

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1260776
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: _____

1260776

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: 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> _____ <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# 804658

Invoice Date: 06/28/15 Terms: Net 30 Page 1

McGOWN DRILLING

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

RANDALL #K-9

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	39.000	915.00
CE0002	Equipment Mileage Charge - Heavy Equipment	40.000	7.1500	39.000	174.46
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	39.000	402.60
CC5840	Poz-Blend I A (50:50)	75.000	13.5000	39.000	617.63
CC5965	Bentonite	226.000	0.3000	39.000	41.36
CP8178	4 1/2" Top Rubber Plug	1.000	75.0000	39.000	45.75

Subtotal 3,601.30
 Discounted Amount 1,404.51
 SubTotal After Discount 2,196.79

Amount Due 3,672.35 If paid after 07/28/15

Tax: 43.34
 Total: 2,240.14



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

3242
Invoice # 84658 3164

TICKET NUMBER 51029
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
6-15-15	5363	Randall #K-9	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 Mad					
		467		Ke. Car					
		503		Art Mad					

JOB TYPE Logging HOLE SIZE 6 3/4 HOLE DEPTH 542 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 535 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2" Plug
 DISPLACEMENT 8.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold Safety Valve. Establish circulation. Mix Pump
100# Gel Flush. Pump 4 BBLs tall take dye. Mix &
Pump 75 sks Pos Blend I.A. Cement 2% Gel. Flush pump &
lines clean. Displace 4 1/2" Rubber plug to casing TD. Pressure
to 600# PSI. Release pressure to set float valve.
Shut in casing.

Customer Supplied H₂O

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	467	1500 ⁰⁰
CE0002	40 mi.	MILEAGE	467	286 ⁰⁰
CE0711	Minimum	Ten Miles Delivery	503	660 ⁰⁰
		Sub Total		2446 ⁰⁰
		Less 39%		-953 ⁹⁴
				1492 ⁰⁶
CC5840	75 sks	Pos Blend I.A. Cement		1012 ⁵⁰
CC5765	226#	Bentonite Gel		67 ⁵⁰
CP8178	1	4" Rubber Plug		75 ⁰⁰
		Sub Total		1155 ⁰⁰
		Less 39%		-450 ⁵⁷
				704 ⁴³
			6.15%	SALES TAX
				43 ³⁴
				ESTIMATED TOTAL
				2240 ⁴⁷

Revin 3737

AUTHORIZATION

TITLE

DATE

31672.35

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