

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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	M & S Energy, LLC
Well Name	JACKSON 1
Doc ID	1350687

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Conductor	15	12.50	18	700	Portland	350	50/50 POZ
Surface	12	8.625	15	1380	Portland	600	50/50 POZ
Production	7	4.500	10	2160	Portland	700	50/50 POZ
Liner	5.625	2.375	8	1997	NA	0	NA



GAMMA RAY
NEUTRON
CEMENT BOND
COMPLETION LOG

Company McCLELLAND OIL COMPANY	Well JACKSON #1	Field GREENWOOD	County GREENWOOD	State KANSAS
Company McCLELLAND OIL COMPANY	Well JACKSON #1	Field GREENWOOD	State KANSAS	County GREENWOOD
Location:		API #:		Other Services
SEC 23 TWP 26S RGE 9E		Elevation		Elevation
Permanent Datum	G.L.	Elevation		K.B.
Log Measured From	G.L.			D.F.
Drilling Measured From	N.A.			G.L.

Date	10-18-2016	10-24-16 (BOND LOG)
Run Number	1-OLD WELL	2-OLD WELL
Depth Driller		
Depth Logger	2166.8'	2162.3'
Top Log Interval	11.8'	
Bottom Logged Interval	2166.8'	
Fluid Level	326'	400' APPROX.
Type Fluid	WATER	
Production Casing	4.5" @ T.D.	@
Max. Recorded Temp.		
Estimated Cement Top		
Calculated Cement Top	UNKNOWN	
Amount & Type Cement		
Amount & Type Admix		
Drilling Contractor		
Equipment Number	107	
Location	UDEN, D.	UDEN, D.
Recorded By	McCLELLAND, L.	McCLELLAND, L.
Witnessed By		

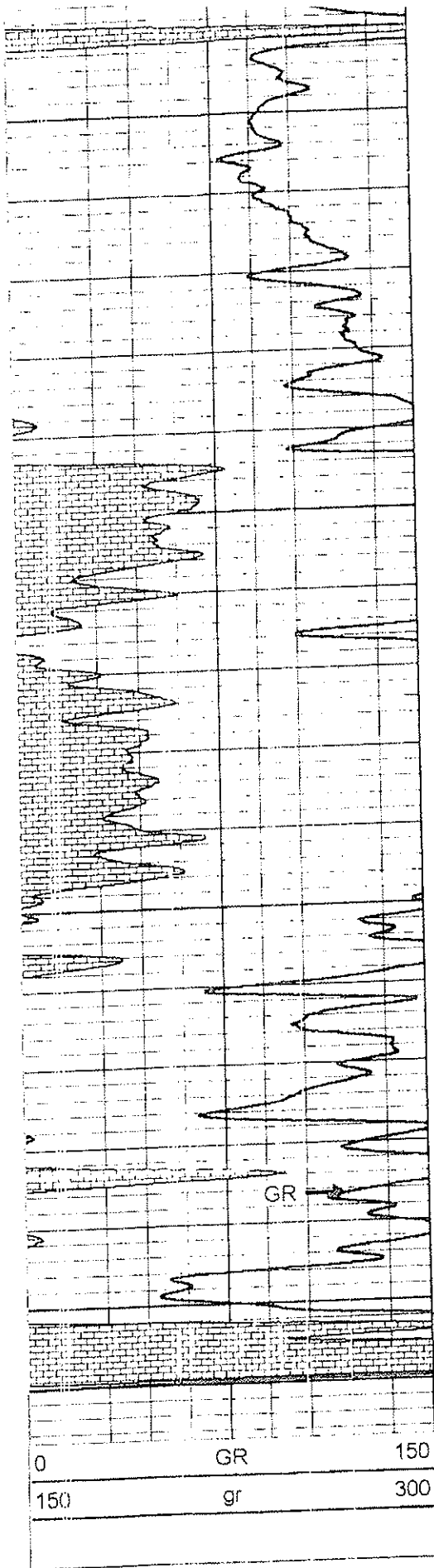
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All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

