



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1192425
OIL & GAS CONSERVATION DIVISION

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 # _____

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1192425

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Operator:
McGown Drilling, Inc.
Mound City, KS

Seyler #9
Franklin Co., KS
1-16S-20E
API: 059-26582

Spud Date:	2/18/2014	Surface Bit:	11.0"
Surface Casing:	8.625"	Drill Bit:	6.75"
Surface Length:	30.0'	Longstring:	739.25'
Surface Cement:	6 sx	Longstring Date:	2/20/2014
Longstring:	4.5" New		

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	30	Clay	
30	39	Lime	
39	41	Shale	
41	54	Lime	
54	60	Shale	
60	71	Lime	
71	77	Shale	
77	97	Lime	
97	137	Shale	
137	169	Lime	
169	184	Shale	
184	187	Lime	
187	232	Shale	
232	259	Lime	
259	270	Shale	
270	278	Lime	
278	294	Shale	
294	306	Sand	Soft brown sand, good bleed to pit
306	311	Lime	
311	322	Shale	
322	325	Lime	
325	339	Shale	
339	360	Lime	

Seyler #9
Franklin Co., KS

360	370	Shale	
370	393	Lime	
393	396	Shale	
396	399	Bl. Shale	
399	409	Lime	
409	453	Shale	
453	460	Sandy Shale	
460	520	Shale	
520	542	Sandy Shale	
542	560	Shale	
560	568	Bl. Shale	
568	574	Lime	Shaly
574	588	Shale	
588	608	Lime	
608	613	Shale	
613	614	Coal	
614	619	Lime	
619	636	Shale	
636	639	Lime	
639	641	Coal	
641	652	Shale	
652	659	Lime	
659	682	Shale	
682	691	Sand	682-84 Laminated sand, fair oil show
691	753	Shale	684-689.5 - Good sand, good oil show
753		TD	



CONSOLIDATED
Oil Well Services, LLC

266038

TICKET NUMBER 42592
LOCATION Ottawa KS
FOREMAN Fred 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
2-19-14	1564	Saylor # 9	Nw 1	16	22	FR
CUSTOMER B-G-S Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 3939 Ellis Rd			712	Fred Mad		
CITY Rantoul			495	Har Bee		
STATE KS			675	Kid Det		
ZIP CODE 66409			510	Set Tuc		

JOB TYPE Long string HOLE SIZE 5 1/8 HOLE DEPTH 742' CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 722' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug
DISPLACEMENT 4.2 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 B/PM

REMARKS: Hold crew safety meeting. Establish circulation. Mix + Pump 100# Gel Flush. Mix + Pump 129 sks 50/50 Por Mix Cement 290 Gel 1/2" Pheno Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800 # PSI. Release pressure to set float valve. Shut in casing.

Fred Maden

Mc Gowan Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		10.85 ⁰⁰
5406	15	MILEAGE		63 ⁰⁰
5402	722	Casing footage		N/C
5407	Minimum	Ten Miles		368 ⁰⁰
55020	3 hr	80 BBL Vac Truck		270 ⁰⁰
1124	129 sks	50/50 Por Mix Cement		1483 ⁵⁰
118B	317 #	Premium Gel		69 ²³
1107 A	65 #	Pheno Seal		87 ⁷⁵
4402	1	2 1/2" Rob bar plug		29 ⁵⁰
Total				3450.49
-5% Cash Discount				172.83
<i>[Signature]</i>				3283.66
7.65%				SALES TAX
ESTIMATED				126.41
TOTAL				3405.07

Rev'n 3737

AUTHORIZATION [Signature] 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.