

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5786
Name: McGown Drilling, Inc.
Address 1: P.O. Box K
Address 2: _____
City: Mound City State: KS Zip: 66056 + _____
Contact Person: Doug McGown
Phone: (913) 795-2258
CONTRACTOR: License # 5786
Name: McGown Drilling, Inc.
Wellsite Geologist: _____
Purchaser: _____
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 Enhr. _____ Conv. to SWD
_____ Plug Back: _____ Plug Back Total Depth
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
9-14-09 9-15-09 9-16-09
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 011-23646-00-00
Spot Description: _____
SW _SW _NE _NW Sec. 13 Twp. 24 S. R. 23 East West
1200 Feet from North / South Line of Section
1550 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Bourbon
Lease Name: Emerson EMMERSON Well #: 1
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 941 Kelly Bushing: _____
Total Depth: 582 Plug Back Total Depth: 500
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: 460
feet depth to: surface w/ 36 sx cmt.

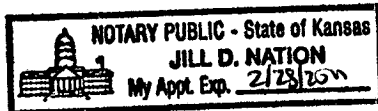
Drilling Fluid Management Plan AH II NR 12-2-09
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ 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: 10-23-09
Subscribed and sworn to before me this 23 day of October,
20 09.
Notary Public: Jill D. Nation
Date Commission Expires: 2/28/2011

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



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EMERSON
2/27/09
W/05/09

Operator Name: McGown Drilling, Inc. Lease Name: Emerson *EMMERSON* Well #: 1
Sec. 13 Twp. 24 S. R. 23 East West County: Bourbon

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	*See Attached Sheet	
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List All E. Logs Run:			

CASING RECORD <input type="checkbox"/> New <input checked="" 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	10 1/4	7	15	20	Portland	5	n/a
Long String	6	2 3/8	4.5	460	Portland	36	n/a

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 <i>(Amount and Kind of Material Used)</i>	Depth

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TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. FOR TESTING ONLY PER OPER. Producing Method: Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		5			

Perforated on 11/09/09

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

P.O. BOX 66
 MOUND CITY, KS 66056
 (913) 795-2210 FAX (913) 795-2194

Customer Copy

INVOICE

PLEASE REFER TO INVOICE NUMBER
 ON ALL CORRESPONDENCE

Page: 1		Invoice: 10013177	
Special :	<i>EMERSON</i>	Time:	10:10:09
Instructions :		Ship Date:	09/16/09
		Invoice Date:	09/16/09
Sale rep #:	TLIKELY TOM	Acct rep code:	Due Date: 10/05/09
Sold To: DOUG MCGOWN P.O. BOX K MOUND CITY, KS 66056		Ship To: DOUG MCGOWN (913) 795-2385 P.O. BOX 334 MOUND CITY, KS 66056 (913) 795-2385	
Customer #:	325550	Customer PO:	Order By:

5TH
T 20
poping01

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
33.00	33.00	L	BAG	CPPM	POST SET FLY ASH 75#	6.5900 BAG	6.5900	217.47
33.00	33.00	L	BAG	CPPC	PORTLAND CEMENT	8.6900 BAG	8.6900	286.77

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	FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____	Sales total \$504.24
	SHIP VIA Customer Pickup _____ RECEIVED COMPLETE AND IN GOOD CONDITION _____	Taxable 504.24 Non-taxable 0.00 Tax # _____
X		Sales tax 31.77

TOTAL \$536.01

2 - Customer Copy



~~EMMERSON~~
EMERSON #1

DEPTH	FORMATION
0-3	Soil
3-25	Clay
25-93	Shale
93-94	Lime
94-102	Shale
102-103	Lime
103-115	Shale
115-124	Lime
124-205	Shale
205-231	Lime
231-250	Shale
250-252	Lime
252-271	Shale
271-292	Lime
292-297	Shale
297-300	Lime
300-431	Shale
431-432	Lime
432-499	Shale
499-523	Sand
523-582	Shale
582	TD

*tel
to
4/05/09*

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