

* NEW ACOI COMPTD. BY OPER. IN LINE OF CORRECTG. INCOMP. ACOI RECD 3/11/09.

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

ORIGINAL

OPERATOR: License # 5675
Name: McPherson Drilling
Address 1: P.O. Box 129
Address 2: _____
City: Sycamore State: KS Zip: 67363 + _____
Contact Person: Ron McPherson
Phone: (620) 336-2662
CONTRACTOR: License # 5675
Name: Company Tools
Wellsite Geologist: _____
Purchaser: _____

Designate Type of Completion:
____ New Well ____ Re-Entry ____ Workover
 Oil ____ SWD ____ SIOW
____ 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.: _____
08/26/08 08/27/08 09/07/08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 125-31753-0000
Spot Description: _____
SW SW NE SW Sec. 13 Twp. 31 S. R. 16 East West
1485 Feet from North / South Line of Section
3765 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: MONTGOMERY
Lease Name: McPherson Well #: 10
Field Name: Neodesha
Producing Formation: Bartlesville
Elevation: Ground: 908 Kelly Bushing: _____
Total Depth: 973 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 42 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: surface
feet depth to: 42 w/ 4 sx cmt.

Drilling Fluid Management Plan AH II NR 1-26-10
(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: Ron McPherson
Title: Owner Date: 07/27/09
Subscribed and sworn to before me this 27th day of July,
20 09.
Notary Public: Nancy McPherson
Date Commission Expires: January 15, 2012

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

NANCY McPHERSON
Notary Public - State of Kansas
My Appt Expires 1/15/2012

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Operator Name: McPherson Drilling Lease Name: McPherson Well #: 10
 Sec. 13 Twp. 31 S. R. 16 East West County: MONTGOMERY

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 <i>(Attach Additional Sheets)</i> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: CORNISH WIRELINE SERVICES, INC. See attached log w/original correspondence	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum SEE ATTACHED COPY OF DRILLERS LOG WITH ORIGINAL CORRESPONDENCE
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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	11'	7"	20	42	Portland	4	
Long String	5 3/4"	2 7/8"	6.9	955	See attached	Consolidated	Invoice

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
1	892'-902'	See Attached Consolidated Invoice	

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TUBING RECORD: Size: Set At: Packer At: Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First. Resumed Production, SWD or Enhr. 9/10/08	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. 6 Gas Mcf Water Bbls. 2 Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input 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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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 19322

LOCATION EUREKA

FOREMAN Kevin McCoy

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	
8-28-08	5381	McPherson #10				McG	
CUSTOMER McPherson Drilling, LLC			Gus Jones Rig 1				
MAILING ADDRESS P.O. Box 129							
CITY Sycamore		STATE Ks	ZIP CODE 67363	TRUCK #	DRIVER	TRUCK #	DRIVER
				445	Justin		
				441	Chris		

JOB TYPE Longstring HOLE SIZE 5 3/4 HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 Euc 966' OTHER _____
 SLURRY WEIGHT 14.6" SLURRY VOL 32 BBL WATER gal/sk 5.6 CEMENT LEFT in CASING 0'
 DISPLACEMENT 5.7 BBL DISPLACEMENT PSI 500 PSI 1000 Shut IN RATE _____

REMARKS: Safety Meeting: Rig up to 2 7/8 Tubing. Break Circulation w/ 10 BBL Fresh water. Pump 3 SKS Gel Flush, 5 BBL water spacer, 2 BBL Dye water. Mixed 145 SKS 60/40 Pozmix Cement w/ 2% Gel, 1% CACL2 @ 14.6"/gal. Shut down. Wash out Pump & Liner. Pump 2 Plugs. Displace w/ 5.7 BBL Fresh water. Final Pumping Pressure 500 PSI. Pump Plug to 1000 PSI. Shut Tubing IN @ 1000 PSI. Good Cement Returns to Surface. 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	0	MILEAGE IN field	0	0
1131	145 SKS	60/40 Pozmix Cement	11.35	1645.75
1118 A	250 *	Gel 2%	.17 *	42.50
1102	125 *	CACL2 1%	.75 *	93.75
5407	6.45 TONS	Ten Mileage Bulk Truck	MIC	315.00
4402	2	2 7/8 Top Rubber Plugs	23.00	46.00
1118 A	150 *	Gel Flush	.17 *	25.50
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		Sub Total		3093.50
		SALES TAX 5.3%		162.23
		ESTIMATED TOTAL		3191.73

