

ORIGINAL

KANSAS CORPORATION COMMISSION
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 # 6321
Name: McCANN DRILLING, INC.
Address 1: 511 N. CHAUTAUQUA
Address 2: _____
City: SEDAN State: KS Zip: 67361 + 1125
Contact Person: MARK W. MCCANN
Phone: (918) 337-4747
CONTRACTOR: License # 5831
Name: M.O.K.A.T.
Wellsite Geologist: MARK W. MCCANN
Purchaser: CONOCO PHILLIPS

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 #: _____

8-15-10 8-17-10 8-23-10
Spud Date or Date Reached TD Completion Date or
Recompletion Date per oper. Recompletion Date

API No. 15 - 019-27009-00-00

Spot Description: _____

NE NE SE NW Sec. 36 Twp. 33 S. R. 10 East West

1,350 Feet from North / South Line of Section

2,860 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: CHAUTAUQUA

Lease Name: GRAHAM 40 Well #: 1

Field Name: PERU-SEDAN

Producing Formation: WAYSIDE

Elevation: Ground: 910 Kelly Bushing: _____

Total Depth: 1450 Plug Back Total Depth: 1440

Amount of Surface Pipe Set and Cemented at: 40 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: BOTTOM TO TOP

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 10,000 ppm Fluid volume: 30 bbls

Dewatering method used: EVAPORATION

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

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

County: KANSAS CORPORATION COMMISSION

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KANSAS CORPORATION COMMISSION

DEC 20 2010

CONSERVATION DIVISION

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: Dean A. Miller

Title: PRESIDENT Date: 10-13-2010

KCC Office Use ONLY

Letter of Confidentiality Received

Date: _____ **RECEIVED**

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: Dg Date: 10/21/10 **KCC WICHITA**

OCT 18 2010

Operator Name: McCANN DRILLING, INC. Lease Name: GRAHAM 40 Well #: 1
Sec. 36 Twp. 33 S. R. 10 East West County: CHAUTAUQUA

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 <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	WAYSIDE	1306 1326
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List All E. Logs Run: GAMMA-RAY-NEUTRON			

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
FRESH WATER PROTECTION	10"	8 5/8"	15 LBS	40'	PORTLAND	10	NONE
OIL PRODUCTION	6 3/4"	4 1/2"	105	1450'	PORTLAND	210	SALT 8%; FLOW CETE 5%

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	N/A			

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
2	PERFS 1310-1320	500 GAL. HD	1310-1320
		10,000 LBS. FRAC SAND	

TUBING RECORD:	Size: <u>2 3/8"</u>	Set At: <u>1300</u>	Packer At: <u>N/A</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>8-23-10</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. <u>3</u>	Gas Mcf <u>5</u>	Water Bbls. <u>100</u>	Gas-Oil Ratio <u>35</u>

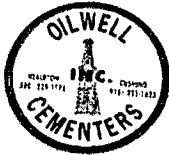
DISPOSITION OF GAS: <input checked="" type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <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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OCT 18 2010

KCC



OILWELL CEMENTERS, INC

P.O. BOX 510 - PHONE (580) 229 - 1776
HEALDTON, OKLAHOMA 73438

FILE COPY

P.O. NO. _____
DATE 8/23/2010

MCKANN Graham 40 #1
NAME OF COMPANY MAILING ADDRESS

WELL OWNER MAILING ADDRESS

NAME OF CONTRACTOR MAILING ADDRESS

KPC
Ch #3141
8/23/10

TERMS: Accounts Due and Payable Upon Receipt. 1.5% (18% per yr) Finance charge Added to Accounts 30 Days Past Due.

This cementing equipment and service men are to be under the control and supervision of the well owner or his representative and as a part of the consideration thereof, it is expressly stated the OILWELL CEMENTERS, INC shall not be liable or responsible for any loss or damage to this well

Well owner or his Representative

FARM _____ WELL NO. _____
COUNTY _____ SEC _____ TWN _____ RGE _____

KIND OF JOB LONGSTRING TRUCK NO. 244 BULK CEMENT

SIZE OF PIPE 4 1/2" SIZE OF HOLE 6 3/4" CEMENT 210 SACKS @ \$10.50 \$2,205.00

DEPTH OF WELL _____ DEPTH _____ ASH MIX _____ SACKS @ \$10.50 \$0.00

WELL 1400 WELL CEMENTED 1400 PLUG STOPPED 1400 % GEL _____ SACKS @ \$0.00 \$0.00

KIND OF CEMENT REG., 10% SALT, 1/4# FLOCELE CACL @ \$0.60 \$0.00

ASH MIX _____ 50 FLO-CELE @ \$2.50 \$125.00

AMOUNT 210 900 SALT @ \$0.50 \$450.00

PRESSURE MAXIMUM 800 MINIMUM 0 FLA @ \$9.25 \$0.00

TIME OUT 7:45am ON LOC 10:00am MUD FLUSH @ \$1.00 \$0.00

JOB STARTED 10:30am COMPLETE 10:45am THREAD LOCK @ \$60.00 \$0.00

TYPE FLOATING EQUIPMENT _____ KOLITE @ \$0.75 \$0.00

PRICE REF. NO. 1 @ \$695.00 \$695.00 TRP-TWP @ \$0.00

1400 FEET @ \$0.25 \$350.00 CENTRALIZERS @ \$0.00

114 TRUCK MILES @ \$2.00 \$228.00 BASKETS @ \$0.00

PICKUP MILES @ \$2.00 \$0.00 @ \$0.00

CONN. OVER 6 FT. @ \$650.00 \$0.00 @ \$0.00

EXTRA HRS ON LOC. @ \$250.00 \$0.00 @ \$0.00

PLUG CONTAINER @ \$0.00 \$0.00 @ \$0.00

_____ @ \$0.00 \$0.00 @ \$0.00

_____ @ \$0.00 \$0.00 @ \$0.00

_____ @ \$0.00 \$0.00 @ \$0.00

_____ @ \$0.00 \$0.00 @ \$0.00

_____ @ \$0.00 \$0.00 @ \$0.00

_____ @ \$0.00 \$0.00 @ \$0.00

_____ @ \$0.00 \$0.00 @ \$0.00

PUMP TRUCK CHARGES \$1,273.00 TOTAL MATERIALS \$3,745.10

PUMP TRUCK \$1,273.00

TOTAL \$5,018.10

MINUS 10% \$501.81

TOTAL \$4,516.29

TRUCK NO. 224 CEMENTER M.D. HOLDERFIELD HELPER: K.KRAISINGER, L.HENDERSON

REMARKS: BREAK CIRC., MIX AND PUMP 210SKS REG. CEMENT. WASH PUMP AND LINES, DISPLACE W/ 22 BBLs F/W. BUMPED PLUG

FLOAT HELD. DIDN'T CIRCULATE CEMENT. LOST CIRCULATION

PAID IN FULL

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DEC 20 2010

KCC WICHITA

INVOICE NO. 29379