

Confidentiality Requested:

Yes  No

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

January 2018

**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

Gas  DH  EOR

OG  GSW

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 EOR  Conv. to SWD

Plug Back  Liner  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

EOR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: \_\_\_\_\_

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  Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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](mailto: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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	McGown Drilling, Inc.
Well Name	FOOSE 1I
Doc ID	1362452

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	654-660		



3613A Y Road  
Madison, KS 66860  
Ph: 620-437-2661  
Fax: 620-437-2881



104 Prairie Plaza Parkway  
Garnett, KS 66032  
Ph: 785-448-3100  
Fax: 785-448-3102

FED ID# 48-1214033  
MC ID# 165290

Remit to: Hurricane Services, Inc.  
250 N. Water, Suite 200  
Wichita, KS 67202

Customer:  
MCGOWN DRILLING, INC.  
PO BOX K  
MOUND CITY, KS 66056

Invoice Date: 5/18/2017  
Invoice #: 0031067  
Lease Name: FOOSE  
Well #: 11  
County: BOURBON

Date/Description	HRS/QTY	Rate	Total
Ticket 50983 Longstring	0.000	0.000	0.00
Heavy Eq mileage one way	30.000	3.250	97.50
Light Eq mileage one way	30.000	1.500	45.00
Bulk truck #202	1.000	300.000	300.00
Pump truck #201	1.000	438.750	438.75
Vac truck #111	2.000	54.600	109.20
Cement Pozmix 50/50	90.000	9.000	810.00
Bentonite Gel	452.000	0.275	124.20
FLO Seal	23.000	1.290	29.67
Top rubber plug 2 7/8"	1.000	30.000	30.00

Net Invoice 1,984.32  
Sales Tax: (7.90%) 66.36  
**Total** 2,050.68

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

**WE APPRECIATE YOUR BUSINESS!**



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

# HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer	MCGOWN	Customer Name:	CHRIS MCGOWN		Ticket No.:	50983		
Address:		Contractor:	MCGOWN		Date:	5/18/2017		
City, State, Zip:		Job type	LONGSTRING		Well Type:	OIL		
Service District:	MADISON, KS	Well Details:	Sec:		Twp:		R:	
Well name & No.	FOOSE # 11	Well Location:	XENIA	County:	BOURBON	State:	KANSAS	
Equipment #	Driver	TRUCK CALLED					AM	TIME
201	KEVIN	ARRIVED AT JOB					PM	12:30
202	JP	START OPERATION					AM	
111	JOE	FINISH OPERATION					PM	
30	JAKE	RELEASED					AM	1:45
							PM	30

## Treatment Summary

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Net Amount
C001	Heavy Equip. One Way	mi	30.00	\$3.25	\$97.50	\$97.50
C002	Light Equip. One Way	mi	30.00	\$1.50	\$45.00	\$45.00
C004	Minimum Ton Mile Charge	ea	1.00	\$300.00	\$300.00	\$300.00
C020	Cement Pump	ea	1.00	\$675.00	\$675.00	\$438.75
T002	Vacuum Truck 80 bbl	ea	2.00	\$84.00	\$168.00	\$109.20
CP010	50/50 Pozmix Cement	sack	90.00	\$12.00	\$1,080.00	\$810.00
CP013	Bentonite Gel	lb	152.00	\$0.30	\$45.60	\$34.20
CP017	FLO-Seal	lb	23.00	\$2.15	\$49.45	\$29.67
CP037	Rubber Plug 2 7/8	ea	1.00	\$30.00	\$30.00	\$30.00
CP013	Bentonite Gel	lb	300.00	\$0.30	\$90.00	\$90.00

**TERMS:** Cash in advance unless Hurricane Services Inc. (HSI) 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 subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Discount rate is based on 30 days net payment terms or cash.

