

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

ORIGINAL

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5675
Name: MCPHERSON, RON DBA MCPHERSON DRILLING
Address 1: PO BOX 129
Address 2: _____
City: SYCAMORE State: KS Zip: 67363 +
Contact Person: RON MCPHERSON
Phone: (620) 336-2662
CONTRACTOR: License # COMPANY TOOLS

Name: _____
Wellsite Geologist: _____
Purchaser: _____

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD SIOW

Gas D&A ENHR SIGW

OG GSW Temp. Abd.

CM (Coal Bed Methane)

Cathodic Other (Core, Expl., 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

Conv. to GSW

Plug Back: _____ Plug Back Total Depth _____

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

ENHR Permit #: _____

GSW Permit #: _____

10/25/10 10/26/10 11/1/10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 205-27838-0000

Spot Description: _____

NW NW SW SW Sec. 25 Twp. 30 S. R. 16 East West

1,273 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: WILSON

Lease Name: REDD/MCP

Well #: 2-B

Field Name: NEODESHA

Producing Formation: BARTLESVILLE

Elevation: Ground: 898 Kelly Bushing: _____

Total Depth: 926 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 23 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: SURFACE 0

feet depth to: 23 w/ 4 sx cmt.

Drilling Fluid Management Plan

(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 #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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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.

AFFIDAVIT

I am the affiant and I hereby certify that 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: 1/28/11

KCC Office Use ONLY

Letter of Confidentiality Received
Date: _____

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: DLG RECEIVED 3/30/11

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Operator Name: MCPHERSON, RON DBA MCPHERSON DRILLING Lease Name: REDD/MCP Well #: 2-B
 Sec. 25 Twp. 30 S. R. 16 East West County: WILSON

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 complete copy of all Electric Wire-line 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: CORNISH WIREONE SERVICES, INC.	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum SEE ATTACHED DRILLERS LOG
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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	# Sacks Used	Type and Percent Additives
SURFACE	11"	8 5/8"	20	23'	PORTLAND	4	
LONG STRING	5/34"	2 7/8"	6.9	920	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 <i>(Amount and Kind of Material Used)</i>	Depth
10	810'-819'		

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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: <u>11/20/10</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. 1	Gas Mcf	Water Bbls. 0
			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 <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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McPherson Drilling LLC Drillers Log

Rig Number: 1	S. 25	T. 30	R.16 E
API No. 15- 205-27838	County: WILSON		
Elev. 898	Location:		

Gas Tests:		
553	6.39	MCF
590	6.39	MCF
612	9.45	MCF
630	12.10	MCF
678	30.80	MCF
703	30.80	MCF
779	32.40	MCF
829	37.60	MCF
1029	32.40	MCF
Comments:		
Start injecting @		430'

Operator: McPherson			
Address: P.O. Box 129 SYCAMORE, KS 67363			
Well No: 2-B	Lease Name: REDDI/ MCP		
Footage Location:	165 ft. from the	SOUTH Line	
	4455 ft. from the	EAST Line	
Drilling Contractor: McPherson Drilling LLC			
Spud date: 10/25/2010	Geologist:		
Date Completed: 10/26/2010	Total Depth: 926		

Casing Record			Rig Time:	
	Surface	Production		HRS. GAS TEST
Size Hole:	11"	5 3/4"		
Size Casing:	8 5/8"			DAY BOOSTER
Weight:	20#			
Setting Depth:	23'	MCPHERSON	DRILLER:	MAC MCPHERSON
Type Cement:	Portland			
Sacks:	4	MCPHERSON		

Well Log

Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
soil	0	3	lime	580	586	sandshale	889	926
sand	3	12	shale	586	591			
shale	12	79	sandshale	591	596			
lime	79	89	shale	596	629			
shale	89	103	lime	629	659			
lime	103	161	summit	659	671			
shale	161	207	lime	671	686			
blackshale	207	209	mulky	686	690			
shale	209	220	lime	690	698			
lime	220	238	shale	698	716			
shale	238	247	coal	716	717			
lime	247	258	shale	717	738			
blackshale	258	264	coal	738	739			
shale	264	269	shale	739	745			
lime	269	275	sandshale	745	751			
sandshale	275	325	shale	751	772			
shale	325	373	blackshale	772	775			
lime	373	381	shale	775	810			
shale	381	549	oil sand	810	814			
coal	549	551	strong oil sand	814	816			
lime	551	572	oil sand	816	819			
blackshale	572	573	sandshale	819	825			
lime	573	576	shale	825	875			
blackshale	576	580	oil sand	875	889			

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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER **29764**

LOCATION Eureka 115

FOREMAN Rick Ledford

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
10-27-10		Red Lease 2-B				Wilson
CUSTOMER <u>McPherson Drilling LLC</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 127</u>			DRIVER			
CITY <u>Sycamore, KS</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>67863</u>			TRUCK #			
			DRIVER			

JOB TYPE <u>long string 0</u>	HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH <u>925'</u>	CASING SIZE & WEIGHT
CASING DEPTH <u>920'</u>	DRILL PIPE	TUBING <u>2 7/8"</u>	OTHER
SLURRY WEIGHT <u>13.6^{lb}</u>	SLURRY VOL	WATER, gal/sk <u>7⁰</u>	CEMENT LEFT in CASING
DISPLACEMENT <u>5.3 Bbl</u>	DISPLACEMENT PSI <u>500</u>	WATER PSI <u>1000</u>	RATE

REMARKS: Safety meeting. Rig up to 2 7/8" tubing. Bitum circulation w/ 2 Bbl fresh water. Pump 3 sks gel-flush 5 Bbl water spacer. Mixed 140 sks 60/40 Perm cement w/ 270 gal + 170 carl2 @ 13.6^{lb}/gal. Shut down washout pump + lines, drop 2 plugs. Displace w/ 5.3 Bbl fresh water. Final pump pressure 500 PSI. Bump plugs to 1000. Shut casing in @ 700 PSI. Good cement returns to surface. Job complete. Rig down.

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	40	MILEAGE	3.65	146.00
1131	140 sks	60/40 Perm cement	11.35	1589.00
1118B	240 ^{gal}	270 gal	.20	48.00
1102	120 ^{gal}	170 carl2	.75	90.00
1118B	150 ^{gal}	gel-flush	.20	30.00
5407	6.02	tan mileage bulk tax	m/c	315.00
4402	2	2 7/8" top rubber plug	23.00	46.00
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			KCC WICHITA	
			Subtotal	3189.00
			6.37% SALES TAX	113.59
			ESTIMATED TOTAL	3302.59

AUTHORIZATION Rick McPherson TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.