



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1326596
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: _____

1326596

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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McGOWN

DRILLING, INC.

Operator:
JR Burris
Iola, KS

Porter #01

Allen Co., KS
6-25S-19E
API: 001-31459

Spud Date: 11/16/2016
Surface Casing: 8.625"
Surface Length: 20.0'
Surface Cement: 6 sx
Longstring:

Surface Bit: 11.0"
Drill Bit: 6.75"
Longstring: P&A - Dry
Longstring Date: 11/18/2016

Driller's Log

Top	Bottom	Formation	Comments
0	1	Soil	
1	30	Lime	
30	55	Shale	
55	62	Lime	
62	111	Shale	
111	114	Lime	
114	123	Shale	
123	161	Lime	
161	193	Shale	
193	221	Lime	
221	223	Bl. Shale	
223	231	Lime	
231	234	Shale	
234	250	Lime	
250	273	Shale	
273	285	Sandy Shale	
285	389	Shale	
389	399	Lime	
399	426	Shale	
426	441	Lime	
441	450	Shale	
450	455	Lime	
455	473	Sandy Shale	
473	524	Shale	

Porter #O1
 Allen Co., KS

524	529	Lime	
529	532	Coal	
532	544	Lime	
544	548	Shale	
548	564	Lime	
564	586	Shale	
586	608	Lime	
608	612	Shale	
612	619	Shale	
619	623	Lime	
623	629	Shale	
629	637	Sand	Tight, poor oil show
637	771	Shale	
771	775	Sand	Oil odor, no free oil visible in samples
775	737	Shale	
737	848	Shale	White, muddy
848	906	Sand	Gas
906	922	Sand	Small oil stain 906-909, poor bleed, very
922		TD	water saturated

	Coring	
Run	Footage	Recovery
1	631-651	18'
2	906-922	16'

Dry hole - plugged well through drill pipe 11/18/16 by Hurricane Services.
 Ran drill pipe open ended to TD - pumped 20 sx plug, pulled up to base of
 KC and pumped 10 sx plug, pulled up to 200' and pumped hole full of cement,
 TOO H and topped well off with cement. Rig down.



250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer: TBG, LLC			Customer Name:	Ticket No.: 50957		
Address:			AFE No.:	Date: 11/18/2016		
City, State, Zip:			Job type: OLD HOLE PLUG			
Service District: GARNETT, KANSAS			Well Details:			
Well name & No.: PORTER #1			Well Location: IOLA	County: ALLEN State: KANSAS		
Equipment #	Driver	Equipment #	Driver	Equipment #	Driver	TIME
25	JAKE					AM
203	BEN					PM
201	KEVIN					PM
						2:30
						AM
						PM
						PM
						PM
						PM
						AM
						PM
						4:00
MILES FROM STATION TO WELL						30

Treatment Summary

ON LOACTION. SAFETY MEETING. SPOT IN AND RIG UP TO DRILL PIPE. MIX AND PUMP 20 SACKS OF CEMENT. DISPLACE 5.9 BBL. MIX AND PUMP 10 SACKS OF CEMENT AT THE BASE OF THE KANSAS CITY ZONE. MIX AND PUMP 70 SACKS OF CEMENT AT 200' TO SURFACE.

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Net Amount
C20101	Cement Pump	ea	1.00	\$790.00	\$790.00	\$592.50
C00101	Heavy Equip. One Way	mi	30.00	\$3.25	\$97.50	\$73.13
C20201	Cement Bulk Truck - Minimum	ea	1.00	\$300.00	\$300.00	\$225.00
P01603 M	60/40 Pozmix Cement	sack	100.00	\$12.00	\$1,200.00	\$900.00
P01607 M	Bentonite Gel	lb	344.00	\$0.30	\$103.20	\$77.40

TERMS: Cash in advance unless Hurricane Services Inc has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and subject to collection. Authorization below acknowledges receipt and acceptance of all terms and conditions including the Standard Terms of Sale.

Total Taxable	\$ -	Gross:	\$ 2,490.70	Net:	\$ 1,868.03
		Tax Rate:	7.150%		
		Sale Tax:	\$ -		
		Total:	\$ 1,868.03		

Customer Representative: **CHRIS MCGOWN**

HSI Representative: **JAKE HEARD**

Date of Service: **11/18/2016**

CUSTOMER AUTHORIZED AGENT

Customer Comments or Concerns: