



KANSAS CORPORATION COMMISSION 1150711  
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: \_\_\_\_\_



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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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**McGown Drilling, Inc.**  
Mound City, Kansas

**Operator:**  
J. Richard Burris  
Gas, KS

**Alan Kettle #4A**  
Allen Co., KS  
1-24S-18E  
API: 001-30550

**Spud Date:** 11/2/2012  
**Surface Casing:** 8.625"  
**Surface Length:** 22.05'  
**Surface Cement:** 4 SX  
**Longstring:** 4.5" 9.5 lb. new  
**Surface Bit:** 11"  
**Drill Bit:** 6.75"  
**Longstring:** 1290.0'  
**Longstring Date:** 11/7/2012

**Driller's Log**

Top	Bottom	Formation	Comments
0	10	Soil & Clay	
10	47	Lime	
47	76	Shale	
76	84	Lime	
84	107	Shale	
107	113	Lime	
113	125	Shale	
125	182	Lime	
182	187	Bl. Shale	
187	216	Lime	
216	220	Shale	
220	235	Lime	
235	284	Shale	
284	318	Sandy Shale	Small rainbow to pit
318	419	Shale	
419	428	Limy Shale	
428	432	Red Bed	
432	453	Lime	
453	460	Shale	
460	476	Lime	
476	504	Sandy Shale	
504	511	Shale	
511	513	Lime	
513	515	Coal	
515	530	Shale	

913.795.2259 office  
620.224.7406 Chris' cell

mcgowndrilling@gmail.com

PO Box K  
Mound City, KS

TD					
530	590	Limy Shale			
590	608	Lime	20'		
608	610	Shale			
610	616	Lime	5'		
616	621	Shale			
621	626	Sand	Squirrel		
626	682	Shale			
682	684	Coal			
684	750	Shale			
750	758	Sandy Shale			
758	802	Shale			
802	904	Sand			
904	920	Sand	Oil show, good odor		
920	923	Coal			
923	979	Sand	No show		
979	980	Shale			
980	983	Coal			
983	988	Shale			
988	1182	Lime	Mississippian, '1020' odor		
1182	1201	Shale	Green		
1201	1204	Lime			
1204	1217	Shale			
1217	1268	Lime			
1268	1290	Shale			
1290	1292	Lime	Arbuckle, set pipe		
1292	1322	Lime	1296' oil show, 1306 good break		

Hurricane Services, Inc.  
 3613 A Y Road  
 Madison, KS 66860  
 Office # 620-437-2661  
 Brad Cell # 620-437-6765

Ticket Number 100177  
 Location Madison  
 Foreman Brad Butter

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
11-7-12		Alan Kettle *4A		Allen
Customer TB*G, LLC		Mailing Address 308 Fairway Ave	City Iola	State Ks. Zip 66749

Job Type:	Truck #	Driver
LongString	201	Kelly
Hole Size: 6 3/4"	202	Cody
Casing Size: 4 1/2" @ 1290'	106	David
Displacement: 20 1/4 Bbls	144 + 152	Rick
Displacement PSI: 550		Austin
Casing Weight: 9.5 lb.		
Tubing:		
Cement Left in Casing: 35'		
PBTD:		

Quantity Or Units	Description of Services or Product	Pump charge	
45	Mileage	\$3.25/Mile	790.00 146.25
203 sks.	50/50 Pozmix cement	10.40	2111.20
340 lbs.	Gel 2%	.30	102.00
65 lbs.	Flocete 1/3 * P/SK	1.85	120.25
500 lbs.	Gel > Flush Ahead	.30	150.00
4 Hrs.	water Truck	84.00	336.00
4 Hrs.	water Transport	105.00	420.00
7000 GAL.	water	13.00 per 1000	91.00
45 miles	Truck #290	1.50	67.50
9.06 Tons	Bulk Truck	\$1.15/Mile	468.85
	Plugs		
	Subtotal		4803.05
	Sales Tax		187.93
	Estimated Total		4990.98

Remarks: Rig up to 4 1/2" casing, Break circulation with 5 Bbls water, Pumped 25 Bbls Gel Flush, 10 Bbl. water, circulate Gel around to condition Hole with Pit water, Pumped 10 Bbl. Gels water, 10 Bbl. Dye water, Mixed 203 sks. 50/50 Pozmix cement w/ 2% Gel and 1/3 \* P/SK of Flocete, Displaced cement with 20 1/4 Bbls water, Final Pumping at 550 PSI - ISDP at 400 PSI - close casing w/ 400 PSI  
 Job complete with good cement returns > 8 Bbl. slurry

"Thank You"

Witnessed by Richard Burns  
 Customer Signature