



KANSAS CORPORATION COMMISSION 1163657
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: _____



1163657

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 Bbls.	Gas Mcf	Water Bbls.	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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Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date	Invoice #
10/15/2013	48032

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	Due Date		
	Net 15 days	10/15/2013		
Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount	
Run and cement 2 7/8"	425	3.00	1,275.00	
Sales Tax		7.15%	0.00	

10-11-16
 Franklin Injection #2
 Crawford County
 Section: 29
 Township: 28
 Range: 22

Hooked onto 2 7/8" casing. Established circulation with 1.5 barrels of water, GEL, METSO, COTTONSEED ahead, blended 72 sacks of straight cement, dropped rubber plug, and pumped 2.4 barrels of water

Total	\$1,275.00
Payments/Credits	\$0.00
Balance Due	\$1,275.00

McGown Drilling, Inc.
Mound City, Kansas

Franklin #2 Inj.
Crawford Co., KS

402 430
430 TD

Shale

Operator:
N & W Enterprises, Inc.
Fort Scott, KS

Franklin #2 Inj.
Crawford Co., KS
29-28S-22E
API: 15-037-22247

Spud Date: 10/3/2013
Surface Casing: 7" 8 1/2"
Surface Length: 20.0'
Surface Cement: 5 sx

Surface Bit: 11"
Drill Bit: 5.875"
Longstring: 424.35'
Longstring Date: 10/4/2013

Driller's Log

Top	Bottom	Formation	Comments
0	6	Soil	
6	10	Lime	
10	67	Shale	
67	69	Lime	
69	71	Bl. Shale	
71	110	Lime	
110	113	Bl. Shale	
113	132	Shale	
132	172	Sand	Grey, no show
172	173	Coal	
173	179	Shale	
179	197	Lime	20'
197	206	Shale	
206	211	Lime	20'
211	219	Bl. Shale & Shale	
219	224	Sand	Light oil show, laminated
224	310	Shale	
310	312	Coal	
312	317	Shale	
317	320	Lime	
320	339	Bl. Shale & Shale	
339	342	Sand	Good oil show
342	365	Shale	
365	368	Sand	Grey, no show
368	376	Shale	
376	384	Sandy Shale	
384	402	Sand	Good oil show

913.795.2259 office
620.224.7406 Chris' cell

mcgowndrilling@gmail.com

PO Box K
Mound City, KS