

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3231
Name: McGowan Oil
Address 1: 302 N Summit
Address 2: _____
City: Arkansas City State: KS Zip: 67005 + _____
Contact Person: Dan McGowan
Phone: (620) 441-8922
CONTRACTOR: License #: 34190
Name: Vision Oil & Gas
Wellsite Geologist: E. W. Carter
Purchaser: Coffeyville Resources
Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover _____
 Oil _____ SWD _____ SLOW
_____ Gas _____ ENHR _____ SIGW
_____ CM (Coal Bed Methane) _____ Temp. Abd.
_____ 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 Enhrr. _____ Conv. to SWD
_____ Plug Back: _____ Plug Back Total Depth
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhrr.?) _____ Docket No.: _____
11/22/08 11/29/08 2/22/09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 035-24321-00000
Spot Description: NW NE NE
NW NE NE Sec. 4 Twp. 34 S. R. 5 East West
600 Feet from North / South Line of Section
1100 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Cowley
Lease Name: Christenson Well #: 3
Field Name: NA
Producing Formation: Mississippi
Elevation: Ground: 1198 Kelly Bushing: 1203
Total Depth: 3/85 Plug Back Total Depth: 3180
Amount of Surface Pipe Set and Cemented at: 202 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 AHINS 8-14-09
(Data must be collected from the Reserve Pit)
Chloride content: 2200 ppm Fluid volume: 300 bbls
Dewatering method used: evaporation
Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

KANSAS CORPORATION COMMISSION

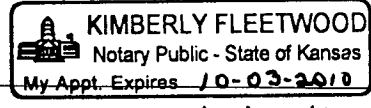
RECEIVED
JUL 28 2009

*Not a well
operator*

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: Dan McGowan
Title: Partner Date: 3/17/09
Subscribed and sworn to before me this 17th day of March,
20 09.
Notary Public: _____
Date Commission Expires: _____
Kimberly Fleetwood



KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
MAR 18 2009

KCC WICHITA

Operator Name: McGowan Oil Lease Name: Christenson Well #: 3
 Sec. 4 Twp. 34 S. R. 5 East West County: Cowley

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: dual induction, compensated density	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Miss cht 3128 1930
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CASING RECORD <input checked="" 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
surface	12 1/4	8 5/8	24	207	class A	160sks	cal 3%
production	7 7/8	4 1/2	10.5	3187	thick set	75sks	5#/sk

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 Squeeze Record (Amount and Kind of Material Used)	Depth
2	3128-3132	400 gal mud acid	

TUBING RECORD: Size: <u>101 jnts 2 3/8</u> Set At: <u>3154</u> Packer At: <u> </u> Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>Non-commercial test</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>DM</u>
Estimated Production Per 24 Hours	Oil Bbls. <u>DM</u> Gas Mcf <u> </u> Water Bbls. <u>100 DM</u> Gas-Oil Ratio <u> </u> Gravity <u>40</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) <u> </u>	PRODUCTION INTERVAL: <u> </u> <u> </u>
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CONSOLIDATED
Oil Well Services, LLC

3/19/09



ENTERED

TICKET NUMBER 20431
LOCATION Elmer
FOREMAN Troy Trickett

PO Box 884, Chanute, KS 66720
620-431-9210, or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-23-08	0399	Christenson #3	4	34	5E	Cherokee
CUSTOMER McGowan Oil Co.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 302 N. Summit			520	Cliff		
CITY STATE ZIP CODE Arkansas City Ks 67005			502	Chris		

JOB TYPE S/P HOLE SIZE 12 1/4" HOLE DEPTH 219' CASING SIZE & WEIGHT 2 3/8"
CASING DEPTH 212' K.B. DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.8* SLURRY VOL. 38.5861 WATER gal/sk 6.5° CEMENT LEFT in CASING 15'
DISPLACEMENT 12.5861 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting! Rig up to 8 5/8" casing. Break circulation w/
Water. Mixed 160skt Class A Cement w/ 3% Coals + 1/4" Floccs @
14.8* gal. Displace w/ 12.5861 water. Shut casing in w/ Good Cement to
surface = 900 slugs to bit.
Job Complete

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	725.00	725.00
5406	80	MILEAGE	3.65	292.00
11045	160skt	Class A Cement	13.50	2160.00
1102	450*	Coals 3%	.75	337.50
1107	40	Floccs 1/4"/sk	2.10	84.00
5407A	7.52	Ton-mileage	1.20	721.92
			RECEIVED	
			MAR 18 2009	
			Thank You	
			KCC WICHITA	
			Sub Total	4370.42
			5.8% SALES TAX	253.73
			ESTIMATED TOTAL	4624.15

Revin 3737

03/16/09

AUTHORIZATION witnessed by Deen TITLE owner DATE _____



ENTERED

TICKET NUMBER 20473
 LOCATION EUREKA
 FOREMAN KEVIN McCoy

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-9676

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-30-08	6399	CHRISTENSON #3	4	34S	SE	Cowley
CUSTOMER McGowan Oil Co.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 302 N. Summit			445	Justin		
CITY	STATE	ZIP CODE	515	JERRID		
ARKANSAS CITY	Ks	67005	437	CALIN		
JOB TYPE <u>Longstring</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH <u>3185' KB</u>	CASING SIZE & WEIGHT <u>4 1/2" 10.5" New</u>			
CASING DEPTH <u>3187'</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT <u>13.7"</u>	SLURRY VOL <u>23 BBL</u>	WATER gal/sk <u>8.0</u>	CEMENT LEFT in CASING <u>0'</u>			
DISPLACEMENT <u>51.2 BBL</u>	DISPLACEMENT PSI <u>500</u>	MAX PSI <u>950 Bump Plug</u>	RATE			

REMARKS: Safety Meeting: Rig up to 4 1/2" casing. Break Circulation w/ 5 Bbl fresh water. Pump 12 Bbl Silt Suspendae Pre Flush, 5 BBL water Spacer. Mixed 75 sks Thick Set Cement w/ 5" Kol-Seal /sk @ 13.7"/gal, yield 1.69. Wash out Pump & Lines. Shut down. Release Plug. Displace w/ 51.2 BBL fresh water @ 5 BPM. Final Pumping Pressure 500 PSI. Bump Plug to 950 PSI. Wait 2 minutes. Release Pressure. Float Held. Good Circulation @ ALL times while Cementing. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	80	MILEAGE	3.05	244.00
1126 A	75 sks	THICK Set Cement	17.00	1275.00
1110 A	375 "	Kol-Seal 5"/sk	.42	157.50
1143	2 gals	Silt Suspendae Pre Flush	38.50	77.00
5407 A	4.13 TONS	80 miles BALK TRUCK	1.20	396.48
5502 C	6 Hrs	80 BBL UAC TRUCK	100.00	600.00
1123	3300 gals	CITY WATER	14.00/gal	46.20
4404	1	4 1/2 Top Rubber Plug RECEIVED	45.00	45.00
		MAR 18 2009		
		KCC WICHITA		
		THANK YOU		
		5.8%		
		807746		
		Sub Total		3074.18
		SALES TAX ESTIMATED TOTAL		92.85
				3967.03

Ravin 3737

AUTHORIZATION Witnessed By Dawn Eyler TITLE well Site Consultant DATE _____