



KANSAS CORPORATION COMMISSION 1064621
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 # 31203
Name: McQuade, Owen dba Owen's Pumping Service
Address 1: 640 E SUNSET AVE
Address 2: _____
City: RUSSELL State: KS Zip: 67665 + 3128
Contact Person: Owen McQuade
Phone: (785) 483-6321
CONTRACTOR: License # 33905
Name: Royal Drilling Inc
Wellsite Geologist: Francis Whisler
Purchaser: Coffeyville Resources, LLC

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #: _____
9/23/2011 9/28/2011 10/19/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-167-23746-00-00
Spot Description: _____
SE SE SW Sec. 14 Twp. 14 S. R. 14 East West
330 Feet from North / South Line of Section
2310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Russell
Lease Name: Boxberger Well #: A-14
Field Name: _____
Producing Formation: Hall -Gurney
Elevation: Ground: 1817 Kelly Bushing: 1822
Total Depth: 3250 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 433 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx cmf.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 42000 ppm Fluid volume: 800 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: Deanna Garcia Date: 12/19/2011



1064621

Operator Name: McQuade, Owen dba Owen's Pumping Service Lease Name: Boxberger Well #: A-14
 Sec. 14 Twp. 14 S. R. 14 East West County: Russell

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 checked="" type="checkbox"/> Yes <input 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: Microresistivity Log RAG Log Sonic cement log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Attached Attached 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 (tn O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	433	common	255	2% gel / 3% CC
Production	7.875	5.5	15.5	3206	common	150	2% gel / 3% CC

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
Attached	Attached	Attached	Attached

TUBING RECORD:		Size: <u>2.38</u>	Set At: <u>3018</u>	Packer At: <u>3023</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>10/23/2011</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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	<u>16</u>		<u>120</u>		<u>40</u>

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>2855-3156</u>
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Form	ACO1 - Well Completion
Operator	McQuade, Owen dba Owen's Pumping Service
Well Name	Boxberger A-14
Doc ID	1064621

Tops

Anhydrite	808	+1020
Grand Haven	2336	-514
Tarkio Lime	2406	-584
Topeka Lime	2674	-852
Heebner Shale	2902	-1080
Lansing-Kansas City	2964	-1142
Base K.C.	3212	-1390
Granite Wash	3224	-1402
Total Depth	3247	-1425

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Perforations

4	Topeka 2855-60	1500 gal 15% NE	2855
4	Toronto 2922-26	1500 gal 15% NE	2922
4	Kansas City A 2965-68	500 gal 15% NE	2965
4	Kansas City B 2990-92	500 gal 15% NE	2990
4	Kansas City C 3004-3006	500 gal 15% NE	3004
4	Kansas City F 3052-56	did not treat	3052
4	Kansas City J 3153-56	1000 gal 15% NE	3153

ALLIED CEMENTING CO., LLC. 038294

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell KS

DATE <u>9-23-2011</u>	SEC. <u>14</u>	TWP. <u>14 S</u>	RANGE <u>14 W</u>	CALLED OUT	ON LOCATION	JOB START <u>8:15 AM</u>	JOB FINISH <u>8:45 PM</u>
LEASE <u>Box Berger</u>	WELL # <u>A-14</u>	LOCATION <u>Russell KS 3 S 34 E 14 N</u>		COUNTY <u>Russell</u>	STATE <u>KANSAS</u>		
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)							

CONTRACTOR Royal DRIG. Rig#

TYPE OF JOB Long SURFACE

HOLE SIZE 12 1/4 T.D. 437

CASING SIZE 8 5/8 New DEPTH 433

TUBING SIZE # CSG DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 400# MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT 26 3/4 BBL

OWNER

CEMENT

AMOUNT ORDERED 225 SX Com

39 CC

276 BBL

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE @

TOTAL

EQUIPMENT

PUMP TRUCK CEMENTER Glenn

417 HELPER Woody

BULK TRUCK

328 DRIVER Mark

BULK TRUCK

DRIVER

REMARKS:

Ran 40 JTS of New 24# 8 5/8 CSG on

Set @ 433' and Received Circulation

2 Cement of 225 SX Com 392,

Release Plug + Displace 26 3/4 BBL

Shot in @ 400#

Cement D.D.C. CIRCULATE

TO SURFACE

THANKS,

CHARGE TO: OWEN McQUADE DBA Pumping Service

STREET 64 OF Sunset Ave

CITY Russell STATE KS ZIP 67665

PLUG & FLOAT EQUIPMENT

8 5/8 wire plug @

@

@

@

QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67669

No. 5210

Date	9/28/11	Sec.	14	Twp.	14	Range	14	County	Russell	State	KS	On Location		Finish	5:30 PM	
Lease	Boxberger		Well No.			A-14		Location								Russell, 3 S, 1/2 E, N into
Contractor	Royal Drilling Rig #1							Owner								To Quality Oilwell Cementing, Inc.
Type Job	Production String							You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.								
Hole Size	7 7/8"		T.D.		3250'		Charge To								Owen's Pumping	
Csg.	5 1/2" IS.50#		Depth		3206'		Street									
Tbg. Size			Depth				City								State	
Tool			Depth				The above was done to satisfaction and supervision of owner agent or contractor.									
Cement Left in Csg.	21'		Shoe Joint		21'		Cement Amount Ordered								200 com 10% Salt 5% bitsonite	
Meas Line			Displace		75 3/4 bbl.											

EQUIPMENT

Pumptrk	9	No.	Cementor	Paul	Helper	Paul	Common
Bulktrk	10	No.	Driver	Matt	Driver	Matt	Poz. Mix
Bulktrk	PV	No.	Driver	Doug	Driver	Doug	Gel.

JOB SERVICES & REMARKS

Remarks:		Calcium
Rat Hole	30 sx	Hulls
Mouse Hole	20 sx	Salt
Centralizers	2, 5, 8, 11, 14, 17, 21	Flowseal
Baskets	1, 21	Kol-Seal
D/V or Port Collar		Mud CLR 48 - 300 gal
Est. Circ.	1 hour	CFL-117 or CD110 CAF 38
Pump	300 gal Mud CLR - 48	Sand
Plug Rat / Mouse		Handling
Mix	150 sx down 5 1/2"	Mileage
Displace		5 1/2"
Land Plug		FLOAT EQUIPMENT
Float Held		Guide Shoe
		Centralizer
		7 - Turbos
		Baskets
		2
		AFU Inserts
		Float Shoe
		1
		Latch Down
		1
		Rotating Head

Thank You!!

X Signature *Dave McLaughlin*

Tax	
Discount	
Total Charge	