**DISCLAIMER NOTICE:**  
This technical data is presented in good faith, but no warranty is given by and H.S.I assumes no liability for advice or recommendations made concerning results to be obtained from the use of any product or service. The information presented is HSI best estimate of the actual results that may be achieved and should be used for comparison purposes and make no guarantee of future production performance. Customer warrants that well and all associated equipment in acceptable condition to receive services by H.S.I. Likewise, the customer will guarantee proper operational care of all customer owned production and associated equipment, while H.S.I. is on location performing services which could adversely affect the performance of such services. Authorization below acknowledges receipt and acceptance of all terms and conditions stated

X \_\_\_\_\_  
CUSTOMER AUTHORIZED AGENT

<b>Gross:</b>		\$ 2,580.55	<b>Net:</b>		\$ 1,984.32
<b>Total Taxable</b>		\$ -	<b>Tax Rate:</b>	7.150%	
Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.			<b>Sale Tax:</b>	\$ -	
			<b>Total:</b>	\$ 1,984.32	

Date of Service:	5/18/2017
HSI Representative:	JAKE HEARD

Customer Comments:

**TREATMENT REPORT**



**HURRICANE SERVICES INC**

<b>Customer:</b> MCGOWN	<b>Date:</b> 5/18/2017	<b>Ticket No.:</b> 50983
<b>Field Rep:</b> CHRIS MCGOWN		
<b>Address:</b>		
<b>City, State:</b>		
<b>County, Zip:</b>		

<b>Field Order No.:</b>		<b>Open Hole:</b> 702' 5 7/8	<b>Perf Depths (ft)</b>	<b>Perfs</b>
<b>Well Name:</b> FOOSE # 11		<b>Casing Depth:</b>		
<b>Location:</b> XENIA, KS		<b>Casing Size:</b>		
<b>Formation:</b>		<b>Tubing Depth:</b> 692' 2 7/8		
<b>Type of Service:</b> LONGSTRING		<b>Tubing Size:</b>		
<b>Well Type:</b> OIL		<b>Liner Depth:</b>		
<b>Age of Well:</b> NEW		<b>Liner Size:</b>		
<b>Packer Type:</b>		<b>Liner Top:</b>		
<b>Packer Depth:</b>		<b>Liner Bottom:</b>		
<b>Treatment Via:</b>		<b>Total Depth:</b>		
			<b>Total Perfs</b>	<b>0</b>

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
12:30 PM					ON LOCATION SAFETY MEETING			
					SPOT IN AND RIG UP			
					HOOK UP TO TUBING			
	3.0		300.0		BREAK CIRCULATION			5.00
	3.0		200.0		MIX AND PUMP GEL			12.00
	3.0		200.0		PUMP FRESHWATER			10.00
	3.0		200.0		PUMP DYED WATER			4.00
	3.0		150.0		MIX AND PUMP CEMENT			19.71
					STOP			
					WASH PUMP AND LINES			
					DROP PLUG			
	2.0		300.0		DISPLACE			4.00
1:10PM			1,200.0		BUMP PLUG			
1:40 PM			500.0		HOLD 500 # FOR 30 MIN			
					RELEASE PRESSURE			
					SHUT IN AND WASH UP OFF LOACTION			
					THANKS JAKE KEVIN JOE AND JP PLEASE CALL AGAIN			
					<b>TOTAL:</b>	-	-	54.71

**SUMMARY**

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
3.0	2.8	1,200.0	381.3

**PRODUCTS USED**

Treater: \_\_\_\_\_

Customer: \_\_\_\_\_

**Avery Lumber**  
 411 MAIN ST., P.O. BOX 66  
 MOUND CITY, KS 66056  
 (913) 795-2210 FAX (913) 795-2194

Statement Copy

**INVOICE**

PLEASE REFER TO INVOICE NUMBER  
 ON ALL CORRESPONDENCE

Page: 1	Invoice: 10077177
Special :	Time: 09:02:53
Instructions :	Ship Date: 03/09/17
Sale rep #: MAVERY MIKE	Invoice Date: 03/09/17
	Due Date: 04/15/17
Sold To: RHONDA MCGOWN P.O. BOX K MOUND CITY, KS 66056	Ship To: RHONDA MCGOWN P.O. BOX 334 MOUND CITY, KS 66056
	(913) 795-2385
Customer #: 325550	Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
35.00	35.00	L	BAG	CPPC	PORTLAND CEMENT	12.9500 ea	12.9500	453.25
1.00	1.00	L	EA	CPOP	QUIKRETE PALLETS	20.0000 ea	20.0000	20.00
					REFUNDABLE IF RETURNED			

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$473.25
SHIP VIA LINN COUNTY				Taxable	473.25
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X				Tax	30.76
				<b>TOTAL</b>	<b>\$504.01</b>

3 - Statement Copy

