

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division 1178482

Form ACO-1 August 2013 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:		SecTwpS. R 🗌 East 🗌 West
Address 2:		Feet from North / South Line of Section
City: State:	Zip:+	Feet from _ East / _ West Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Phone: ()		□NE □NW □SE □SW
CONTRACTOR: License #		GPS Location: Lat:, Long:
Name:		(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84
Purchaser:		County:
Designate Type of Completion:		Lease Name: Well #:
New Well Re-Entry	Workover	Field Name:
	SIOW	Producing Formation:
Gas D&A ENHR		Elevation: Ground: Kelly Bushing:
□ og □ gsw	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)		Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:		If yes, show depth set: Feet
Operator:		If Alternate II completion, cement circulated from:
Well Name:		feet depth to:w/sx cmt.
Original Comp. Date: Origina	ıl Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to	ENHR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to	GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:		Chloride content:ppm Fluid volume: bbls
		Dewatering method used:
		Location of fluid disposal if hauled offsite:
ENHR Permit #: _	_	
GSW Permit #: _		Operator Name:
		Lease Name: License #:
Spud Date or Date Reached TD	Completion Date or	QuarterSecTwpS. R East West
Recompletion Date	Recompletion Date	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						
Confidentiality Requested						
Date:						
Confidential Release Date:						
Wireline Log Received						
Geologist Report Received						
UIC Distribution						
ALT I II Approved by: Date:						

Page Two



Operator Name:				Lease N	Name: _			_ Well #:		
Sec Twp	S. R	East	West	County	:					
	ow important tops of fo ing and shut-in pressu o surface test, along wi	res, whe	ther shut-in pre	ssure reacl	hed stati	c level, hydrosta	tic pressures, bo			
Final Radioactivity Logilles must be submitted						gs must be ema	iled to kcc-well-lo	ogs@kcc.ks.go	v. Digital	electronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No			3	on (Top), Depth a			Sample
Samples Sent to Geol	ogical Survey	Ye	es 🗌 No		Nam	9		Тор	L	Datum
Cores Taken Electric Log Run		☐ Y€								
List All E. Logs Run:										
			CASING	RECORD	│ Ne	w Used				
		Repo				rmediate, producti	on, etc.			
Purpose of String	Size Hole Drilled		e Casing t (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		and Percent additives
Purpose	Depth					EEZE RECORD				
Purpose: Perforate	Top Bottom	Туре	of Cement	# Sacks	Used		Type and	Percent Additives		
Protect Casing Plug Back TD										
Plug Off Zone										
Did you perform a hydrau	ilic fracturing treatment or	this well?	?			Yes	No (If No, sk	aip questions 2 ar	nd 3)	
	otal base fluid of the hydra		•		•			rip question 3)		
Was the hydraulic fractur	ing treatment information	submitted	to the chemical of	disclosure reg	gistry?	Yes	No (If No, fil	out Page Three	of the ACC	D-1)
Shots Per Foot			RD - Bridge Plug Each Interval Perl				cture, Shot, Cemen		d	Depth
TUBING RECORD:	Size:	Set At:		Packer At	t:	Liner Run:				
							Yes No	1		
Date of First, Resumed	Production, SWD or ENH	R.	Producing Meth Flowing	nod:	g 🗌	Gas Lift C	other (Explain)			
Estimated Production Per 24 Hours	Oil Bl	bls.	Gas	Mcf	Wate	er Bl	ols.	Gas-Oil Ratio		Gravity
DIODOGITI	ON OF CAC			ACTUOD OF	COMPLE	TION		DDODUOTI		\/AL.
Vented Sold	ON OF GAS: Used on Lease		N Open Hole	NETHOD OF \Box Perf.	Dually	Comp. Con	nmingled	PRODUCTIO	λιν ΙΙΝ Ι ΕΚ\	VAL
(If vented, Sub			Other (Specify)		(Submit A	ACO-5) (Subi	mit ACO-4)			

Form	ACO1 - Well Completion
Operator	McGowan Oil Company, a General Partnership
Well Name	Montgomery 2-1
Doc ID	1178482

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	_	Type Of Cement	Type and Percent Additives
surface	12.25	8.625	24	40	class A	3% calcium, 1# pheno- seal



REMIT TO

Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE

P.O. Box 884 Chanute, KS 66720 620/431-9210 • 1-800/467-8676 Fax 620/431-0012

McGOWAN OIL CO 302 N. SUMMITT ARK CITY KS 67005 (620)442-2210 MONTGOMERY 2-1 45806 1-34S-8E 12-16-2013 KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	200.00	13.1800	2636.00
1118B	PREMIUM GEL / BENTONITE	700.00	.2200	154.00
1107A	PHENOSEAL (M) 40# BAG)	100.00	1.3500	135.00
Description 479 TON MILEAGE DE 485 P & A NEW WELL 485 EQUIPMENT MILE		Hours 1.00 1.00 60.00	Unit Price 727.56 1085.00 4.20	Total 727.56 1085.00 252.00

