

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1372645
OIL & GAS CONSERVATION DIVISION

Form ACO-1
November 2016

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: _____

1372645



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			
Geologist Report / Mud Logs	<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)*

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



HURRICANE SERVICES INC

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: 7/7/2017
Invoice #: 0033532
Lease Name: MARTIN WSW
Well #:
County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
Ticket 50307 Longstring	0.000	0.000	0.00
Heavy Eq mileage one way	15.000	3.250	48.75
Light Eq mileage one way	15.000	1.500	22.50
Bulk truck #202	1.000	300.000	300.00
Pump truck #201	1.000	492.750	492.75
Cement Pozmix 50/50	205.000	8.760	1,795.80
Bentonite Gel	545.000	0.219	119.36
FLO Seal	52.000	1.569	81.61
Centralizers 5 1/2"	3.000	58.400	175.20

Total 3,035.97

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: RJ Enterprises McGown Drilling, Customer Name: Chris McGown, Ticket No.: 50307, Date: 7/7/2017, Job type: Longstring, Well Type: W.S.W, Well Name & No.: Martin W.S.W, Well Location: Colony, Anderson, Kansas. Equipment list with drivers and times.

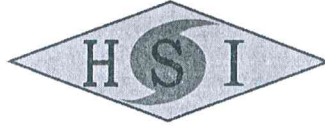
Product/Service Code Description Unit of Measure Quantity List Price/Unit Gross Amount Net Amount. Table with 7 columns and multiple rows of equipment and materials.

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. ... 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.

Summary table with Gross: \$ 4,021.55, Net: \$ 3,035.97, Total Taxable: \$ -, Tax Rate: (blank), Date of Service: 7/7/2017, HSI Representative: Jake Heard, Customer Comments.

CUSTOMER AUTHORIZED AGENT

TREATMENT REPORT



HURRICANE SERVICES INC

Customer:	RJ Enterprises	Date:	7/7/2017	Ticket No.:	50307
Field Rep:	Chris McGown				
Address:					
City, State:					
County, Zip:					

Field Order No.:		Open Hole:	7 7/8"	Perf Depths (ft)	Perfs
Well Name:	Martin W.S.W	Casing Depth:	1264'		
Location:	Colony, Kansas	Casing Size:	5.5" 15.5 lb		
Formation:		Tubing Depth:			
Type of Service:	Longstring	Tubing Size:			
Well Type:	Oil	Liner Depth:			
Age of Well:	New	Liner Size:			
Packer Type:		Liner Top:			
Packer Depth:		Liner Bottom:			
Treatment Via:	Casing	Total Depth:			
				Total Perfs	0

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 casing			
	4.0		300.0		Break circulation			8.00
	4.0		300.0		Mix and pump 200# gel spacer			9.00
	4.0		300.0		Pump 10 BBL water spacer			10.00
	4.0		300.0		Mix and pump dyed water			10.00
	4.0		350.0		Mix and pump cement			45.00
					Stop			
	4.0		200.0		Start wash up and displacement			
	2.0		250.0		Slow rate			
	2.0		400.0		shut in well and release pressure			29.50
2:15 PM					Rig down and leave location			
TOTAL:						-	-	111.50

SUMMARY

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
4.0	3.5	400.0	300.0

PRODUCTS USED

200 lb gel and 205 sacks 50:50:2%gel + .25 lb/sk floseal

Treater: Jake Heard

Customer: Chris McGown

McGOWN

DRILLING, INC.

Operator:
RJ Energy, LLC
Garnett, KS

Martin WSW-1
Anderson Co, KS
30-22-19E
API #003-26611-00-00

Spud Date:	6/30/2017	Surface Bit:	11"
Surface Casing:	8 5/8"	Drill Bit:	7 7/8"
Surface Length:	21'	Longstring:	1260'
Surface Cement:	4 sx	Longstring Date:	7/7/2017
Longstring:	5 1/2		

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	6	Clay	
6	41	Lime	
41	154	Shale	
154	165	Lime	
165	178	Shale	
178	186	Lime	
186	196	Shale	
196	214	Sandy Shale	
214	274	Lime	
274	324	Shale	
324	335	Lime	
335	338	Shale	
338	347	Lime	
347	349	Shale	
349	445	Lime	
445	618	Shale	
618	652	Lime	
652	722	Shale	
722	750	Lime	
750	766	Shale	
766	774	Lime	
774	787	Shale	
787	795	Lime	

Martin #WSW-1
Anderson, Co, KS

795	798	Shale	
798	809	Lime	
809	834	Shale	
834	840	Sandy Shale	Odor
840	846	Sand	Broken, fair odor, slight bleed in samples
846	872	Sand	Broken, good odor, slight bleed to pit, mostly sand
872	880	Sand	Black sand, slight odor
880	1022	Shale	
1022	1030	White Sand	
1030	1196	Shale	
1196	1264	Miss. Lime	
1264		TD	

Tail in open hole from 1265-1326'
with 4.75" button bit