City:	Address 1:	SecTwpS. R 🔲 East 🗌 West
Contact Person:	Address 2:	Feet from North / South Line of Section
NR	City:	Feet from _ East / _ West Line of Section
CONTRACTOR: License #         County:           Name:         Wellsite Geologist:           Purchaser:         Posignate Type of Completion:             New Well   Re-Entry   Workover   Gas   D&A   ENHR   SIGW   Gas   D&A   ENHR   SIGW   Multiple Stage Cementing Collar Used?   Yes   No   If yes, show depth set:   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.           If Workover/Re-entry: Old Well Info as follows:         Original Comp. Date:   Original Total Depth:   Conv. to GSW   Depening   Re-perf.   Conv. to GSW   Departing method used:   Location of fluid disposal if hauled offsite:   Coperator Name:   Lease Name:   License #:   License #:   County:   Permit #:   Caps   County:   Permit #:   County:   Pe	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Lease Name:	Phone: ()	□NE □NW □SE □SW
Wellsite Geologist:	CONTRACTOR: License #	County:
Purchaser:	Name:	Lease Name: Well #:
Designate Type of Completion:  New Well Re-Entry Workover Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd.  If Workover/Re-entry: Old Well Info as follows:  Original Comp. Date: Deepening Re-perf. Conv. to ENHR Conv. to GSW Plug Back: Plu	Wellsite Geologist:	Field Name:
New Well	Purchaser:	Producing Formation:
New Well	Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
Oil		, ,
Well Name:	Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd.  CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?
Well Name:Original Total Depth:	Operator:	
Original Comp. Date: Original Total Depth: bbls  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 #:  GSW Permit #:  Original Total Depth: bbls  Chloride content: ppm Fluid volume: bbls  Dewatering method used: brail disposal if hauled offsite:  Operator Name: License #:  Quarter Sec Twp S. R East West  County: Permit #:	Well Name:	
GSW Permit #: County: Permit #:	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 #:	Chloride content: ppm Fluid volume: bbls  Dewatering method used:  Location of fluid disposal if hauled offsite:  Operator Name: License #:
	Spud Date or Date Reached TD Completion Date or	

#### **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:							

Side Two



Operator Name:				_ Lease N	lame:			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	sures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No							
List All E. Logs Run:										
		Report all	CASING I		New	Used mediate, producti	on, etc.			
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)		Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose:         Depth Top Bottom         Type o           — Perforate         — Protect Casing           — Plug Back TD         — Plug Off Zone		Type of Co	ement	# Sacks	Used		Type and	Percent Additives		
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perfo						cture, Shot, Cemei mount and Kind of N		d	Depth
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0		
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Water		ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually (		nmingled mit ACO-4)			

Linn County, KS Well: McDonald 1-W Lease Owner: TOC

## Town Oilfield Service, Inc. (913) 837-8400

Commenced Spudding: 7/6/2012

### WELL LOG

Thickness of Strata	Formation	Total Depth		
9	Soil and Clay	9		
19	Sandy Shale	28		
6	Shale	34		
3	Lime	37		
47	Shale	84		
10	Lime	94		
10	Shale	104		
35	Lime	139		
8	Shale and Slate	147		
22	Lime	169		
4	Shale and Slate	173		
3	Lime	176		
4	Shale and Slate	180		
5	Lime	185		
134	Shale and Slate	339		
5	Lime	344		
14	Shale	358		
13	Lime	371		
9	Shale	380		
12	Sand	392		
34	Sandy Shale	426		
12	Lime	438		
8	Shale	446		
3	Lime	449		
18	Shale	467		
13	Lime	480		
15	Shale	495		
8	Lime	503		
76	Shale	579		
9	Sand	588		
30	Sandy Shale	618		
4	Sand	622		
24	Sand	646		
16	Sand	662		
5	Sand	667		
53	Sandy Shale	720-TD		
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Linn County, KS Well: McDonald 1-W Lease Owner: TOC

# Town Oilfield Service, Inc. Commenced Spudding: 7/6/2012



TICKET NUMBER 37397 LOCATION Officera KS FOREMAN Casey Kennedy

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

### FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-8676	3		CEMEN	IT			
DATE	CUSTOMER#	Į.	NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
7/13/12	7823	McDova	14 6	-W	SW 07	19	<b>ब</b> बे	MI
CUSTOMER	M://	· ·			The second secon			ATTENDED OF THE REAL PROPERTY.
MAILING ADDRI	on Oil Co	*		_	TRUCK#	DRIVER	TRUCK#	DRIVER
	W. 28-	7 4			481	Casken	CE	-
CITY	W. 20.	STATE	ZIP CODE	_	495	HarBec	HB	
Paola		KS	66071		548	MikHea		
JOB TYPE /GF		HOLE SIZE 5	5/8 11	_ HOLE DEPTI	720'	CASING SIZE & \		
CASING DEPTH	7100	DRILL PIPE					OTHER PIN	- 705
SLURRY WEIGH		SLURRY VOL_			sk		CASING 2/2	rubber play +!
DISPLACEMENT	r4.1 665	DISPLACEMENT				RATE		
REMARKS:						+ sumped 10		
	by 10 bbls	frehunt	Er Mixe	d to puny	ged 102 skg	150/50 705	enijx cem.	est w/
27. gel	per skill	ment to	surface.	, thisner	1 pump cl	ean pour		
to pin y	1/4.1 661s	truck we	der, pre	Sured +	e SOO PS	shot me	casing all	Jell Keld
præssure f	or 30 min	MIT.	<u> </u>			·	-1-/-)	
					<u></u>		+	
						1	) (	
						/	<u>'/-</u>	
* COOLINE	<b>\</b>			***		/	<b>1</b>	<u> </u>
ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PF	RODUCT	UNIT PRICE	TOTAL
5401	/		PUMP CHARG	E				1030,00
5406	40 +	<i>ન</i> ો	MILEAGE	· · · · · · · · · · · · · · · · · · ·	,,, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and the same of th		160,00
5402	710'		Cas	ing toot	age			
5407	Minimo	NA C	ton	Mileag.	<u> </u>			350.00
1124	102	sks	30/50 F	BOWIE C	enent			1116,90
11183	316 -	#	Premi	om Gel	2			171.36
4402	1	"	2%"0	ubber pk	ع <i>ا</i> ت			28,00
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							A ARTH	
		·				Property of the second	1,31,15	.Out
						Eugs.	-A:	
						7.55%	SALES TAX	99.38
avin 3737	1	) ,					ESTIMATED	2955.64
	Death &	1.160	A				TOTAL	3-12
UTHORIZTION	HIV K	willow		TITLE			DATE	3-12

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.

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