PD 12/13
12/22/13
12/22/13

Parts: 2925.00 Freight: .00 Tax: 238.38 AR 5227.94
Labor: .00 Misc: .00 Total: 5227.94
Sublt: .00 Supplies: .00 Change: .00



264824

TICKET NUMBER	45806
LOCATION FOCK	4
FOREMAN STAGE	131

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-867	6	CEMEN	TAPT 15.0	119-27374		.4
DATE	CUSTOMER #	WELL NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
12-16-13	5399	Manigamery #	2-1	1	343	86	Ca
CUSTOMER		7					
McGouro	in oilco.			TRUCK#	DRIVER	TRUCK #	DRIVER
MAILING ADDRI	ESS			485	Alan		
302 N	SummiT			479	merk		
CITY		STATE ZIP CODE					
Ackanses	CiTy	Ks 67005					
	A a	HOLE SIZE 7 %	HOLE DEPTH	2350'	CASING SIZE & V	VEIGHT	
CASING DEPTH		DRILL PIPE 44	_TUBING		-	OTHER	
SLURRY WEIGH	IT	SLURRY VOL	WATER gal/s	k	CEMENT LEFT in	CASING	
DISPLACEMENT	r	DISPLACEMENT PSI	MIX PSI		RATE		
REMARKS: 50	FTY Mee	Tingi Pluga	rell AS	501204			
the same to							
		15 sks - 50' , 0/w	AT 23	40/		1	
		153ks - 50' Plus				<u> </u>	
		155 SKS 500'7					
		13 Miks Rath	iole				
				mix Cemen	1 42661 x	12 Thenosea	1
			5 5				
				15.			
						80	

	:		5 0	
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 N	1	PUMP CHARGE	108500	1085.00
5406	60	MILEAGE	4.20	252.00
//31	2005/65	60/40 POZMIX CEMENT	13.18	2636.00
11180	7000	Ge1 4%	:22	154.00
1107A	1000	1ª Phanoseal 1ª Pas/sk	1.35	135.00
5407	8.6 ian	Tonmilege Bulk Truck	1.41	727.56
		•	34	
	1.	Y COM	leted	
			Sub Total	4989.56
		8.15%	SALES TAX	238.38
Ravin 3737	MAD		TOTAL	5227.94

AUTHORIZTION // DATE

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's



TICKET NUMBER 45826

LOCATION Euroka

FOREMAN Jason Comper

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT CEMENT

020 101 0210	0. 000 .0. 00.	-		OFINEIA				
DATE	CUSTOMER #	WEL	L NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
12-4-13		Montgons	ory #2-1		1	34	8	CQ
CUSTOMER			7			wat n		
Mi Gousan	ol Co.				TRUCK#	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	ESS		· · · · · · · · · · · · · · · · · · ·	1	445	Chrys		
302 N.	Summer L				611	Merle		
CITY		STATE	ZIP CODE					
Arkansas	City	Ks	67005					
JOB TYPE Ju	0 (HOLE SIZE /o	بولر	HOLE DEPTH	1 42'	CASING SIZE & W	EIGHT 85/8	
CASING DEPTH	40'	DRILL PIPE		TUBING			OTHER	
SLURRY WEIGH	IT_15.6	SLURRY VOL_	59 cult	WATER gal/s	k 5.2	CEMENT LEFT in	CASING 10	
DISPLACEMENT	т_2	DISPLACEMEN	T PSI 100	MIX PSI_100		RATE 4 BPM		
REMARKS: Pu	mad 5B61	when ahead	35k ge	1 Flush s	TBbl Water	spaier, 50st	4 39 Cake	ium 1#
	@ 15.6 pp							
	,,,	- Circul	atal 2351	Cement	to Surface	·L		
	3							
	WWW.							
		11-11	rouk you	11				
			1					

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		870,00
54D6	65	MILEAGE		273.00
5407	1	Min Bulk Delivery		368,00
11045	4700 \$ 50 hs	Cement		785,00
102	100 #	Calcium		78.00
11188	150±	bel		33,00
107A	40±	Pheno-Seril		5400
		ص	3% SALES TAX	18.85
ıvin 3737		0 /-		8 2/20 0

TOTAL _____TITLE__ AUTHORIZTION Dan Mc Gowan 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.