THANK YOU

Sensor	Offset (ft)	Schematic	Description	Len (ft)	OD (in)	Wt (lb)
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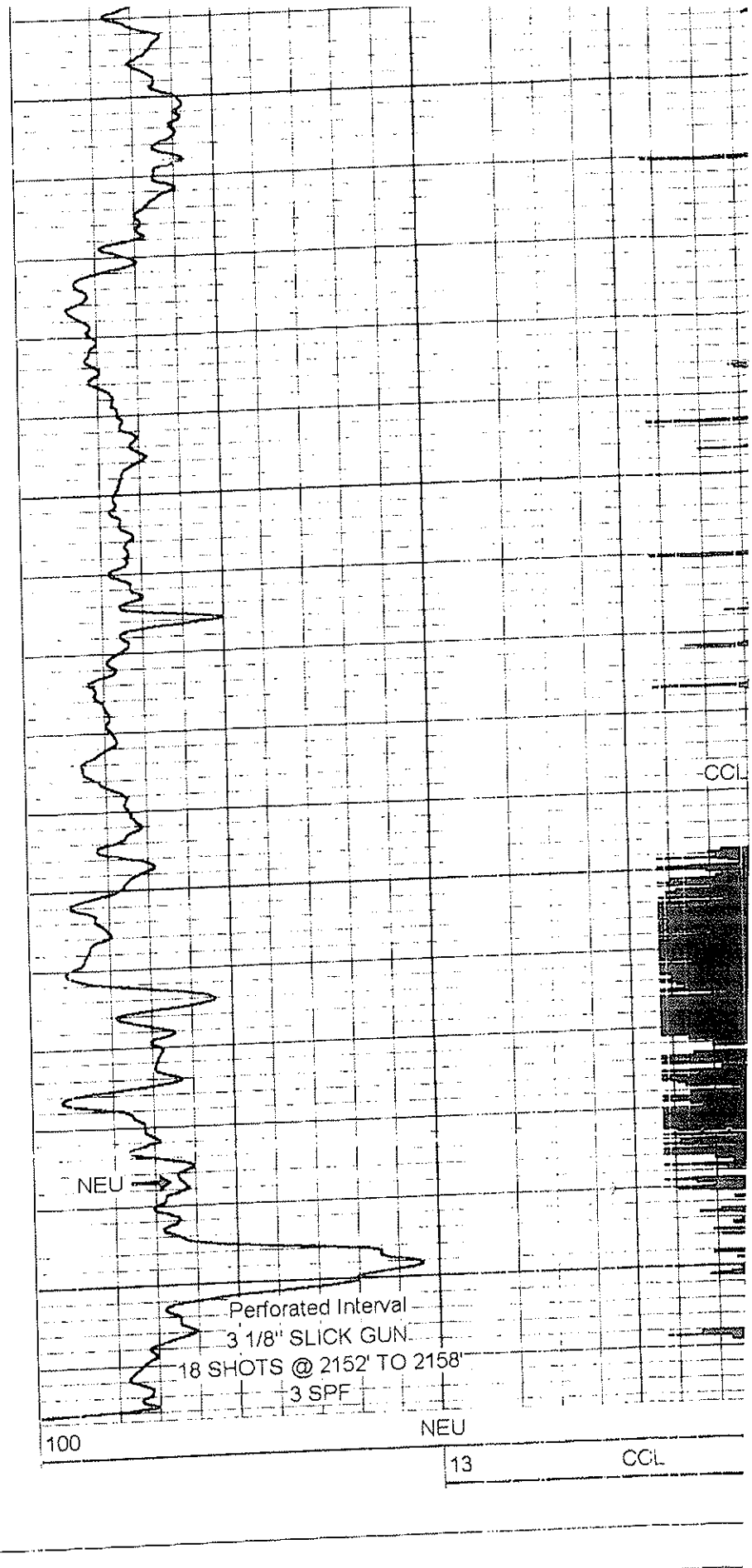


2000

2050

2100

2150



CCL

NEU

13

CCL

Company
Well

McCLELLAND OIL CO.
JACKSON #1



Summary of Changes

Lease Name and Number: JACKSON 1

API/Permit #: 15-073-22211-00-01

Doc ID: 1350687

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	03/09/2017	04/04/2017
Perf_Material_1		3 1/8" SLICK GUN
Perf_Record_1		2152-2158
Perf_Shots_1		3
Save Link	../../kcc/detail/operatorEditDetail.cfm?docID=1347526	../../kcc/detail/operatorEditDetail.cfm?docID=1350687
Tubing Packer At		1997

Summary of Attachments

Lease Name and Number: JACKSON 1

API: 15-073-22211-00-01

Doc ID: 1350687

Correction Number: 1

Attachment Name

Cement Bond Log