



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234095
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: _____

1234095

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: 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> _____	PRODUCTION INTERVAL: _____ _____
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McGown Drilling, Inc.

Mound City, Kansas

Operator:

McGown Drilling, Inc.
Mound City, Kansas

Wakefield #58 i

Linn Co., KS
26-22S-21E
API: 15-107-25048-00-00

Spud Date:	8/16/2014	Surface Bit:	9.875"
Surface Casing:	7"	Drill Bit:	5.875"
Surface Length:	21.9'	Longstring:	918.70'
Surface Cement:	4 sx	Longstring Date:	8/21/2014

Driller's Log

Top	Bottom	Formation	Comments
0	3	Soil & clay	
3	12	Sandy stone	
12	21	Shale	
21	24	Lime	
24	56	Shale	
56	59	Black Shale	
59	85	Shale	
85	94	Lime	
94	97	Shale	
97	140	Lime	
140	148	Shale	
148	150	Black Shale	
150	167	Lime	
167	170	Black Shale	
170	175	Lime	
175	178	Shale	
178	194	Lime	
194	219	Shale	
219	303	Sandy shale	
303	358	Shale	
358	359	coal	
359	370	Shale	
370	378	Limey Shale	
378	381	Lime	
381	388	Shale	
388	396	Lime	

Wakefield 58 i
Linn Co., KS

396	405	Shale	
405	415	Sand	grey, no odor
415	437	Shale	
437	457	Sandy shale	
457	480	Lime	
480	482	Shale	
482	488	Lime	
488	530	Shale	
530	544	Lime	
544	547	Shale	
547	553	Black Shale	
553	559	Lime	
559	571	Shale	
571	581	Sandy shale	
581	594	Shale	
594	609	Sand	grey, no odor
609	629	Sandy shale	
629	630	Coal	
630	657	Shale	
657	658	coal	
658	660	Lime	
660	675	Sandy shale	
675	676	coal	
676	679	Muddy shale	
679	708	Shale	
708	709	Coal	
709	715	Sand	grey, no odor
715	729	Shale	
729	731	Coal	
731	762	Shale	
762	768	Sand	white, no odor
768	782	Shale	
782	802	Sandy shale	
802	822	Shale	
822	830	Sand	grey, no odor
830	862	Shale	
862	864	coal	
864	879	Shale	
879	891	Sand	
891	896.5	Shale	
896.5	897.5	Coal	
897.5	911	Shale	
911	930	Miss. Lime	
930		TD	

270634

TICKET NUMBER 48119
LOCATION 07409
FOREMAN Alan Madea

Box 884, Chanute, KS 66720
31-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-22-14	5363	Wakefield 58-I	SE 26	22	21	LN
CUSTOMER						
McGowan Drilling						
MAILING ADDRESS						
P.O. Box 334						
CITY		STATE	ZIP CODE			
Mound City		KS	66056			
TRUCK # DRIVER TRUCK # DRIVER						
730 Alan Madea Safety Meet						
368 Alan Madea						
510 Des Webb						

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 930 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 918 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 5.34 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 129 sk 50/150 cement plus 2# gel & 5# Kol Seal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PST. Set float. MIT for 30 minutes

Rodney, McGowan drill & water
Alan Madea

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00 ✓
5406	195	MILEAGE	368	189.00 ✓
5402	918	Casing footage	368	— ✓
5407A	264.13	ton miles	510	372.42 ✓
1124	129	50/150 cement	1483.50	✓
1118B	317	gel	69.74	✓
110A	645	Kolseal	296.70	✓
		Material sub	1849.94	✓
		less 30% -	554.98	✓
		Material Total		1294.96
4402	1	2 1/2 plug		29.50 ✓
		not completed		
			361.45	
		SALES TAX		81.46 ✓
		ESTIMATED TOTAL		3052.34 ✓

Revin 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.