Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1210056

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:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	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?
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: Original 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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
Caud Data ar	Quarter Sec TwpS. R East West
Spud Date orDate Reached TDCompletion Date orRecompletion DateRecompletion 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 III Approved by: Date:

	Page Two	1210056
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTRUCTIONS. Chain important tang of formations panetrated	tail all carea. Depart all final	apping of drill stome tools giving interval tooled, time tool

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 (Attach Additional She	eets)	Yes No		-	on (Top), Depth a		Sample
Samples Sent to Geolog	gical Survey	Yes No	Name	9		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			RECORD New		ion, 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 / SQU	EEZE RECORD			
Purpose:	Depth	Tupo of Comont	# Socka Llood		Type and [Paraant Additivaa	

Purpose: Perforate	Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

(If No, skip questions 2 and 3) No (If No, skip question 3)

No

No

(If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION F Specify Foota		RD - Bridge P Each Interval F		e	4		ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner Ru	un:	No	
Date of First, Resumed	l Producti	on, SWD or ENHR.		Producing M	ethod:	oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbls.		Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF G	AS:	_		METHOD			_	PRODUCTION INT	ERVAL:
Vented Solo	d 🗌 l	Jsed on Lease		Open Hole	Perf.	Uually (Submit A		Commingled (Submit ACO-4)		
(If vented, Su	bmit ACO	-18.)		Other (Specify)		Gubillit		(5001111 ACO-4)		

Form	ACO1 - Well Completion
Operator	McGown Drilling, Inc.
Well Name	Boots 1
Doc ID	1210056

Casing

		Size Casing Set	U U	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7.0	17	40.0	Portland	8	
Longstring	6.125	2.875	6.5	948	50/50 POZ	170	

	DNSOLIDATED	26847		FOREMAN_(SHawa, KS	200 24y	
	anute, KS 66720 r 800-467-8676	FIELD TICKET & TI CEI	KEAIMENI REP	ORT	·		
DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE		VTY
6/23/14	5365 Bo	ots #1	SW 5	23	18	AL	,
ISTOMER	Gown Drilling		TRUCK #	DRIVER			
AILING ADDRE	SS SS		709	Caskon		DRIV	'ER
POB	ox 334		Lelece	Cachia	Valor	A-ROL	US.
TY	STATE	ZIP CODE	510	Keilar			
lourd C	ity KS	66056	370	JasRic	V	-	
B TYPE /on	ATCIAN HOLE SIZ	E 698" HOLE	DEPTH 962'	CASING SIZE & W	VEIGHT 27/8	"EV	Ē
SING DEPTH	947 DRILL PIP		G		OTHER		
URRY WEIGH		VOL WATER	R gal/sk	CEMENT LEFT in	CASING		
PLACEMENT	J.486615 DISPLACE	EMENT PSI MIX PS		RATE S SPA	a		
MARKS: hel	d sately meeting	s, established c	iccolation, n	ixed tou	upad 20	o# Ph	eui?
el tallo	used by 10 bbb	fresh water,	nixed + puny	set 170	Ses stor	Roz	uix
unent	w/ 2% gel pe	r sk, cement	Yo surface,	Hudidan	pclean,	aunt	red
1/2 rela	erplug to cal	sing TDuy S.	48 bbls fresh	water, g	ressurad	the	800
SI, relac	sod pressure, SI	not in casing.					
	9						
				\hat{n}	ĺ,	and the second second second	
				G	e,		
ACCOUNT					<i>e</i> ,		
CODE	QUANITY or UNITS	DESCRIPT	ION of SERVICES or PR			тот	
CODE		PUMP CHARGE	ION of SERVICES or PR			тот	
code 5401 5406	on lease	PUMP CHARGE					
code 5401 5406 5402	1 on lease 947'	PUMP CHARGE				1085	
code 5401 5406 5402 5407 A	1 on lease 947' 328.95	PUMP CHARGE				1085	28
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code 5401 5406 5402 5407 A	1 on lease 947' 328.95	PUMP CHARGE				1085	28
CODE 5401 5406 5402 5407A 5502C	1 on lease 947' 328.95 2 hrs	PUMP CHARGE MILEAGE Casing too ton mileage 80 (tac	ral je			1085	28
code 5401 5406 5402 5407 A	1 on lease 947' 328.95 2 hrs 170 sts	PUMP CHARGE MILEAGE Casting too ton mileas 80 Uac	ix courer		UNIT PRICE	1085	28
code 5401 5406 5402 5407A 5502C	1 on lease 947' 328.95 2 hrs	PUMP CHARGE MILEAGE Casing too ton mileage 80 (tac	ix courer		1955,001 106.921	1085	28
code 5401 5406 5402 5407A 5502C	1 on lease 947' 328.95 2 hrs 170 sts	PUMP CHARGE MILEAGE Casting too ton mileas 80 Uac	ix comeri ad nat	t erials	1955,001 106.921	1085	28
CODE 5401 5406 5402 5407A 5502C	1 on lease 947' 328.95 2 hrs 170 sts	PUMP CHARGE MILEAGE Casting too ton mileas 80 Uac	ix comeri ad nat		1955,001	1085	28
code 5401 5406 5402 5407 A 5502C 1124 118B	1 on lease 947' 328.95 2 hrs 170 sts	PUMP CHARGE MILEAGE Casting too tou milege 80 lac So/so Poze Premium	rol je ix comer ad nat	t erials	1955,001 106.921	1085	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
code 5401 5406 5402 5407 A 5502C 1124 118B	1 on lease 947' 328.95 2 hrs 170 sts	PUMP CHARGE MILEAGE Casting too ton mileage 80 Uac	rol je ix comer ad nat	t ericls subtotal	1955,000 106.92 2061.92 618.58	1085	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
code 5401 5406 5402 5407A 5502C	1 on lasse 947' 328.95 2 hrs 170 sks 486 #	PUMP CHARGE MILEAGE Casting too tou milege 80 lac So/so Poze Premium	rol je ix comer ad nat	t ericls subtotal	1955,000 106.92 2061.92 618.58	1085	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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code 5401 5406 5402 5402 6407A 5502C	1 on lasse 947' 328.95 2 hrs 170 sks 486 #	PUMP CHARGE MILEAGE Casting too tou milege 80 lac So/so Poze Premium	rol je ix comer ad nat	t ericls subtotal	1955, 200 106.92 2001.92 618.58 0MD 616	1085	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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CODE 5401 5406 5402 5402 6402 A 5502C 1124 118B	1 on lasse 947' 328.95 2 hrs 170 sks 486 #	PUMP CHARGE MILEAGE Casting too tou milege 80 lac So/so Poze Premium	rol je ix comer ad nat	erials subtotal	1955,000 106.92 2061.92 618.58 618.58 618.58 4080.24	1085	3V 50
CODE 5401 5406 5402 5407A 5502C 1124 118B	1 on lasse 947' 328.95 2 hrs 170 sks 486 #	PUMP CHARGE MILEAGE Casting too ton milege 80 lac So/so Poze Premium	rol je ix comer ad nat	t ericls subtotal	1955, 200 106.92 2001.92 618.58 0MD 616	1085	34 50

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.