



KANSAS CORPORATION COMMISSION 1059605
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
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 97
Address 2: _____
City: SYCAMORE State: KS Zip: 67363 + 0097
Contact Person: RON MCPHERSON
Phone: (620) 336-2662
CONTRACTOR: License # 5675
Name: McPherson, Ron dba McPherson Drilling
Wellsite Geologist: N/A
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 #: _____

<u>05/03/2011</u>	<u>05/04/2011</u>	<u>05/09/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15- 15-205-27934-00-00
Spot Description: _____
W2 W2 SW SW Sec. 25 Twp. 30 S. R. 16 East West
660 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 #: 5B
Field Name: _____
Producing Formation: BARTLESVILLE
Elevation: Ground: 874 Kelly Bushing: 878
Total Depth: 953 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 960 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 22 w/ 4 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

Submitted Electronically

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: Dennis Cantor Date: 07/15/2011



1059605

Operator Name: McPherson, Ron dba McPherson Drilling Lease Name: REDD/MCP Well #: 5B
 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 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 Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: CORNISH WIRELINE SERVICES, INC.	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum DRILLERS LOG ATTACHED
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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	8.625	20	22	PORTLAND	4	
LONG STRING	5.75	2.875	6.9	960	POZMIX	140	

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 (Amount and Kind of Material Used)	Depth
10	820'-830'		
6	882'-887'		
8	893'-900'		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. <u>05/09/2011</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>1</u> Gas Mcf _____ Water Bbls. <u>0</u> 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)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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 ENTERED

TICKET NUMBER 30553

LOCATION Encke

FOREMAN Russell McLoon

CONSOLIDATED
Drilling Services, LLC

Manate, KS 66720
800-467-8676

**FIELD TICKET & TREATMENT REPORT
CEMENT**

CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5237	Redd - McPherson 5-B	25	30s	16E	Wilson
TRUCK #	DRIVER	TRUCK #	DRIVER		
445	Dave				
439	Russ				

JOB TYPE Longstring HOLE SIZE 5 3/4 HOLE DEPTH 960' CASING SIZE & WEIGHT 2 7/8 10 PD
 CASING DEPTH 950' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6 SLURRY VOL 32 Bbl WATER gal/sk 7 CEMENT LEFT in CASING _____
 DISPLACEMENT 5.5 DISPLACEMENT PSI 500 MIX PSI Shot 2000 RATE _____

REMARKS: Safety meeting. Rig up to 2 7/8 Tubing Break circulation of 6 Bbl water Pump 150" gal, 5 Bbl water spacer, mix 140 SKI 60/40 Pozmix cement w/ 2 1/2 gal 1 1/2 sack at 13.6" P/Gallon w/ yield 1.28 shut down, wash out Pump + mixer Drop 2 Pigs Dis Place w/ 5.5 Bbl fresh water. Final Pump PEF was 500" Pump Plug To 950" close well 20 at 950 PSF w/ 5 Bbl cement slurry to PIT. Job complete Tear Down.

*Thanks
Russell
McLoon*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
		MILEAGE 2nd Well	N/C.	-
1131	140 SKI	60/40 Pozmix cement	11.95	1673.00
1118 B	240 "	Gal = 2%	.20	48.00
1102	120 "	CACTE = 1%	.70	84.00
1118 B	150 "	Gal Flush	.20	30.00
5407	6 Tons	Tax Mileage Bulk Travel	N/C.	330.00
4402	2	2 7/8 Top Rubber Plugs	28.00	56.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 590 Discount per Russ 2165.767 \$3149.31 due </div>				
				2196.00
				119.13

SALES TAX 6.3% ESTIMATED TOTAL **3315.13**
 AUTHORIZATION by Russ McPherson TITLE owner DATE 5-6-2011

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.