

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

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 5786
Name: McGown Drilling, Inc.
Address: P.O. Box 299
City/State/Zip: Mound City, KS 66056
Purchaser: _____
Operator Contact Person: Doug McGown
Phone: (913) 795-2258
Contractor: Name: McGown Drilling, Inc.
License: 5786
Wellsite Geologist: n/a
Designate Type of Completion:
☒ **New Well** ☐ **Re-Entry** ☐ **Workover**
☐ **Oil** ☐ **SWD** ☐ **SIOW** ☐ **Temp. Abd.**
☒ **Gas** ☐ **ENHR** ☐ **SIGW**
☐ **Dry** ☐ **Other (Core, WSW, Expl., Cathodic, etc)**
If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ **Original Total Depth:** _____
☐ **Deepening** ☐ **Re-perf.** ☐ **Conv. to Enhr/SWD**
☐ **Plug Back** ☐ **Plug Back Total Depth**
☐ **Commingled** **Docket No.** _____
☐ **Dual Completion** **Docket No.** _____
☐ **Other (SWD or Enhr.?)** **Docket No.** _____
05-11-03 **05-11-03** **05-11-03**
Spud Date or **Date Reached TD** **Completion Date or**
Recompletion Date **Recompletion Date**

API No. 15 - 011-22936-00-00
County: Bourbon
Sec. 24 **Twp.** 25 **S.** FL 24 ☒ **East** ☐ **West**
330 feet from (S) **N** (circle one) **Line of Section**
330 feet from (E) **W** (circle one) **Line of Section**
Footages Calculated from Nearest Outside Section Corner:
(circle one) **NE** (SE) **NW** **SW**
Lease Name: Coleman **Well #:** 1-03
Field Name: _____
Producing Formation: Burgess
Elevation: Ground **Kelly Bushing:** _____
Total Depth: 360' **Plug Back Total Depth:** _____
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 328
feet depth to surface w/ 40 **sx cmt.**

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content _____ **ppm** **Fluid volume** _____ **bbbls**
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ **License No.:** _____
Quarter _____ **Sec.** _____ **Twp.** _____ **S.** _____ **R.** _____ ☐ **East** ☐ **West**
County: _____ **Docket No.:** _____

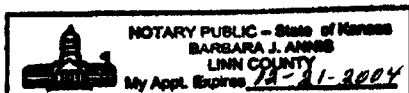
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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:** 9/17/03
Subscribed and sworn to before me this 17th **day of** SEPTEMBER
2003
Notary Public: Barbara J. Annis
Date Commission Expires: 12-21-2004

KCC Office Use ONLY

N **Letter of Confidentiality Attached**
If Denied, Yes ☐ **Date:** _____
N **Wireline Log Received**
N **Geologist Report Received**
____ **UIC Distribution**



Drill Name: McGown Drilling, Inc.

Lease Name: Coleman

Well #: 1-03

Sec. 24 Twp. 25 S. R. 24 ☒ East ☐ West

County: Bourbon

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

 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

See Attached Sheet

RECEIVED

SEP 22 2003

KCC WICHITA

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	8 3/4	6 1/2	8	20	Portland	5	none
Long String	6 1/8	2 3/8	4.5	328	Portland	40	none

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
Plug Off Zone				

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

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resummed Production, SWD or Enhr.		Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil	Stk.	Gas	Mcf	Water Stk. Gas-Oil Ratio Gravity
			30		

Disposition of Gas METHOD OF COMPLETION

Production Interval

☐ Ventd ☒ Solid ☐ Used on Lease
 (If ventd, Submit ACO-18.)

☒ Open Hole ☐ Part. ☐ Dually Comp. ☐ Cemented
☐ Other (Specify)