



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1197423  
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: \_\_\_\_\_

1197423

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

<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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**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 # 264341

Invoice Date: 11/27/2013 Terms: 0/0/30,n/30

Page 1

McPHERSON DRILLING  
P O BOX 129  
SYCAMORE KS 67363  
(620) 336-2662

**MCPHERSON # 15**

45248  
11-25-2013  
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
4402	2 1/2" RUBBER PLUG	2.00	29.5000	59.00
	Description	Hours	Unit Price	Total
479	MIN. BULK DELIVERY	1.00	368.00	368.00
485	CEMENT PUMP	1.00	1085.00	1085.00
485	EQUIPMENT MILEAGE (ONE WAY)	60.00	4.20	252.00

Parts: 1532.08 Freight: .00 Tax: 94.24 AR 3331.32  
 Labor: .00 Misc: .00 Total: 3331.32  
 Sublt: .00 Supplies: .00 Change: .00

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

264341

TICKET NUMBER 45248  
LOCATION Eureka  
FOREMAN Steve Neal

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
11-25-13	5337	McPherson # 15				Mg
CUSTOMER			TRUCK #			
McPherson Drilling LLC			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 129			DRIVER			
CITY						
Sycamore						
STATE		ZIP CODE				
KS		67363				

JOB TYPE 215 0 HOLE SIZE \_\_\_\_\_ HOLE DEPTH 960' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 950' DRILL PIPE \_\_\_\_\_ TUBING 2 7/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 5 1/2 bbls DISPLACEMENT PSI 500 MIX PSI Bump Plug 1000\* RATE \_\_\_\_\_

REMARKS: Safety Meeting Rig up to 2 7/8 Tubing Break circulation w/ Fresh water. Pump  
200# Gel Flush 5bbl water spacer. Mix 1000#s 60/40 pozmix cement w/ 2% gel  
1% caclz. Shut down washout pump + lines. Stuff 2 plug. Displace w/  
5 1/2 bbls Fresh water. Final pumping Pressure 500# Bump Plug 1000\*. Shut  
well in w/ 500#. Good cement Return to surface.  
Job complete Rig down

Thank You

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 skr	60/40 Pozmix cement	13.18	1318.00 ✓
1118B	200*	gel 2%	.22	44.00 ✓
1102	86*	Caclz 1%	.78	67.08 ✓
1118B	200*	gel Flush	.22	44.00 ✓
5407	4.3 Ton	Ton Mileage Bulk Truck	mic	368.00 ✓
4402	2	2 7/8 Rubber plugs	29.50	59.00 ✓
			Sub Total	3237.08 ✓
			6.15% SALES TAX	94.24 ✓
			ESTIMATED TOTAL	3331.32 ✓

completed

Ravin 3737

AUTHORIZATION Called by 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



**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 # 264491

Invoice Date: 12/09/2013 Terms: 0/0/30,n/30

Page 1

McPHERSON DRILLING  
P O BOX 129  
SYCAMORE KS 67363  
(620) 336-2662

McPHERSON #15  
48857  
12-02-2013  
KS

Part Number	Description	Qty	Unit Price	Total
1275	15% HCL	100.00	1.7500	175.00
1202	ACID INHIBITOR	.25	50.0000	12.50
1219B	STIMOIL FBA (SR-445)	.50	65.0000	32.50
1268	CITY WATER	11000.00	.0173	190.30
1231	FRAC GEL	250.00	9.0000	2250.00
1215A	KCL (1/1000)	12.00	38.3300	459.96
1205A	BIOCIDE (AMA-35-D-P) (DR	6.00	30.0000	180.00
1208	BREAKER LEB4-ESA 14-GB10	.50	200.0000	100.00
4326	7/8" RUBBER BALL SEALERS	12.00	3.0000	36.00
2104	16/30 BROWN SAND (SK)	100.00	.2500	25.00
2102	12/20 BROWN SAND	2900.00	.2700	783.00
2103	8-12 BROWN SAND	5000.00	.2800	1400.00

Description	Hours	Unit Price	Total
476 MINIMUM COMBO CHARGE 1300 HP UNIT	1.00	2050.00	2050.00
476 FRAC VALVES (2" OR 3")	1.00	100.00	100.00
476 BALL INJECTOR	1.00	.00	.00
476 MILEAGE CHARGE (ONE WAY)	15.00	4.00	60.00
T-95 WATER TRANSPORT (FRAC)	2.00	120.00	240.00
478 PROPANT DELIVERY	1.00	315.00	315.00
490 MILEAGE CHARGE (ONE WAY)	15.00	4.00	60.00
T-102 WATER TRANSPORT (FRAC)	2.00	120.00	240.00
521 MINIMUM ACID SPOTTING CHARGE	1.00	375.00	375.00
521 MILEAGE CHARGE (ONE WAY)	15.00	4.00	60.00

