



KANSAS CORPORATION COMMISSION 1156470
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: _____



1156470

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 Bbbs.	Gas Mcf	Water Bbbs.	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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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McGown Drilling, Inc.
Mound City, Kansas

Operator:
A&L Energy, LLC
New York, NY

Thoren #115
Douglas Co., KS
6-14S-21E
API: 045-21949

Spud Date: 6/24/2013
Surface Casing: 7"
Surface Length: 43.0'
Surface Cement: 8 sx

Surface Bit: 9.875"
Drill Bit: 6.125"
Longstring: 740.60'
Longstring Date: 6/25/2013

Driller's Log

Top	Bottom	Formation	Comments
0	29	Soil & Clay	
29	66	Shale	
66	96	Lime	
96	102	Shale	
102	112	Lime	
112	120	Shale	
120	124	Lime	
124	134	Shale	
134	137	Lime	
137	171	Shale	
171	194	Lime	
194	235	Shale	
235	241	Lime	
241	256	Shale	
256	269	Lime	
269	272	Shale	
272	274	Bl. Shale	
274	291	Shale	
291	304	Lime	
304	324	Shale	
324	333	Lime	
333	340	Shale	
340	371	Lime	
371	374	Shale	
374	402	Lime	
402	407	Shale	

Thoren #115
Douglas Co., KS

407	411	Lime	
411	416	Shale	
416	422	Lime	
422	442	Shale	
442	452	Sandy Shale	
452	568	Shale	
568	575	Sand	Small oil show, laminated
575	590	Shale	
590	595	Lime	
595	631	Shale	
631	633	Coal	
633	649	Shale	
649	653	Lime	
653	686	Shale	
686	688	Sand	Fair bleed, good odor, laminated
688	690	Sand	Good to heavy bleed, good odor, all sand
690	692	Sand	Good oil bleed
692	694	Sand	Fair bleed, good odor, laminated
694	696	Sandy Shale	Little to no bleed, small odor, mostly shale
696	729	Shale	
729	731	Coal	
731	752	Shale	
752	TD		



CONSOLIDATED
Oil Well Services, LLC

260001

TICKET NUMBER 42069
LOCATION Ottawa
FOREMAN Alan Maden

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
6-25-13	3898	Thoren 115	NE 6	14	21	D6
CUSTOMER			TRUCK #			
AdL Energy			576	Al Maden		
MAILING ADDRESS			368	Art McD		
575 Madison Ave			369	Der Mas		
CITY	STATE	ZIP CODE	558	Wil Mat		
New York	NY	10022				

JOB TYPE Logistics HOLE SIZE 6 1/4 HOLE DEPTH 750 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 740 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4.3 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Hold meeting. Hooked to casing. Est. established rate. Mixed & pumped 100# gel followed by 89 sk OWC plus 1/4# Plaseal per gack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 802 PSI. Set float. Closed valve.

McGowan, Colt.

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE	368	1085.00
5406	36	MILEAGE	368	126.48
5402	740'	casing footage	368	
5407	min	ton miles	558	368.00
5522C	2	80 ual	369	180.00
1126	89	OWC		1757.75
11813	100 #	gel		22.00
1107	22 #	1/4# seal		54.34
4402	1	2 1/2 plug		39.50
			SALES TAX	136.05
			ESTIMATED TOTAL	3758.64

Ravin 3737

AUTHORIZATION _____ TITLE _____ 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.