

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

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: George Peterson  
Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SLOW  Temp. Ab.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

RECEIVED  
STATE CORPORATION COMMISSION  
OCT 16 2000

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. \_\_\_\_\_  
7-19-2000 7-25-2000 7-25-2000  
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 103-21271 0000  
County: Leavenworth  
SE NW NE Sec. 22 Twp. 8 S. R. 20  East  West  
1200 feet from S /  N (circle one) Line of Section  
1500 feet from  E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Cast Well #: 2  
Field Name: Easton  
Producing Formation: \_\_\_\_\_  
Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_  
Total Depth: 1550' Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 47 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 P+A KJR 7/05/07  
(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. 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: \_\_\_\_\_  
Subscribed and sworn to before me this 12th day of October, 192000.  
Notary Public: Doreen Thomas  
Date Commission Expires: 8-21-01

NOTARY PUBLIC - State of Kansas  
DOREEN THOMAS  
My Appt. Exp. 8-21-01

**KCC Office Use ONLY**  
 Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

Operator Name: McGown Drilling, Inc. Lease Name: Gast Well #: 2

Sec. 22 Twp. 8 S. R. 20  East  West County: Leavenworth

**INSTRUCTIONS:** Show important tops and base 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. 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

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	# Sacjs Used	Type and Percent Additives
Surface	12 1/4	8 5/8	32	47	Portland	33	

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	Acid, Fracture, Shot, Cement Squeeze Record	Depth
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas  Vented  Sold  Used on Lease (If vented, Sumit ACO-18.)

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify)

Production Interval

ORIGINAL

CONSOLIDATED INDUSTRIAL SERVICES, INC.  
 211 W. 14TH STREET, CHANUTE, KS 66720  
 316-431-9210 or 800-487-8676

TICKET NUMBER 07357

LOCATION Ottawa #16

FOREMAN Jim Green

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
7-26-00		Gast #2		22	8	20	LC	
CHARGE TO <u>McBreen Drilling</u>				OWNER				
MAILING ADDRESS <u>P.O. Box 334</u>				OPERATOR				
CITY <u>Mound City</u>				CONTRACTOR <u>Bill McPherson Drilling Co</u>				
STATE <u>Ks.</u>		ZIP CODE <u>66056</u>		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION <u>12:00 AM</u>				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE	<u>6 3/4"</u>
TOTAL DEPTH	<u>1550'</u>
CASING SIZE	
CASING DEPTH	
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input checked="" type="checkbox"/> PLUG & ABANDON <u>Rig</u>	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

	PRESSURE LIMITATIONS	
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB  
Plug One Well Behind Rig.

JOB SUMMARY  
 DESCRIPTION OF JOB EVENTS Establish circulation then drill steel, mix and pump 15 cu cement, displace to 1550'. Pull up to 750', mix and pump 15 cu cement + displace to 750'. Pull drill steel up to 325'. Mix and pump 60 cu cement, circulating cement on surface. Pull drill steel out of hole. Mix 60 cu to top hole off, leaving hole full of cement. Used 96 cu total cement, 50 cu for mix cement with 60 cu total.

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	
HYD HHP = RATE x PRESSURE x 40.8	

AUTHORIZATION TO PROCEED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

ORIGINAL

CONSOLIDATED INDUSTRIAL SERVICES, INC.  
211 W. 14TH STREET, CHANUTE, KS 66720  
316-431-9210 or 800-467-8676

TICKET NUMBER **07383**  
LOCATION *Ottawa, Mo.*  
FOREMAN *Jim Green*

TREATMENT REPORT

DATE: <b>7-19-00</b>	CUSTOMER ACCT #	WELL NAME: <b>Gast #2</b>	QTR/QTR	SECTION: <b>22</b>	TWP: <b>F</b>	RGE: <b>20</b>	COUNTY: <b>LV</b>	FORMATION
CHARGE TO: <i>McGowan Drilling</i>				OWNER				
MAILING ADDRESS: <i>P.O. Box 334</i>				OPERATOR				
CITY: <i>Mound City</i>				CONTRACTOR: <i>Bill McPherson Drilling Co.</i>				
STATE: <i>Ks.</i>		ZIP CODE: <i>66056</i>		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION: <i>1:30 PM</i>				TIME LEFT LOCATION: <i>3:00 PM</i>				

WELL DATA	
HOLE SIZE	<i>11" 47'</i>
TOTAL DEPTH	<i>47'</i>
CASING SIZE	<i>8 7/8" 47'</i>
CASING DEPTH	<i>47'</i>
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

TYPE OF TREATMENT	
<input checked="" type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

	PRESSURE LIMITATIONS	
	THEORITICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB  
*Cement One Surface.*

JOB SUMMARY  
DESCRIPTION OF JOB EVENTS: *Establish circulation, mix and pump 33 sacks Class H Cement, with 2% gel, 3% Calcium chloride. Displace 8 7/8" with 2.7 bbls H2O circulating cement to surface.*

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
6 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	
HYD HHP = RATE x PRESSURE x 40.8	

AUTHORIZATION TO PROCEED TITLE DATE