

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1163566

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Fast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
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:	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
Operator:	Defilie a Finite Management Dise
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:      SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R East West
GSW         Permit #:	County: Permit #:
Spud Date or         Date Reached TD         Completion Date or           Recompletion Date         Recompletion Date         Recompletion Date	

#### 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	1163566
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No		-	on (Top), Depth an		Sample
Samples Sent to Geolog	ical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	YesNoYesNoYesNo					
List All E. Logs Run:							
		CASING	G RECORD	ew Used			
		Report all strings set	-conductor, surface, inte	ermediate, product	tion, 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: —— Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot		PERFORATION Specify For		RD - Bridge P Each Interval I		)e			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed I	Product	ion, SWD or ENHF	<b>λ</b> .	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
						1				
DISPOSITIC	ON OF G	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit)	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Sub	omit ACC	)-18.)		Other (Specify)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

# McGown Drilling, Inc. Mound City, Kansas

Operator:

N & W Enterprises, Inc. Fort Scott, KS

## Giefer #16 Inj.

Crawford Co., KS 34-28S-22E API: 15-037-22226

Spud Date: 10/2/2	2013 Surface Bit:	11"
Surface Casing: 7"	Drill Bit:	5.875"
Surface Length: 20.0	)' Longstring:	424.40'
Surface Cement: 5 sx	X Longstring Date:	10/3/2013

		Driller's	s Log
Тор	Bottom	Formation	Comments
0	8	Soil	
8	20	Lime	
20	74	Shale	
74	79	Lime	
79	82	Bl. Shale	
82	115	Lime	
115	118	Bl. Shale	
118	157	Shale	
157	182	Sandy Shale	
182	202	Lime	20'
202	210	Bl. Shale	
210	217	Lime	5'
217	314	Shale	
314	318	Bl. Shale	
318	334	Shale	
334	380	Sandy Shale	
380	393	Sand	Very good oil show, heavy bleed
393	430	Shale	
430	TD		

913.795.2259 office 620.224.7406 Chris' cell

mcgowndrilling@gmail.com

PO Box K Mound City, KS

## Kepley Well Service, LLC

19245 Ford Road Chanute, KS 66720 APE#15-037-22226-00-00

Date 10/15/2013

48030

Invoice #

# **Cement Treatment Report**

N & W Enterprise Inc. 1111 S. Margrave Fort Scott, KS 66701 (x) Landed Plug on Bottom at 800 PSI
() Shut in Pressure psi
(x)Good Cement Returns
() Topped off well with sacks
(x) Set float shoe - Shut in

TYPE OF TREATMENT: Production Casing HOLE SIZE: 5 5/8" TOTAL DEPTH: 430

Well Name	Terms	Du	e Date		
	Net 15 days 10/15/2013				
Service of	or Product	Qty	Per Foot	Pricing/Unit Pricing	Amount
Run and cement 2 7/8" Sales Tax		425		3.00 7.15%	1,275.00
				Total	\$1,275.00
Hooked onto 2 7/8" casing. Es METSO, COTTONSEED ahead				Payments/Credits	\$0.00
	d pumped 2.4 barrels of water		11	Balance Due	\$1,275.00