



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238182
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: _____



1238182

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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McGOWN

DRILLING, INC.

Operator:
 Macha Enterprises, Inc.
 Gas, Kansas

Macha #4
 Allen Co., KS
 33-24S-18E
 API: 001-31112

Spud Date:	6/25/2014	Surface Bit:	11"
Surface Casing:	8.625"	Drill Bit:	6.75"
Surface Length:	43.6'	Longstring:	917.0'
Surface Cement:	65 sx - Consolidated	Longstring Date:	7/3/2014
Longstring:	4.5" New L/S		

Driller's Log

Top	Bottom	Formation	Comments
0	14	Soil & Clay	
14	20	Sand	
20	22	Gravel	
22	38	Shale	
38	91	Lime	
91	120	Shale	
120	128	Lime	
128	169	Shale	
169	261	Lime	
261	263	Bl. Shale	
263	301	Lime	
301	326	Shale	
326	352	Sandy Shale	
352	353	Coal	
353	471	Shale	
471	501	Lime	
501	536	Sandy Shale	
536	539	Sand	Peru - light to fair oil show
539	569	Shale	
569	604	Lime	
604	628	Shale & Bl. Shale	
628	646	Lime	20'
646	658	Bl. Shale	
658	661	Lime	5'

Macha #4
Allen Co., KS

661	666	Shale	
666	670	Sand	Sand, faint oil odor, small rainbow
670	673	Sand	Laminated, light oil show
673	690	Shale	
690	692	Coal	
692	772	Shale	
772	817	Sandy Shale	
817	825	Sand	Laminated, faint odor
825	834	Sand	Very shaley
834	838	Sand	Very light to no oil bleed
838	858	Sand	Shaley
858	896	Shale	
896	899	Coal	
899	910	Shale	
910	918	Sand	White
918	921	Sand	Laminated w/ lime & shale, small oil show
921	928	Sand	Good oil show in top 4', bottom less sat.
928		TD	some visible water after 926

Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765



Ticket Number 100437
 Location _____
 Foreman Joe Blomhard - Dwayne Howard

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
7-3-14		Macha #4	33 24 18	Allen
Customer		Mailing Address	City	State Zip
Macha Enterprises, Inc				

Job Type:	Truck #	Driver
long string	231	Tom / Alex ✓
Hole Size: 9 1/2	25	Dwayne / Joe ✓
Hole Depth: 919	241	DAN ✓
Bridge Plug:	108	Jeff Goshaw ✓
Packer:	146 156	Amerus ✓

Quantity Or Units	Description of Services or Product	Pump charge	
25 mi	Mileage Pump truck #231	\$3.25/Mile	81.25
25 mi	Pick up #25	1.50	37.50
128 SK	50/50 Poz	11.20	1446.40
200 LB	Gel sweep	.30	60.00
215 LB	Gel	.30	64.50
640 LB	Plugs Kol Seal	.65	416.00
2.5 hr	Transport water truck 146-156	105.00	262.50
2.5 hr	80 vac #108	84.00	210.00
5460 gal	Garnett City water	1.3¢	70.98
5.3 Tons	Bulk Truck MINIMUM charge #241	\$1.15/Mile	300.00
	Plugs		
		Subtotal	3739.13
		Sales Tax	
		Estimated Total	

Remarks: Hook up to well Achieved Circulation. Pumped 10 bbl gel sweep followed by 16 bbl H₂O Pad followed by 128 SKS 50/50 Poz Cement. Flush Pump. Pump 14 bbl water displacement shut down Shut Valve at well in. NO Plug or float shoe. Open hole completion to be done on well. Cement to Surface.
 THANKS.

Customer Signature