Confidentiality Requested:

Yes No

## Kansas Corporation Commission Oil & Gas Conservation Division

1238533

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:			Sec	TwpS. R
Address 2:			Feet	from $\ \square$ North / $\ \square$ South Line of Section
City: St	ate: Ziŗ	D:+	Feet	from East / West Line of Section
Contact Person:			Footages Calculated from Ne	arest Outside Section Corner:
Phone: ()			□ NE □ NW	□ SE □ SW
CONTRACTOR: License #			GPS Location: Lat:	, Long:
Name:				. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27 NAD27	
Purchaser:			County:	
Designate Type of Completion:			Lease Name:	Well #:
New Well Re-	·Fntrv	Workover	Field Name:	
	_		Producing Formation:	
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushing:
☐ Gas ☐ D&A ☐ OG	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:
CM (Coal Bed Methane)	G3W	iemp. Abd.	Amount of Surface Pipe Set a	and Cemented at: Feet
Cathodic Other (Core	Expl etc.)		Multiple Stage Cementing Co	
If Workover/Re-entry: Old Well Inf				Feet
Operator:				nent circulated from:
Well Name:			, ,	w/sx cmt.
Original Comp. Date:			loot doparto.	W,
	_	NHR Conv. to SWD		
Deepening Re-perf. Plug Back	Conv. to GS		Drilling Fluid Management F (Data must be collected from the	
Commingled	Permit #:		Chloride content:	ppm Fluid volume: bbls
Dual Completion	Permit #:		Dewatering method used:	
SWD	Permit #:		Location of fluid disposal if ha	uled offsite:
☐ ENHR	Permit #:		On and an Name	
GSW	Permit #:			
				License #:
Spud Date or Date Rea	iched TD	Completion Date or		TwpS. R
Recompletion Date		Recompletion 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:						

					P	age Two			12385	33		
Operator Name:					Leas	e Name: _				Well #:		
Sec Twp	S.	R	East	West	Cour	nty:						
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ing and	shut-in press	sures, whe	ther shut-in p	essure re	ached stat	ic level, hydros	static press				
Final Radioactivity Log files must be submitted							ogs must be er	mailed to k	cc-well-log	gs@kcc.ks.gov	/. Digital	electronic log
Drill Stem Tests Taken (Attach Additional S			Ye	es No				ation (Top),	Depth and			Sample
Samples Sent to Geol	logical S	Survey	Y	es No		Nam	ie			Тор	[	Datum
Cores Taken Electric Log Run				es No								
List All E. Logs Run:												
			Repo		G RECORI		ew Used ermediate, produ	uction, etc.				
Purpose of String		Size Hole		e Casing		/eight	Setting		pe of	# Sacks		and Percent
. arpood or during		Drilled	Se	t (In O.D.)	Lb	s. / Ft.	Depth	Ce	ement	Used	A	dditives
				ADDITIONA	L CEMEN	TING / SQL	JEEZE RECOF	RD		1		
Purpose:		Depth Top Bottom	Туре	of Cement	# Sad	cks Used		-	Гуре and Pe	ercent Additives		
Perforate	'	юр вошотт										
Plug Back TD Plug Off Zone												
Flug Oil Zoile												
Did you perform a hydrau Does the volume of the to Was the hydraulic fractur	otal base	fluid of the hyd	Iraulic fractu	uring treatment of			Yes Yes Yes	No No No	(If No, skip	o questions 2 and question 3) out Page Three o	ŕ	O-1)
Shots Per Foot				RD - Bridge Plu Each Interval Pe		e		racture, Sho (Amount and		Squeeze Record erial Used)	t	Depth
TUBING RECORD:	Siz	e:	Set At:		Packer	r At:	Liner Run:	Yes	☐ No			
Date of First, Resumed	Production	on, SWD or EN	IHR.	Producing Me			_					
Estimated Production Per 24 Hours		Oil	Bbls.	L Flowing  Gas	Mcf	ping Wat	Gas Lifter	Other (Exp		as-Oil Ratio		Gravity

DISPOSITION OF GAS:

WETHOD OF COMPLETION:

PRODUCTION INTERVAL:

Dopen Hole

Perf.

Dually Comp.

