



KANSAS CORPORATION COMMISSION 1156480
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: _____



1156480

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

Operator:

A&L Energy, LLC
New York, NY

Thoren #122

Douglas Co., KS
6-14S-21E
API: 045-21954

Spud Date: 7/18/2013
Surface Casing: 7"
Surface Length: 40.0'
Surface Cement: 8 sx

Surface Bit: 9.875"
Drill Bit: 6.125"
Longstring: 731.6'
Longstring Date: 7/19/2013

Driller's Log

Top	Bottom	Formation	Comments
0	26	Soil & Clay	
26	71	Shale	
71	80	Lime	
80	86	Shale	
86	104	Lime	
104	111	Shale	
111	119	Lime	
119	129	Shale	
129	147	Lime	
147	182	Shale	
182	199	Lime	
199	239	Shale	
239	249	Lime	
249	262	Shale	
262	274	Lime	
274	299	Shale	
299	310	Lime	
310	324	Shale	
324	378	Lime	
378	386	Shale	
386	408	Lime	
408	418	Shale	
418	426	Lime	
426	446	Shale	
446	454	Sandy Shale	
454	472	Shale	

Thoren #122
Douglas Co., KS

472	475	Coal	
475	572	Shale	
572	578	Sandy Shale	
578	592	Shale	
592	595	Coal	
595	600	Shale	
600	607	Lime	
607	632	Shale	
632	634	Coal	
634	646	Shale	
646	658	Lime	
658	689	Shale	
689	690	Sand	Laminated, small bleed, fair odor
690	692	Sand	Laminated, small bleed, better odor
692	694	Sand	Laminated, better bleed, good odor
694	696	Sand	Laminated, better bleed, good odor
696	698	Shaly Sand	Light bleed & odor
698	700	Shaly Sand	Light bleed & odor
700	708	Shale	
708	710	Coal	
710	742	Shale	
742	TD		



CONSOLIDATED
Oil Well Services, LLC

260149

TICKET NUMBER 42207
LOCATION Dttawa
FOREMAN Alan Mader

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
7-19-13	3898	Thoren # 122	NE 6	14	21	06
CUSTOMER			TRUCK #			
A&L Energy			DRIVER			
MAILING ADDRESS			TRUCK #			
575 Madison Ave			DRIVER			
CITY	STATE	ZIP CODE	576	Ala Mader		
New York	NY	10022	368	Ar Mader		
JOB TYPE	HOLE SIZE	HOLE DEPTH	370	Tas Bic		
long string	5 7/8	742	310	Set Tuc		
CASING DEPTH	DRILL PIPE	TUBING	CASING SIZE & WEIGHT			
731			2 7/8			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
			YES			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
	800	200	4.6pm			

REMARKS: Hooked to casing. Established rate. Mixed & pumped 100# gel followed by 93 sk DWL plus 14# flo. seal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

McGowan, Colt Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	30	MILEAGE	368	126.00
5402	731	casing footage	368	
5407	min	tonaribas	370	368.00
5502C	2	80val	370	180.00
1126	93	DWL		1836.75
1118B	100	gel		22.00
1107	23#	flaseal		56.85
4422	1	2 1/2 plug		29.50
SALES TAX				139.07
ESTIMATED TOTAL				3843.13

NO company rep
Jim DKD

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.