Parts:	5644.26	Freight:	.00	Tax:	13.91	AR	9158.17
Labor:	.00	Misc:	.00	Total:	9158.17		
Sublt:	.00	Supplies:	.00	Change:	.00		

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

264491

TICKET NUMBER **48857**

LOCATION Thayer

PO BOX 884 STREET, CHANUTE, KS 66720  
620-431-9210 OR 800-467-8676

**FIELD TICKET**

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
12-2-13	5337	McPherson #15					MG	Bartlesville
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5102B	1	PUMP CHARGE 1300 Combo Project. 3rd of 3 -	2130	2130
5302	1	Acidspotter	375	375
1275	100	15% HCL acid	1.75	175
1202	1/4	Inhibitor	12.50	12.50
1219B	1/2	StimOil	65.00	32.50
1268	11,000 gal	Thayer city	17.00	190.30
1231	250 #	frac gel	8.80	2220
1215A	12 gal	RCU SUB	39.99	459.96
1205A	6 #	Biocide	30.00	180
1208	1/2 gal	Breaker	200	100
5604	1	Frac valve	100	100
5115	1	Ball injector	No charge	
4326	12	1.35G 7/8" ballsealers	3.00	36
5109	15	BLENDING & HANDLING TON-MILES	21.00	315
5108	15	STAND BY TIME	12.00	180
5501F	4 hrs	MILEAGE Mobilization X3 P, S, I	120	480
2104	100 #	VACUUM TRUCKS	25	25
2102	2,900 #	FRAC SAND 16-30	27.00	783
2103	5,000 #	FRAC SAND 12-20	28.00	1400
		FRAC SAND 8-12		
		SALES TAX		13.96

Additional 5% discount available if paid within 10 days of invoice (\$700.27). ESTIMATED TOTAL 10,213.18

CUSTOMER or AGENTS SIGNATURE \_\_\_\_\_ COWS FOREMAN Brett Busby  
DATE 12-2-13

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 services on the back of this form are in effect for services identified on this form.



**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 57366  
FIELD TICKET REF # 48857  
LOCATION Thayer  
FOREMAN Brett Busby

**TREATMENT REPORT**  
**FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-2-13		McPherson #15				MG

CUSTOMER <u>McPherson Drilling</u>		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Domie		
478	Mark		
521	Eric		
68T95	Joe		
679T102	Junior		

**WELL DATA**

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 1/2 REGUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	<u>Wiser</u>
<u>53848</u>	<u>Bartlesville</u>
<u>938-48</u>	

**TYPE OF TREATMENT**

Acid spot + frac

**CHEMICALS**

<u>KCL-Sub-Biocide - Breaker</u>
<u>Acid - Inhibitor - Stimul</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
<u>PAID</u>	<u>20</u>	<u>20</u>			<u>BREAKDOWN 1525</u>
<u>16-30</u>		<u>20-18</u>	<u>1.5-1.0</u>	<u>100#</u>	<u>START PRESSURE</u>
<u>12-20</u>		<u>18</u>	<u>1.0-2.0</u>	<u>1,900#</u>	<u>END PRESSURE</u>
<u>8-12</u>			<u>2.0</u>	<u>1,500</u>	<u>BALL OFF PRESS</u>
<u>8-12 (4) + (2)</u>		<u>18-20</u>	<u>0-1.5</u>		<u>ROCK SALT PRESS</u>
<u>8-12 (2)</u>		<u>15</u>	<u>1.0</u>		<u>ISIP 500</u>
<u>8-12</u>		<u>15</u>	<u>2.0</u>	<u>2,000#</u>	<u>5 MIN</u>
<u>12-20 (2) + (1) + (1)</u>		<u>15-12</u>	<u>1.5</u>	<u>1,000#</u>	<u>10 MIN</u>
<u>8-12 (12)</u>		<u>12</u>	<u>1.0</u>		<u>15 MIN</u>
<u>8-12</u>		<u>15</u>	<u>2.0</u>	<u>1,500#</u>	<u>MIN RATE</u>
<u>FLUSH CASING</u>	<u>10</u>	<u>15</u>			<u>MAX RATE 3.1</u>
<u>Release balls to T.D.</u>			<u>TOTAL</u>	<u>8,000#</u>	<u>DISPLACEMENT 5.5</u>
<u>OVERFLUSH</u>	<u>10</u>	<u>20</u>	<u>SAND</u>		
<u>TOTAL BBL'S</u>	<u>260</u>				

REMARKS: \* hold safety procedure meeting before frac  
Spotted 100 gal - 15% HCL acid on perfs

Location 3:45 PM - 4:30 PM 15 miles

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 12-2-13

Terms and Conditions are printed on reverse side.