

ORIGINAL

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JAN 25 2012

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

KCC WICHITA

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 # 3231

Name: McGowan Oil Co

Address 1: 302 N Summit

Address 2: _____

City: Arkansas City State: KS Zip: 67005 + _____

Contact Person: Dan McGowan

Phone: (620) 441-8922

CONTRACTOR: License # 32701

Name: C & G Drilling Inc.

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 (Cores, 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>9/19/2011</u>	<u>9/26/2011</u>	<u>9/27/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 035-24444 . 00 . 00

Spot Description: _____

SE SE NW Sec. 4 Twp. 32 S. R. 6 East West

2,000 Feet from North / South Line of Section

2,165 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE
- NW
- SE
- SW

County: Cowley

Lease Name: Lawson Well #: 1-4

Field Name: none

Producing Formation: NA

Elevation: Ground: 1320 Kelly Bushing: 1329

Total Depth: 3600 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 324 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 cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1200 ppm Fluid volume: 300 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: _____ Permit #: _____

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: Dan McGowan

Title: Partner Date: 1/23/12

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: DJG Date: 1/30/12

Operator Name: McGowan Oil Co Lease Name: Lawson Well #: 1-4
 Sec. 4 Twp. 32 S. R. 6 East West County: Cowley

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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Dual compensated porosity log Dual induction log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED JAN 25 2012 KCC WICHITA </div>
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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	12 1/4	8.625	24	324'	Class A	195 sks	3% calcium 1/2 lb. pdy flake

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

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. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs. 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8678
FAX 620/431-0012

INVOICE

Invoice # 244516

Invoice Date: 09/27/2011 Terms:

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McGOWAN OIL CO
302 N. SUMMITT
ARK CITY KS 67005
(620)442-2210

LARSON 1-4
31677
4-328-6E
09-21-11
KS

RECEIVED
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Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	195.00	14.2500	2778.75
1107	FLO-SEAL (25#)	100.00	2.2200	222.00
1118B	PREMIUM GEL / BENTONITE	400.00	.2000	80.00
1102	CALCIUM CHLORIDE (50#)	480.00	.7000	336.00
Description		Hours	Unit Price	Total
290	CEMENT PUMP (SURFACE)	1.00	775.00	775.00
290	EQUIPMENT MILEAGE (ONE WAY)	43.00	4.00	172.00
502	MIN. BULK DELIVERY	1.00	330.00	330.00

PQ
10/4/11
ck# 1811

Parts:	3416.75	Freight:	.00	Tax:	232.35	AR	4926.10
Labor:	.00	Misc:	.00	Total:	4926.10		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____



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P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 244551

Invoice Date: 09/27/2011 Terms:

Page 1

McGOWAN OIL CO
302 N. SUMMITT
ARK CITY KS 67005
(620)442-2210

LAWSON 1-4
31613
4-328-6E
09-27-11
KS

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Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	130.00	11.9500	1553.50
1118B	PREMIUM GEL / BENTONITE	450.00	.2000	90.00
Description		Hours	Unit Price	Total
479	TON MILEAGE DELIVERY	335.40	1.26	422.60
485	P & A NEW WELL	1.00	975.00	975.00
485	EQUIPMENT MILEAGE (ONE WAY)	60.00	4.00	240.00

pd
10/4/11
ck # 1811

Parts:	1643.50	Freight:	.00	Tax:	111.76	AR	3392.86
Labor:	.00	Misc:	.00	Total:	3392.86		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

