KOLAR Document ID: 1365888

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 #	API No.:					
Name:	Spot Description:					
Address 1:						
Address 2:	Feet from North / South Line of Section					
City: State: Zip:+	Feet from					
Contact Person:	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()	□NE □NW □SE □SW					
CONTRACTOR: License #	GPS Location: Lat:, Long:					
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84					
Wellsite Geologist:						
Purchaser:	County:					
Designate Type of Completion:	Lease Name: Well #:					
New Well Re-Entry Workover	Field Name:					
□ Oil □ WSW □ SWD	Producing Formation:					
Gas DH EOR	Elevation: Ground: Kelly Bushing:					
	Total Vertical Depth: Plug Back Total Depth:					
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet					
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?					
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet					
Operator:	If Alternate II completion, cement circulated from:					
Well Name:	feet depth to:w/sx cmt.					
Original Comp. Date: Original Total Depth:						
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan					
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)					
	Chloride content: ppm Fluid volume: bbls					
Commingled Permit #:	Dewatering method used:					
Dual Completion Permit #:						
EOR Permit #:	Location of fluid disposal if hauled offsite:					
GSW Permit #:	Operator Name:					
	Lease Name: License #:					
Canad Date on Date Decembed TD Completing Date on	Quarter Sec TwpS. R					
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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 Approved by: Date:									

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Page Two

Operator Name: _				Lease Name:			Well #:		
Sec Twp.	S. R.	Ea	ast West	County:					
	flowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,	
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.go\	. Digital electronic log	
Drill Stem Tests Ta			Yes No		_	on (Top), Depth ar		Sample	
Samples Sent to G	Geological Surv	ey	Yes No	Na	me		Тор	Datum	
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No						
		R			New Used	on, etc.			
Purpose of Strir		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
			ADDITIONAL	CEMENTING / S	QUEEZE RECORD	I			
Purpose:		epth Ty	pe of Cement	# Sacks Used					
Protect Casi									
Plug Off Zon									
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three (,	
Date of first Producti Injection:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other (Explain)			
Estimated Production Per 24 Hours	on	Oil Bbls.						Gravity	
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			N INTERVAL: Bottom	
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom	
,	, Submit ACO-18.)				· · · · · · · · · · · · · · · · · · ·				
Shots Per Perforation Perforation Bridge Plug Bridge Plug Acid, Fracture, Shot, Cementing Squeeze Rec Foot Top Bottom Type Set At (Amount and Kind of Material Used)							Record		
TUBING RECORD:	Size:	Set /	At:	Packer At:					
. 5213 (1200) 10.	JIEG.			. 30.0.71					

Form	ACO1 - Well Completion
Operator	McCoy Petroleum Corporation
Well Name	MADDEN "A" SWDW 4-21
Doc ID	1365888

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	0	311	Common	225	0
Liner	7.875	4.5	10.5	1400	Common	275	2%Gel, 3%CC



HURRICANE SERVICES INC

Customer:	McCoy Pet. C	Corp.			Date:	7/26/2017	Ticket	No.:	100	776
Field Rep:	Dave Oller				1.0					
Address:										
City, State:										
County, Zip:										
										
