

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238556
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: _____

1238556

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)*

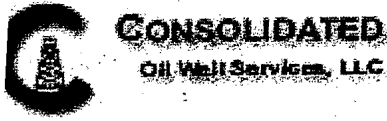
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> _____
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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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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# 802789

Invoice Date: 12/24/14 Terms: Net 30 Page 1

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

RANDALL C-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	50.000	4.2000	0.000	210.00
5402	Casing Footage	449.000	0.0000	0.000	0.00
5407	Min. Bulk Delivery Charge	1.000	368.0000	0.000	368.00
1124	Poz Cement Mix	54.000	11.5000	30.000	434.70
1118B	Premium Gel / Bentonite	191.000	0.2200	30.000	29.41
Subtotal					2,326.02
Discounted Amount					198.91
SubTotal After Discount					2,127.11

Amount Due 2,366.80 If paid after 01/23/15

Tax: 28.5
 Total: 2,155.6



1631/1582

TICKET NUMBER 50772

LOCATION Driggs

FOREMAN Alan Maden

INVOICE # 802789

FIELD TICKET & TREATMENT REPORT
CEMENT

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-23-14	5363	Randall C-11	NW 11	22	23	LN
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
McBown Drilling			730	Alan Maden	Safety	Meet
MAILING ADDRESS			368	Alan Maden		
P.O. Box 344			558	Brubir		
CITY	STATE	ZIP CODE				
Mound City	KS	634				

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 450 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 449 DRILL PIPE _____ TUBING _____ OTHER open ended
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 7661 DISPLACEMENT PSI 200 MIX PSI 200 RATE 46ppm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 2661 dye marker. Mixed & pumped 57.65 50 150 cement plus 20# gel. Circulated dye. Displaced casing with 1961 clean water. Circulated 5661 cement returns. Closed valve

Rodney, McBown very muddy
McBown Water Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	50	MILEAGE	368	210.00
5402	449	casing footage	368	
5407	mi	ton miles	358	368.00
1124	57	50 150 cement	621.00	
1188	191	gel	42.02	
		material sub	1663.02	
		less 30% -	198.91	
		material total		454.11
				2366.80
			SALES TAX	28.54
			ESTIMATED TOTAL	2155.65

Completed

Revin 3797 No company ref
 AUTHORIZATION Jim O'Kia 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

McGown Drilling, Inc.

Mound City, Kansas

Operator:

McGown Drilling, Inc.
Mound City, Kansas

Randall C11

Linn County, Kansas
11-22S-23E
API: 107-25064

Spud Date: 12/19/2014
Surface Casing: 8-5/8"
Surface Length: 26'
Surface Cement: 4sx
Longstring: 4-1/2"

Surface Bit: 11"
Drill Bit: 6-3/4"
Longstring: 450'
Longstring Date: 12/23/2014

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	23	Clay	
23	36	Lime	
36	91	Shale	
91	93	Coal	
93	112	Lime	Fair odor, Rainbow in samples
112	122	Shale	
122	130	Lime	
130	132	Bl Shale	
132	140	Sand	Fair odor, slight bleed in samples
140	179	Shale	
179	186	Lime	
186	196	Shale	
196	198	Lime	
198	208	Shale	
208	240	Sandy Shale	
240	247	Sand	Slight odor, No bleed
247	356	Shale	
356	358	Lime	
358	365	Shale	
365	380	Sandy Shale	White
380	386	Shale	Grey & muddy
386	390	Sand	Dark brown, No odor
390	398	Shale	
398	400	Coal	
400	446	Sandy Shale	

Randall C11
Linn County, KS

446	448	Sandy Shale	White Muddy
448	450	Sand	
450	453	Sand	Good Sand, Brown/grey, very little bleed back
453	460	Sand	Good Sand, Good saturation, Fair bleed back.
460	470	Sand	Good Sand, Very good saturation, good bleed back, heavy at bottom
470		TD	Likely watery sand, Bottom of core had no bleed.

Run	Coring Footage	Rec.
1	450'-470'	20'
2		

Randall C11
Linn County, KS

Randall C11
Linn County, KS

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