

1238533



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 |
|--|---|

| 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: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------|-------|---------|------------|---|

| | |
|---|--|
| Date of First, Resumed Production, SWD or ENHR. | Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____ |
|---|--|

| 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: _____ _____ |
|--|---|---|



CONSOLIDATED
Oil Well Services, LLC

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: 12/23/14

Terms: Net 30

Page 1

McGOWN DRILLING

P.O. BOX K
MOUND CITY KS 66056
USA
9187952259

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
Discounted Amount 234.53
SubTotal After Discount 1,863.48

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

Tax: 36.56

Total: 1,900.04



PO Box 884, Chanute, KS 66720
520-431-9210 or 800-467-8576

1622/1513
TICKET NUMBER 50771
LOCATION Ottawa
FOREMAN Alan Mader

Invoice # 802766
FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---|------------|--------------------|-----------------------------------|----------|-------|--------|
| 12-19-14 | 3363 | Randall A-11 | NW 11 | 22 | 23 | hw |
| CUSTOMER <u>McGown Drilling</u> | | | TRUCK # DRIVER TRUCK # DRIVER | | | |
| MAILING ADDRESS <u>P.O. Box K</u> | | | <u>730 Alan Mader Safety Meet</u> | | | |
| CITY STATE ZIP CODE <u>Mound City KS 66056</u> | | | <u>368 Al McD</u> | | | |
| | | | <u>558 Brubir</u> | | | |

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 526 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 520 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 8.125 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 3 bbl dye markers. Mixed & pumped 64 sk 50/150 cement plus 2% gel. Circulated dye. Flushed pump. Pumped plug to casing TD. Circulated 5 bbl cement returns. Well held 800 PSI set float.

Very muddy
Rodney McGown Water
Alan Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|-----------------|---------|
| 5401 | 1 | PUMP CHARGE | 368 | 1085.00 |
| 5406 | — | MILEAGE | 368 | — |
| 5402 | 520 | casing footage | 368 | — |
| 5407 | Yam's | ten miles | 558 | 189.00 |
| 1124 | 64 | 50/150 cement | 736.00 | — |
| 1185 | 208 # | gel | 45.76 | — |
| | | Material sub | 781.76 | |
| | | less 30% - | 234.53 | |
| | | material total | | 547.23 |
| 4404 | 1 | 4 1/2 plug | | 47.25 |
| | | | | 2148.99 |
| | | | SALES TAX | 36.56 |
| | | | ESTIMATED TOTAL | 1900.04 |

AUTHORIZATION J. m Oka 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.