



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234113
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: _____

1234113

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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270821

TICKET NUMBER 48152
LOCATION Ottawa KS
FOREMAN Fred Maden

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
8-28-14	5363	Wakefield # 59	SE 26	22	21	LN
CUSTOMER <u>Mc Gown Drilling.</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box K</u>			<u>712</u>			
CITY <u>Mound City</u>			<u>475</u>	<u>Nai Bac</u>		
STATE <u>KS</u>			<u>369</u>	<u>Mikhae</u>		
ZIP CODE <u>66056</u>			<u>544</u>	<u>Dan Whe</u>		
JOB TYPE <u>Long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>930'</u>	CASING SIZE & WEIGHT <u>2 7/8 EUF</u>			
CASING DEPTH <u>922</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT In CASING <u>2 1/2" Plug</u>			
DISPLACEMENT <u>5.36</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>58PM</u>			

REMARKS: Hold crew safety meeting. Establish circulation. Mix & Pump 100# Gel Flush. Mix & Pump 135 sks 50/50 Poz Mix Cement 2% Gel 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.

Mc Gown Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1083.00
5406	45 mi	MILEAGE	495	189.00
5402	922	Casing footage		N/C
5407	276.41	Ton Miles	548	389.00
5502	2 1/2 hrs	80 BBL Vac Truck	369	250.00
1124	135 sks	50/50 Poz Mix Cement	1552.50	-
1118B	327#	Premium Gel	71.94	-
1110A	675#	Kal Seal	310.50	-
		Material	1934.94	
		Less 30%	-580.48	
		Total		135.29
4402	1	2 1/2" Rubber Plug		
			3998.99	
			6.15%	8.
			SALES TAX	8.
			ESTIMATED TOTAL	338

Ravin 3737

AUTHORIZATION Dale Maley TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer account records, at our office, and conditions of service on the back of this form are in effect for services identified on

McGown Drilling, Inc.

Mound City, Kansas

Operator:

McGown Drilling, Inc.
Mound City, Kansas

Wakefield #59

Linn Co., KS
26-22S-21E
API: 15-107-25049

Spud Date: 8/26/2014
Surface Casing: 7"
Surface Length: 20.60'
Surface Cement: 5 sx

Surface Bit: 9.875"
Drill Bit: 5.875"
Longstring: 923.70'
Longstring Date: 8/28/2014

Driller's Log

Top	Bottom	Formation	Comments
0	1	Soil	
1	6	Sandstone	
6	15	Shale	
15	18	Lime	
18	52	Shale	
52	53	Bl. Shale	
53	70	Shale	
70	74	Lime	
74	78	Shale	
78	86	Lime	
86	89	Shale	
89	135	Lime	
135	142	Bl. Shale	
142	182	Lime	
182	186	Shale	
186	189	Sandy shale	
189	192	Lime	
192	219	Shale	
219	230	Sandy shale	
230	354	Shale	
354	355	Coal	
355	375	Shale	
375	392	Lime	
392	398	Shale	
398	413	Sand	
413	454	Shale	

Wakefield 59
Linn Co., KS

454	466	Lime	
466	473	Shale	
473	481	Lime	
481	515	Shale	
515	539	Lime	20'
539	547	Shale	
547	551	Lime	5'
551	563	Shale	
563	573	Sand	
573	595	Shale	
595	628	Sandy shale	
628	629	Coal	
629	655	Shale	
655	656	Coal	
656	658	Lime	
658	679	Shale	
679	680	Coal	
680	690	Shale	Muddy
690	691	Lime	Ardmore
691	692	Coal	
692	710	Shale	
710	711	Coal	
711	714	Sandy shale	
714	760	Shale	
760	766	Sand	White
766	770	Shale	
770	771	Coal	
771	775	Sand	White
775	816	Shale	
816	827	Sand	
827	869	Shale	
869	875	Sandy shale	Laminated, no oil show
875	878	Sand	Good oil show
878	880	Sandy shale	Laminated, no oil show
880	884.5	Shale	
884.5	885.5	Coal	
885.5	898	Shale	
898	930	Lime	Mississippi
930		TD	