ORIGINAL

RECEIVED JAN 2 5 2012

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be Signed

WELL COMPLETION FORM

KCC WICHITA June 2009 All blanks must be Filled

	RT - DESCRIPTION OF WELL & LEASE
OPERATOR: License # 3231	API No. 15 - 035-24444 • 00 • 00
Name: McGowan Oll Co	Spot Description:
Address 1: 302 N Summit	SE_SE_NW Sec. 4 Twp. 32 S. R. 6 Fast West
Address 2:	Feet from 📝 North / 🗀 South Line of Section
City: Arkansas City State: KS Zip: 67005	+ Feet from East / West Line of Section
Contact Person: Dan McGowan	Footages Calculated from Nearest Outside Section Corner:
Phone: (620) 441-8922	NE ØNW 🗆 SE 🗆 SW
CONTRACTOR: License # 32701	County: Cowley
Name: C & G Drilling Inc.	Lease Name: Lawson Well #: 1-4
Wellsite Geologist:	
Purchaser:	
Designate Type of Completion:	Elevation: Ground: 1320 Kelly Bushing: 1329
☐ New Well ☐ Re-Entry ☐ Workove	2000
Oil wsw swd :	Słow Amount of Surface Pipe Set and Cemented at: 324 Feet
Gas D&A ENHR	SIGW Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
□ oc □ csw □.	Temp. Abd. If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan
Well Name:	(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content: 1200 ppm Fluid volume: 300 bbls
Deepening Re-perf. Conv. to ENHR	
Conv. to GSW	
Plug Back: Plug Back Total	
Commingled Permit #:	Operator Name.
Dual Completion Permit #:	Lease Name: Lirense #:
SWD Permit #:	Ougster Sec Time S.D. Feet Most
GSW Permit #:	
9/19/2011 9/26/2011 9/27/2011	
Spud Date or Date Reached TD Completion Recompletion Date	Date or
Kansas 67202, within 120 days of the spud date, recompletic of side two of this form will be held confidential for a period of	hall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, in, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidenand geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST ubmit CP-111 form with all temporarily abandoned wells.
AFFIDAVIT I am the affiant and I hereby certify that all requirements of the statements promulgated to regulate the oil and gas industry have be and the statements herein are complete and correct to the best Signature:	en fully complied with t of my knowledge. Confidential Release Date: Wireline Log Received Geologist Report Received
Title: Pastner Date:Date:	23/12 UIC Distribution ALT 1 III III Approved by: Description

Side Two

Operator Name: McG	Sowan Oil Co			Lease	Name: _	Lawson		Well #: <u>1-</u>	4	
Sec. 4 Twp.32	s. R. <u>6</u>	✓ East		Count	y: <u>Cowl</u>	еу				
INSTRUCTIONS: Shot time tool open and clos recovery, and flow rate line Logs surveyed. At	sed, flowing and shu s if gas to surface te	i-in pressu st, along v	res, whether s vith final chart(hut-in pres	ssure read	ched static lev	el, hydrostatic p	ressures, bottom l	hole temperature,	fluid
Drill Stem Tests Taken (Attach Additional S	heets)	Y€	es 🗸 No			og Forma	tion (Top), Deptr	and Datum	☐ Sample	
Samples Sent to Geok	ogical Survey	₹ Ye	s 🔲 No		Nam	е		Тор	Datum	
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	-	☐ Ye	es 🔲 No						ECEIVED	
List All E. Logs Run: Dual compensat Dual induction to									N 2 5 2012 C WICHITA	Ą
Duar induction ic			CASING	RECORD		w Used		110		
		Repo	ort all strings set-				uction, etc.			
Purpose of String	Size Hole Drilled		e Casing (In O.D.)		ight /Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Perco Additives	ent
surface	12 1/4	8.625		24		324'	Class A	195 sks	3% calcium 1/2 lb. pd	ty flake
							-			
			ADDITIONAL	CEMENT	ING / SOL	JEEZE RECOR	SU.			
Purpose: —— Perforate —— Protect Casing —— Plug Back TD	Depth Top Bottom	Туре	of Cement		s Used			nd Percent Additive	\$ 5	
Plug Off Zone										
Shots Per Foot			RD - Bridge Plug Each Interval Per			Acid,	Fracture, Shot, Cer (Amount and Kind o	nent Squeeze Reco of Material Used)	rd Dep	oth
					·					-
TUBING RECORD:	Size:	Set At:		Packer i	At:	Liner Run:	Yes _	No		
Date of First, Resumed I	Production, SWD or EN	HR.	Producing Met	hod: Pumpi	ng 🗌	Gas Lift [Other (Explain) _			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravit	ty
DISPOSITIO	ON OF GAS:			METHOD O	F COMPLI	ETION:	1	PRODUCT	ON INTERVAL:	
Vented Sold	Used on Lease		Open Hole [Perf.	Dually (Submit		Commingled Submit ACO-4)		₩ 1	
(If vented, Sub	mit ACO-18.)		Other (Specify) _							



