



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1197378  
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: \_\_\_\_\_

1197378

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 <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  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
<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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Rig Number: <b>2</b>	<b>26 S. T. 30 R. 16</b>
API No. <b>15-205-28074</b>	County: <b>Wilson</b>
Elev. <b>872</b>	Location: <b>NE SE SE SE</b>

Operator: <b>Ron McPherson</b>
Address: <b>P.O. Box 129 Sycamore KS, 67363</b>
Well No: <b>13</b> Lease Name: <b>W. Redd</b>
Footage Location: <b>495</b> ft. from the (N) (S) Line <b>50</b> ft. from the (E) (W) Line
Drilling Contractor: <b>McPherson Drilling LLC</b>
Spud date: <b>10/25/13</b> Geologist:
Date Completed: <b>11/5/13</b> Total Depth: <b>900'</b>

Casing Record		Rig Time:
	Surface	Production
Size Hole:	<b>9 7/8"</b>	<b>5 1/8"</b>
Size Casing:	<b>7"</b>	
Weight:	<b>20<sup>lb</sup></b>	
Setting Depth:		
Type Cement:	<b>Port</b>	
Sacks:	<b>4</b>	

Gas Tests:
<b>good oil sand 832-40</b>

Well Log								
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
<b>Top Soil</b>	<b>0</b>	<b>2</b>	<b>oil sand</b>	<b>832</b>	<b>840</b>			
<b>band Stone</b>	<b>2</b>	<b>12</b>	<b>shale</b>	<b>840</b>	<b>900 TD</b>			
<b>Shale</b>	<b>12</b>	<b>57</b>						
<b>lime</b>	<b>57</b>	<b>60</b>						
<b>Shale</b>	<b>60</b>	<b>156</b>						
<b>lime</b>	<b>156</b>	<b>160</b>						
<b>Shale</b>	<b>160</b>	<b>162</b>						
<b>lime</b>	<b>162</b>	<b>190</b>						
<b>Shale</b>	<b>190</b>	<b>237</b>						
<b>lime</b>	<b>237</b>	<b>258</b>						
<b>shale</b>	<b>258</b>	<b>280</b>						
<b>shale</b>	<b>280</b>	<b>291</b>						
<b>lime</b>	<b>291</b>	<b>342</b>						
<b>sandy shale</b>	<b>343</b>	<b>351</b>						
<b>lime</b>	<b>351</b>	<b>440</b>						
<b>sandy shale</b>	<b>440</b>	<b>568</b>						
<b>lime</b>	<b>568</b>	<b>591</b>						
<b>Shale</b>	<b>591</b>	<b>649</b>						
<b>osy lime</b>	<b>649</b>	<b>676</b>						
<b>shale</b>	<b>676</b>	<b>685</b>						
<b>lime</b>	<b>685</b>	<b>701</b>						
<b>shale</b>	<b>701</b>	<b>706</b>						
<b>lime</b>	<b>706</b>	<b>711</b>						
<b>shale</b>	<b>711</b>	<b>832</b>						



**CONSOLIDATED**  
Oil Well Services, LLC

**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

INVOICE Invoice # 263964

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Invoice Date: 11/18/2013 Terms: 0/0/30,n/30 Page 1  
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McPHERSON DRILLING  
P O BOX 129  
SYCAMORE KS 67363  
(620) 336-2662

**WEST REDD #13**  
45053  
11-13-2013  
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	100.00	13.1800	1318.00
1118B	PREMIUM GEL / BENTONITE	200.00	.2200	44.00
1102	CALCIUM CHLORIDE (50#)	86.00	.7800	67.08
1118B	PREMIUM GEL / BENTONITE	200.00	.2200	44.00
1123	CITY WATER	3300.00	.0173	57.09
4402	2 1/2" RUBBER PLUG	2.00	29.5000	59.00

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	1085.00	1085.00
445 EQUIPMENT MILEAGE (ONE WAY)	60.00	4.20	252.00
637 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
667 MIN. BULK DELIVERY	1.00	368.00	368.00

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Parts: 1589.17 Freight: .00 Tax: 97.75 AR 3571.92  
Labor: .00 Misc: .00 Total: 3571.92  
Sublt: .00 Supplies: .00 Change: .00  
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Signed \_\_\_\_\_ Date \_\_\_\_\_

BARTLESVILLE, OK 918/338-0808    EL DORADO, KS 316/322-7022    EUREKA, KS 620/583-7664    PONCA CITY, OK 580/762-2303    OAKLEY, KS 785/672-8822    OTTAWA, KS 785/242-4044    THAYER, KS 620/839-5269    GILLETTE, WY 307/686-4914    CUSHING, OK 918/225-2650



**CONSOLIDATED**  
Oil Well Services, LLC

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

263964

TICKET NUMBER 45053  
LOCATION Eureka, KS  
FOREMAN David Gardner

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT API # N/A**

DATE <u>11-13-13</u>	CUSTOMER # <u>5337</u>	WELL NAME & NUMBER <u>West Bld # 13</u>	SECTION	TOWNSHIP	RANGE	COUNTY <u>Wilson</u>
CUSTOMER <u>MSPherson Drlg LLC</u>			TRUCK # <u>445</u>	DRIVER <u>Chris B.</u>	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 129</u>			<u>667</u>	<u>Colby N.</u>		
CITY <u>Sycamore</u>			<u>637</u>	<u>Jim M.</u>		
STATE <u>KS</u>		ZIP CODE <u>67363</u>				

JOB TYPE 4/s 0 HOLE SIZE 5 1/8" HOLE DEPTH 900' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 890' DRILL PIPE \_\_\_\_\_ TUBING 2 7/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.6# SLURRY VOL 23 Bbl WATER gal/sk 7.1 CEMENT LEFT in CASING None  
 DISPLACEMENT 5.25 Bbl DISPLACEMENT PSI 550 <sup>Bump</sup> ~~Rate~~ Plugs 1050 PSI RATE 1 BPM

REMARKS: Safety Meeting. Rig up to 2 7/8 Tubing. Break circulation w/ 5 Bbl water. Mixed 200# Gel Flush. 5 Bbl water spacer. Mixed 100 SKS 60/40 Pozmix Cement w/ 2% Gel + 1% Calc. @ 13.6#/gal. Shut down, wash out pump + lines. Stuff two 2 7/8" Rubber plugs + Displace w/ 5.25 Bbl water. Final pumping pressure of 550 PSI. Bumped plugs to 1050 PSI. Release back to 500 PSI + shut well in. Good circulation at all times. 6-7 Bbl cement slurry to pit. Cement did not fall back. Job complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	60	MILEAGE	4.20	252.00 ✓
1131	100 SKS	60/40 Pozmix Cement	13.18	1318.00 ✓
1118B	200#	Gel @ 2%	.22	44.00 ✓
1102	86#	Calc. @ 1%	.78	67.08 ✓
1118B	200#	Gel Flush	.22	44.00 ✓
5407	4.3 Tons	Ton Mileage Bulk Truck	M/c	368.00 ✓
5502C	2 HRS	80 Bbl Vac. Truck	90.00	180.00 ✓
1123	3300 Gals.	80 Bbls City Water	17.30/1000	57.09 ✓
4402	2	2 7/8" Top Rubber Plugs	29.50	59.00 ✓
		<input checked="" type="checkbox"/> <b>Completed</b>		
		Subtotal		3474.17 ✓
		SALES TAX	6.15%	97.75 ✓
		ESTIMATED TOTAL		3571.92 ✓
		"Thank You"		

Authorization Mac McPherson 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.