(Submit ACO-5)

(Submit ACO-4)

Other (Specify)

Form	ACO1 - Well Completion
Operator	McGown Drilling, Inc.
Well Name	Randall A11-11
Doc ID	1238533

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight				Type and Percent Additives
surface	11	8.625	24	24.80	portland	6	
longstring	6.75	4.5	9.5	520	50/50 POZ	64	



### **REMIT TO**

Consolidated Oil Well Services,LLC Dept:970 P.O.Box 4346 Houston,TX 77210-4346 MAIN OFFICE

P.O.Box884 Chanute,KS 66720 620/431-9210,1-800/467-8676 Fax 620/431-0012

Invoice

Invoice#

802766

Invoice Date:

9187952259

12/23/14

Terms:

Net 30

Page

1

McGOWN DRILLING

P.O. BOX K MOUND CITY KS 66056 USA

**RANDALL A-11** 

Part No	Description .	Quantity	Unit Price	Discount(%)	Total
5401	Cement Pumper	1.000	1,085.0000	0.000	1,085.00
5406	Mileage Charge	1.000	0,0000	0.000	0.00
5402	Casing Footage	520.000	0.0000	0.000	0.00
5407	Min. Bulk Delivery Charge	0.500	368.0000	0.000	184.00
1124	Poz Cement Mix	64.000	11.5000	30.000	515.20
1118B	Premium Gel / Bentonite	208.000	0.2200	30.000	32.03
4404	4 1/2 Rubber Plug	1.000	47.2500	0.000	47.25
				Subtotal	2,098.01
			Discounte	ed Amount	234.53

Amount Due 2,148.99 If paid after 01/22/15

Tax:

36.56

1,863.48

Total:

SubTotal After Discount

1,900.04



FOREMAN / Gu

'O Box 884, Cha 20-431-9210 or	minni ira 'aarma	CEME		17.1		
DATE	CUSTOMER# WE	LL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-19-14	3363 Kan	dg11 A-11	NW !	22	23	hN
CUSTOMER 6	own Drillia	5	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRES	SS		730/	Alau Mi	ed Sut	ety Mea
1.0,00	ox K		368	AN Mal)		
CITY	STATE	ZIP CODE	558	brubir		
Mound		66056			11/1	<u> </u>
JOB TYPE <u>  OU 4</u> CASING DEPTH	95) AND HOLE SIZE DRILL PIPE	63/5/ HOLE DEF	ртн <u>526</u> с	Casing Size & V	VEIGHT 4/6	<u> </u>
CASING DEPTH_ SLURRY WEIGHT		TUBING_ L WATER go	aliek i	EMENT LEFT in	OTHER	5
DISPLACEMENT	8.125 DISPLACEME	0	_	21 L	M	
REMARKS: He	10 neeting	Established	2	M:xe	D + DI	raiped-
100 th a	el to llowe	2 by 3 bbld	ve mar 4	er M	ixed v	L7
pumped	e 64 5K 3	0/50 gene	nt plas	290 5		reulated
dye.	Flushed pu	ung. Pumpe	ed plug	to co	35,05	D
Crew	ated 5 661	sement 1	returns.	Well	neld	
800	1SL SEF	Hoat.				
	Rodner	Very	muddy		1.	
Λ	1 Clown Wat	<u></u>		A /	Nove	<i>~</i>
	TICO ON TO SH	<del></del>		Lem	, Morde	
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION	N of SERVICES or PRO		UNIT PRICE	TOTAL
5401		PUMP CHARGE		368		108500
54062		MILEAGE		368		
3402	, 520	egsins t	potase	368		
5407 1	1 Jamin	ton mi	les	558		18900
11241					73600	
1127	200 #		neut	*		
11180	208 4	<u>se</u>	.A 4'.		45,76	
			Mater.	30%-	781.76	
			<u> </u>	300	234.53	min a 7
hlum/s		Tite de	mate	vial to	ofal	547.23 47.25
4404		412 plug				7 425.
				<u> </u>		
					2148,99	
	A pometolod					
Ravin 3737				· · · · · · · · · · · · · · · · · · ·	SALES TAX	36.561
Ravin 3737	k				ESTIMATED TOTAL	1900.04
AUTHORIZTION	J.nOKX	TITLE			DATE	

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.