

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1238598  
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: \_\_\_\_\_

1238598

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
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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**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 # 802925

Invoice Date: 01/07/15      Terms: Net 30      Page 1

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

RANDALL E-15

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5401	Cement Pumper	1.000	1,085.0000	0.000	1,085.00
5406	Mileage Charge	30.000	4.2000	0.000	126.00
5402	Casing Footage	523.300	0.0000	0.000	0.00
5407	Min. Bulk Delivery Charge	1.000	368.0000	0.000	368.00
1124	Poz Cement Mix	70.000	11.5000	30.000	563.50
1118B	Premium Gel / Bentonite	218.000	0.2200	30.000	33.57
4404	4 1/2 Rubber Plug	1.000	47.2500	0.000	47.25

Subtotal      2,479.21  
Discounted Amount      255.89  
SubTotal After Discount      2,223.32

Amount Due 2,534.57 If paid after 02/06/15

Tax:      39.63  
Total:      2,262.95



**CONSOLIDATED**  
OF Well Services, L.L.C

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

1710  
1058  
INVOICE # 802925

TICKET NUMBER 50741  
LOCATION Ottawa KS  
FOREMAN Fred Mader

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-6-15	5363	Randall # E-15	NW 11	22	23	LN
CUSTOMER Mc Gown Drilling						
MAILING ADDRESS P.O. Box 334						
CITY Mound City		STATE KS	ZIP CODE 66056			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			712	Fred Mader		
			495	Har Bar		
			558	Bru Biv		

JOB TYPE Longstr. Wg HOLE SIZE 6 3/4 HOLE DEPTH 542 CASING SIZE & WEIGHT 4 1/2  
 CASING DEPTH 523.30 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 4 1/2" Plug  
 DISPLACEMENT 8.3 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Hold safety meeting. Establish circulation. Mix & Pump 100# Gel  
Flush. Pump 4 BBLs Telltale dye. Follow w/ 70 SKS  
50/50 Poz Mix Cement 20 Gel Flush pump & lines clean. Displace  
4 1/2" Rubber plug to casing TD. Pressure to 700# PSI. Release  
Pressure to set float valve. Shut in Casing.

Customer Supplied Water.

*Fred Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 <sup>00</sup>
5406	30 mi	MILEAGE	495	126 <sup>00</sup>
5402	523.30	Casing Footage		N/C
5407	Minimum	Ton Miles	558	368 <sup>00</sup>
1124	70 SKS	50/50 Poz Mix Cement	805 <sup>00</sup>	
1158	218 <sup>#</sup>	Premium Gel	479 <sup>6</sup>	
		Material	852 <sup>96</sup>	
		Less 30%	-255 <sup>88</sup>	
		Total		597 <sup>07</sup>
4404	1	4 1/2" Rubber Plug		47 <sup>25</sup>
			2484.42	
		6.15%	SALES TAX	39 <sup>63</sup>
			ESTIMATED TOTAL	2262 <sup>95</sup>

Rev'n 3737

AUTHORIZATION *[Signature]* 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 E15

Linn County, Kansas  
11-22S-23E  
API: 107-24920

**Spud Date:** 12/29/2014  
**Surface Casing:** 8-5/8"  
**Surface Length:** 23'  
**Surface Cement:** 4sx  
**Longstring:** 4-1/2"

**Surface Bit:** 11"  
**Drill Bit:** 6-3/4"  
**Longstring:** 523.3'  
**Longstring Date:** 1/5/2014

## Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	15	Clay	
15	17	Gravel	
17	26	Lime	
26	77	Shale	
77	80	Blk Shale	
80	82	Shale	
82	96	Lime	Slight odor & rainbow in samples
96	110	Shale	
110	114	Lime	
114	117	Blk Shale	
117	130	Sand	Slight odor & rainbow in samples
130	150	Shale	
150	175	Lime	
175	184	Shale	
184	189	Lime	
189	194	Shale	
194	229	Sandy Shale	
229	239	Sand	Slight odor
239	241	Sandy Shale	
241	288	Shale	
288	290	Lime	
290	292	Coal	
292	310	Shale	
310	347	Red Bed	
347	349	Lime	Ardmore

Randall E15  
Linn County, KS

349	351	coal
351	390	Shale
390	410	Sand
410	444	Shale
444	464	Sand
464	466	Coal
466	534	Sand
534	542	Lime
<b>542</b>		<b>TD</b>