

6039

COPY *Sue*

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 5786
Name: McGOWN DRILLING INC.
Address Rt. 1 Box 28A
MOUND CITY, KANSAS 66056
City/State/Zip _____

Purchaser: _____
Operator Contact Person: Doug McGown
Phone (913) 795 2258

Contractor: Name: McGOWN DRILLING
License: 5786

Wellsite Geologist: _____

Designate Type of Completion
 New Well _____ Re-Entry _____ Workover _____
 Oil _____ SWD _____ SLOW _____ Temp. Abd.
 Gas _____ ENHR _____ SIGW _____
 Dry _____ Other (Core, VSW, Expl., Cathodic, etc) _____

If Workover/Re-Entry: old well info as follows:

Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD
_____ Plug Back _____ PBTB
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____
5-3-91 5-7-91 5-7-91
Spud Date Date Reached TD Completion Date

API NO. 15- 107-23318
County LINN
W/2 E/2 N/2 Sec. 13 Twp. 22 Rge. 23 E W
4380 Feet from S (circle one) Line of Section
1320 Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name GOODISON Well # 1
Field Name Unknown
Producing Formation Bartlesville
Elevation: Ground _____ KB _____
Total Depth 550' PBTB _____
Amount of Surface Pipe Set and Cemented at _____ 20 Feet
Multiple Stage Cementing Collar Used? _____ Yes _____ No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____ 20
feet depth to Surface 7 _____ w/ _____ _____ ex cmt.
Drilling Fluid Management Plan AIR DRY
(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 No. _____
_____ Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W
County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature [Signature]
Title President Date 6-16-92
Subscribed and sworn to before me this 16th day of June
19 92
Notary Public Ellen Sue Russell
Date Commission Expires 6-5-93

ELLEN SUE RUSSELL
NOTARY PUBLIC
STATE OF KANSAS
My App. Exp. 6-5-93

RECEIVED
K.C.C. OFFICE, USE ONLY CORPORATION COMMISSION
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received JUN 19 1992
C _____ Geologist Report Received
Distribution
 KCC SVD/Rep Wichita, KGRAAS
 KGS Plug Other S
(Specify)

SIDE TWO

Operator Name McGOWN DRILLING

Lease Name GOODISON

Well # 1

Sec. 13 Twp. 22 Rge. 23 East West

County LINN

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
(Attach Additional Sheets.)
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No
(Submit Copy.)
List All E.Logs Run:

Log Formation (Top), Depth and Datum Sample
Name Top Datum

DRILLING LOG ATTACHED

CASING RECORD New 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
SURFACE	9½	6¼	10	20'	Portland	7	0

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Equivalents Record (Amount and Kind of Material Used)	Depth

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. Producing Method Flowing Pumping Gas Lift Other (Specify)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Grav.

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____