



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234109
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: _____

1234109

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

Mound City, Kansas

Operator:

McGown Drilling, Inc.
Mound City, Kansas

Wakefield #63

Linn Co., KS
26-22S-21E
API: 15-107-25053-00-00

Spud Date:	8/22/2014	Surface Bit:	9.875"
Surface Casing:	7"	Drill Bit:	5.875"
Surface Length:	21.60'	Longstring:	891.4
Surface Cement:	4 sx	Longstring Date:	

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	6	Clay	
6	14	Sandstone	
14	45	Shale	
45	47	Black Shale	
47	64	Shale	
64	67	Lime	
67	70	Shale	
70	110	Lime	
110	124	Shale	
124	160	Lime	
160	162	Shale	
162	168	Limey Shale	
168	177	Lime	
177	203	Shale	
203	230	Sandy shale	
230	358	Shale	
358	361	Lime	
361	373	shale	
373	382	Lime	
382	405	Shale	
405	410	Sandy shale	
410	411	coal	
411	428	Muddy shale	
428	438	Sand	grey, no odor
438	448	Shale	

Wakefield 63
Linn Co., KS

448	461	Lime	
461	466	Shale	
466	475	Lime	
475	510	Shale	
510	532	Lime	
532	541	Shale	
541	546	Lime	
546	558	Shale	
558	568	Sandy shale	
568	587	Shale	
587	602	Sand	grey, no odor
602	612	Sandy shale	
612	634	Shale	
634	639	Limey Shale	
639	650	Shale	
650	652	Lime	
652	667	Sandy shale	
667	696	Limey Shale	
696	698	Coal	
698	711	Shale	
711	712	coal	
712	715	Sandy shale	muddy
715	750	Shale	
750	756	Sand	white, no odor
756	763	shale	
763	783	Sandy shale	
783	811	Shale	
811	817.5	Sand	grey, no odor
817.5	820	Sandy shale	
820	859	Shale	
859	870	Sand	
870	875	Shale	
875	877	coal	
877	890	Shale	
890	922	Miss. Lime	
922		TD	

CONSOLIDATED
Oil Well Services, LLC

270762

TICKET NUMBER 48098
LOCATION Ottawa KS
FOREMAN Fred Maden

Chanute, KS 66720
3210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

WELL SITE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
27-14	5363	Wakefield # 63	SE 26	22	21	LN
CUSTOMER MCGowan Drilling			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box K			712	Fred Mad		
CITY Mound City			495	Har Bee		
STATE Ks			558	Bru Bir		
ZIP CODE 66056						

JOB TYPE Long String HOLE SIZE 5 7/8 HOLE DEPTH 922 CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 891 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 518 BBH DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Hold crew safety meeting. Establish circulation. Mix Pump 100# Gal Flush. Mix & Pump 130 SKS 50/50 Por Mix Cement 2% Gal 5" Kal 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.

~~Estimated~~ ~~Energy~~ ~~Cost~~ Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰ ✓
5406	45 mi	MILEAGE	495	189 ⁰⁰ ✓
5402	891	Casing footage		NK ✓
5407A	266.17	Ton Miles	558	325 ³⁰ ✓
1124	130 SKS	50/50 Por Mix Cement	1495 ⁰⁰	✓
1118B	319#	Premium Gal	70 ¹⁸	✓
1120A	650#	Kal Seal	299 ⁰⁰	✓
		Material	1864 ¹⁸	✓
		Less 30%	-559 ³⁵	✓
		Total		1304 ⁹³
4402	1	2 1/2" Rubber Plug		295 ⁰⁰ ✓
		completed		3659.44
		SALES TAX	6.15%	82 ⁰³ ✓
		ESTIMATED TOTAL		3065 ⁸⁰ ✓

Revin 3737 OKH J Green AUTHORIZATION No Co Rep on Site. 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.