Fi	eld Order No.:	100	776		Open Hole:			Perf Dep	oths (ft)	Perfs
	Well Name:	Madden A	# 4-21 SWD		Casing Depth:	1440.33				
	Location:	Ha	ays		Casing Size:	4 1/2 10.5 Lb				
	Formation:				Tubing Depth:					
Ту	pe of Service:	4 1/	2 LS		Tubing Size:					
	Well Type:	SI	WD.		Liner Depth:					
	Age of Well:	0	ld		Liner Size:					
	Packer Type:				Liner Top:					
	Packer Depth:				Liner Bottom:					
т	reatment Via:	Ca	sing		Total Depth:	1455'				
	•						-		Total Perfs	0
Est Live	INJECTIO		PRES					ROP	HCL	FLUID
TIME	FLUID	N2/CO2	STP	ANNULUS	Called Out	REMARKS		bs)	(gls)	(bbls)
8:00 AM					On Location W/	E ₀				
9:00 AM					TD=1455' TP=14					
					TANK TOWN DOWN	& LD Baffle 1St Jt+42.79				
					Centralizers On					
					Cement Baskets					
44.00 414			-		Start Casing	Oli des 7-13				
11:00 AM			-		Casing On Botto	om Dron Ball				
1:30 PM						ing Break Circulation W/ Mud Po	ımn			
1:35 PM 1:45 PM					Trucks On Loca		, inp			
1:45 FW			 			Spot & Set Up Trucks				
1:50 PM	3.5		170.0		Start Pumping H					5.00
1.50 FW	3.5		300.0			Common 2% Gel 3% CC @ 14.8	lh/nal			69.00
2:20 PM	3.5		300.0			r Pump & Lines Release LD Plug				10.00
2:25 PM	4.5		250.0		Start Displacem		·			10.00
2.25 FW	4.5		500.0		7 Out Start Circu				***************************************	
2:30 PM	3.0		1,500.0		Plug Down 1000					22.20
2:35 PM	0.0		1,000.0		Release Psi & F					
2.33 F W							TOTAL:			106.20
							OMIZOAE/STOR		,	
		SUM	MARY		ì	PRODUCTS USED				1
	Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI	1					
	4.5	3.8	1,500.0	544.0						

Treater: Tony P Todd Seba

Customer: Dave Oller

275 Sacks Common 2% Gel 3% Calcium Chloride



HURRICANE SERVICES INC

	NUTOT	ION DATE	DDEC		CAIL SERVICES INC	PROP	HCL	FLUID
TIME	FLUID	ON RATE N2/CO2	STP	SURE ANNULUS	REMARKS	(lbs)	(gls)	(bbls)
					Wash Up & Rack Up Truck			
2:45 PM					Off location			
					Thank You			
					Please Call Again			
					Tony Todd Cody Darren	-		
		 			Tony Toda Cody Darren	 		
						-		
								-
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			Activity pro	vided on this r	l page is calculated in the summary and totals on page	1		

Activity provided on this page is calculated in the summary and totals on page 1

Treater: Tony P



HURRICANE SERVICES INC

Customer:	McCoy Pet. Corp.		Date:	8/2/2017	Ticket No.:	100	783		
Field Rep:	Dave Oller								
Address:									
City, State:									
County, Zip:									
								vp oce 2007	Community Community
Fi	eld Order No.:		783	10	Open Hole:			Depths (ft)	Perfs
	Well Name: Location:		# 4-21 SWD	1	Casing Depth: Casing Size:	340 4 1/2 10.5 Lb	340.)	
	Formation:		ays		Tubing Depth:	4 1/2 10.5 LD			
Ту	pe of Service:	4 1/	2 LS		Tubing Size:				
	Well Type:	SI	ND		Liner Depth:				
	Age of Well:	0	ld		Liner Size:				
	Packer Type:				Liner Top:				
	Packer Depth:				Liner Bottom:	445			
т	reatment Via:	Ca	sing		Total Depth:	1455'		Total Perfs	0
								Total Pelis	
C. Carrie	INJECTION			SURE			PROP	HCL	FLUID
TIME 10:00 AM	FLUID	N2/CO2	STP	ANNULUS	Called Out	REMARKS	(lbs)	(gls)	(bbls)
10:45 AM					On Location				
11:30 AM					Trucks on Loca	tion Hold safety Meeting			
					Spot & Set Up T	rucks			
					PerF @ 340'				
					Hook Up To Cas				
12:00 PM	4.0		420.0			120 Establish Circulation		-	15.00
	4.0		420.0 420.0		Start Mix & Pur	p 65 Sk Common 2% Gel 3% CC			15.74 5.00
12:10 PM	4.0		300.0			se Vavle on Casing	×112.000 (1.000		0.00
						& Rack Up Truck			
						Off Location			
						Thank You			
						Please Call Again			
						Tony Cody Darren			
								+	
			<u> </u>	1			TOTAL: -	<u> </u>	35.74
•		CLIRA	MARY			PRODUCTS USED			
	Max FI. Rate	Avg Fl. Rate	Max PSI	Avg PSI		I KODOG IG GGED			1
	4.0	4.0	420.0	390.0]				
						65 Sacks Common 2% Gel	3% Calcium Chloride		

Customer: Dave Oller