

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238575
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: _____

1238575

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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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McGown Drilling, Inc.

Mound City, Kansas

Operator:

McGown Drilling, Inc.
Mound City, Kansas

Randall E11

Linn County, Kansas
11-22S-23E
API: 107-24918

Spud Date: 12/24/2014
Surface Casing: 8-5/8"
Surface Length: 23"
Surface Cement: 4sx
Longstring: 4-1/2"

Surface Bit: 11"
Drill Bit: 6-3/4"
Longstring: 524'
Longstring Date: 12/29/2014

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	15	Clay	
15	17	Gravel	
17	22	Shale	
22	39	Lime	
39	90	Shale	
90	92	Coal	
92	97	Shale	
97	112	Lime	Slight odor
112	124	Shale	
124	130	Lime	
130	132	Coal	
132	137	Sand	Slight odor, bleed in samples.
137	142	Sandy Shale	
142	168	Shale	
168	187	Lime	
187	197	Shale	
197	201	Lime	
201	239	Shale	
239	248	Sand	Slight odor, PK sand
248	332	Shale	
332	334	Coal	
334	356	Shale	
356	359	Lime	
359	405	Shale	
405	440	Sandy Shale	

Randall C11
Linn County, KS

440	448	Sand	White muddy
448	478	Sand	
478	480	Coal	
480	532	Shale	
532		TD	



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#

802830

Invoice Date: 12/31/14

Terms: Net 30

Page 1

McGOWN DRILLING

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

RANDALL E-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	523.850	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	29.40
4404	4 1/2 Rubber Plug	1.000	47.2500	0.000	47.25

Subtotal 2,373.27

Discounted Amount 198.90

SubTotal After Discount 2,174.37

Amount Due 2,416.95 If paid after 01/30/15

Tax: 31.40

Total: 2,205.80



CONSOLIDATED
Oil Well Services, LLC

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

1674
1625
TICKET NUMBER 50775
LOCATION Ottawa
FOREMAN Alan Maden

Invoice # 802830
FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-31-14	3363	Randal E-11	NW 11	22	23	LAN
CUSTOMER McGowan Drilling			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 334			730 / Alg Mad Safety Meet			
CITY STATE ZIP CODE Mound City KS 66056			368 / Art McD			
			558 / BM Bit			

JOB TYPE log string HOLE SIZE 6 3/4 HOLE DEPTH 532 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 523.85 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YES
 DISPLACEMENT 8.18 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 3 bbl dye marker. Mixed & pumped 50/150 cement plus 290 gel. Circulated dye. Flushed pump. Pumped plus to casing TD. Circulated 5 bbl cement returns. Well held 800# 1st. Set float

Rob McGowan
McGowan 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	523.85	casing footage	368	
5407	mi	ton miles	558	368.00
1124	54	50/150 cement	621.00	
1188	191	gel	42.02	
		material sub	663.02	
		less 30%	198.91	
		material total		464.11
4404	1	4 1/2 plug		47.25
			2416.95	
		SALES TAX		31.15
		ESTIMATED TOTAL		2,205.81

Form 3737

NO COMPANY REP

AUTHORIZATION Jim OKD 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.