THANK YOU

225309

Ravin 3737

AUTHORIZATION witnessed By Ron McPherson

TITLE OWNER

DATE



CONSOLIDATED
OIL WELL
SERVICES, LLC

P.O. BOX 884, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER 37058

LOCATION Thayer

FIELD TICKET

DATE 9-4-08	CUSTOMER/ACCT # 5337	WELL NAME McPherson 10	QTR/QTR	SECTION 13	TWP 31	RGE 16	COUNTY MG	FORMATION Squard
CHARGE TO McPherson Drilling			OWNER					
MAILING ADDRESS			OPERATOR					
CITY & STATE			CONTRACTOR					

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5102C	1	PUMP CHARGE KCCHP Combo Pump		2300
5102C	1	"		2070
5302	2	Acid Spatter 500.375		875
1275	200	15% oil mud		390.00
1202	.25	...		16.50
1219	.5	...		16.50
1268	11 000	City Water		154
1215	20	KCC Substitute		560
1231	200	Frac Gel		1040
1208	.5	Breaker		94
1205A	6	Bioride		174
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				MAR 11 2009
				KCC WICHITA
5604	2	Frac Valves		200
5311	2	Ball Injector		200
4326	7	3/8" 1.35" Ball Sealers		21
		BLENDING & HANDLING		
5109	50	TON-MILES Min. Bulk Delivery		315
		STAND BY TIME		
5108	17	MILEAGE Mobilization 2 P.S		124.10
5101F	5	WATER TRANSPORTS 2 x 2 1/2 hrs.		560
		VACUUM TRUCKS		
2101A	1000	FRAC SAND 20/40 bag sand		23
2102	1000	12/20		24
2103	4000	CEMENT 8/12		970
				SALES TAX
				9.29
ESTIMATED TOTAL				9981.37

Ravin 2790

CUSTOMER or AGENTS SIGNATURE Russ Mc CIS FOREMAN Geny Wilhel

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE 9.2.08

225447

CORNISH WIRELINE SERVICES, INC.

P.O. DRAWER H • CHANUTE, KANSAS 66720

620-431-9308

INVOICE

SOLD TO: *McPherson Drilling Inc.*
P.O. Box 129
Sycamore, KS. 67363

Date of Invoice *9-3-08*

Invoice # *F-A-9-3-08*

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT.

DATE OF SERVICE	TYPE OF SERVICE	AMOUNT
<i>9-3-08</i>	<p><i>McPherson #10 - Montgomery Co. KS.</i> <i>& R/N</i> <i>Perforate w 2" DML-RTG</i> <i>11- 2" DML-RTG shots @ 892'-902'</i> <i>11- 2" DML-RTG shots @ 24.00 each.</i> <i>most Truck</i> <i>Less 6% field discount.</i> <i>Amount this invoice</i></p> <p><i>Thank You! We appreciate your business!</i> <i>Pd. 9-3-08 Check # 4010 BSW</i></p> <p>TERMS: All invoices are due in full 30 days after invoice date. A FINANCE CHARGE of 13/4% (21% per annum) will be assessed after 30 days.</p>	<p><i>\$ 400.00</i></p> <p><i>580.00</i></p> <p><i>264.00</i></p> <p><i>75.00</i></p> <hr/> <p><i>\$ 1319.00</i></p> <p><i>79.14</i></p> <hr/> <p><i>1239.86</i></p>

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MAR 11 2009

KCC WICHITA