

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 # 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.: \_\_\_\_\_  
9-17-09      9-19-09      10-5-09  
Spud Date or      Date Reached TD      Completion Date or  
Recompletion Date                Recompletion Date

API No. 15 - 011-23492-00-00  
Spot Description: \_\_\_\_\_  
NE SE NE NE Sec. 25 Twp. 24 S. R. 25  East  West  
825 Feet from  North /  South Line of Section  
165 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Bourbon  
Lease Name: Shaw Well #: 16-25  
Field Name: \_\_\_\_\_  
Producing Formation: Bartlesville  
Elevation: Ground: 887 Kelly Bushing: \_\_\_\_\_  
Total Depth: 310 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: 300  
feet depth to: surface w/ 45 sx cmt.

Drilling Fluid Management Plan Air I 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,  
2009.  
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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Operator Name: McGown Drilling, Inc. Lease Name: Shaw Well #: 16-25  
 Sec. 25 Twp. 24 S. R. 25  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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets)  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy)  List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum *See Attached Sheet
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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 7/8	6.5	300	Portland	45	n/a

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

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TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	KCC WICHITA
Date of First, Resumed Production, SWD or Enhr. <u>FOR TESTING ONLY PER OPER.</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls. <u>&lt; .25</u>	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity <u>(.26)</u>

Perforated on 11/10/09

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input 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) _____	PRODUCTION INTERVAL: _____ _____
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**SHAW 16-25**

<b>DEPTH</b>	<b>FORMATION</b>
0-8	Soil & Clay
8-15	Shale
15-32	Lime
32-40	Shale
40-43	Lime
43-135	Shale
135-137	Lime
137-142	Shale
142-143	Lime
143-144	Coal
144-274	Shale
274-278	Sand
278-302	Shale
302-303	Coal
303-310	Shale
310	TD

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OCT 26 2009  
KCC WICHITA**

# 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: **10013746**

Special : *SHAW 16-25*  
 Instructions : *1*

Time: 10:28:14  
 Ship Date: 10/05/09  
 Invoice Date: 10/05/09  
 Due Date: 11/05/09

Sale rep #: MAVERY MIKE

Acct rep code:

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

*Key  
 10/26/09*

Customer #: 325550

Customer PO:

Order By:

poplmg01

5TH  
 T 20

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
30.00	30.00	L	BAG	CPPC	PORTLAND CEMENT	8.6900 BAG	8.6900	260.70
30.00	30.00	L	BAG	CPPM	POST SET FLY ASH 75#	6.5900 BAG	6.5900	197.70
2.00	2.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	34.00

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KCC WICHITA

**INVOICE**

FILLED BY \_\_\_\_\_ CHECKED BY \_\_\_\_\_ DATE SHIPPED \_\_\_\_\_ DRIVER \_\_\_\_\_

SHIP VIA Customer Pickup

RECEIVED COMPLETE AND IN GOOD CONDITION

**X**

Taxable 492.40  
 Non-taxable 0.00  
 Tax # \_\_\_\_\_

Sales total \$492.40

Sales tax 31.02

**TOTAL \$523.42**

2 - Customer Copy