MIN. BULK DELIVERY

502

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 • 1-800/467-8676 FAX 620/431-0012

INVOI				Invoice #	244516
	ce Date: 09/27			Pa	ge 1
	McGOWAN OIL CO		LARSON 1-4	RECE	IVED
	302 N. SUMMITT ARK CITY KS 67 (620)442-2210	7005	31677 4-328-6E 09-21-11	JAN 2	5 2012
	(020) 442-2210		KS	KCC W	ICHITA
02000					:=======
Part :	Number	Description		Unit Price	
11045		CLASS "A" CEMENT (SALE)	195.00		
1107		FLO-SEAL (25#)		2.2200	
1118B		PREMIUM GEL / BENTONITE	400.00	.2000	
1102	•	CALCIUM CHLORIDE (50#)	480.00	.7000	336.00
	Description		Hours	Unit Price	Total
290	CEMENT PUMP (S	SURFACE)	1.00		
290	EQUIPMENT MILE		43.00	4.00	
502	MIN BUILK DELT		1.00	330.00	330.00

PD 10/4/11 ck# 18/1

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Parts:	3416.75	Freight:		Tax:	232.3		4926.10
Labor:		Misc:		Total:	4926.1		
Sublt:	.00	Supplies:	.00	Change:	.(00	
2255555555	e==002351		6965666 99 8:	e = = = = = = = = =		: # 8 8 8 8 8 8 8 8 8	************
Signed				· · · · · · · · · · · · · · · · · · ·		Date	
Bartlesville, Ok 918/338-0808	ELDORADO, KS 316/322-7022	Eureka, Ks 620/583-7684	Grlette, Wy 307/686-4914	Oakley, KS 785/872-2227	Отта wа, Кв 785/242-4044	Тнауев, Ка 620/839-5269	Worland, Wy 307/347-4577





TICKET NUMBER_	<u>31677</u>
LOCATION#180	BIDORNO
FOREMAN LACO	

O Box 884, C	hanute, KS 6672	EU .	D TICKE	REAT & TREAT	「MENT REP T ふなく。	PORT - 24444-00	2-00	
DATE	or 800-467-8676		NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
1-21-11	5399	Lause		1	4	325	GE	covicy
LISTOMER				Setty	第一人 的基础。	证 2015年 122 2015年 123 2015	品种酮通外位氏	
0310max	150.00	C.D		media	TRUCK#	DRIVER	TRUCK#	DRIVER
ALING ADDR	ess			المقدا	290	Jerik	<u> </u>	
202	a 500	mm:t		5.1	502	Steve		
ルソク fTY	n Su	STATE	ZIP CODE	1.1	511	Jaras		
	rsas city		67005					
M Nav	cface 0			.ı _ HOLE DEPTI	338	CASING SIZE &	WEIGHT 25/8	
		DRILL PIPE				-	OTHER	
ASING DEPTI	HT15016	DRILL PIPE		_ TODINO	· • • • • • • • • • • • • • • • • • • •	CEMENT LEFT I		+
LURRY WEIG	HT 15.010	SLURRY VOL	200	WATER gave				
DISPLACEMEN	T 19.5661	DISPLACEMENT	PSI_500	MIX PSI_AC	4 7	TOTAL ALLES	1 14 11 -	L. Can
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19.5 bbl	curcu	latin 5	bbl c	ement	to such	Acc 2/ gi	ent in.	
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ACCOUNT	QUANITY	f or UNITS	D	ESCRIPTION o	1 SERVICES or P	RODUCT	UNIT PRICE	TOTAL

ACCOUNT CODE	QUANITY of UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015		PUMP CHARGE	775.00	275.00
5406	43	MILEAGE	4.00	172.00
5407		min bulk delivery	330.00	<i>33</i> 5,∞
1645	195 .Sk6	Class A		2778.75.
1107	100 165	poly Flake	2.22	22200
1118 B	400 165	201	0.20	80,00
ID2	480 165	gel Calcium Chloride	0.70	34.00
			Subtotal	4493,25
			SALES TAX	833.35
avin 3737	Mar Pera	7001 Pusher	ESTIMATED TOTAL DATE	496.1C

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



· 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 • 1-800/467-8676 FAX 620/431-0012

Invoice # 244551 INVOICE Invoice Date: 09/27/2011 Terms: Page RECEIVED LAWSON 1-4 McGOWAN OIL CO 31613 302 N. SUMMITT JAN 2 5 2012 4-32S-6E ARK CITY KS 67005 (620)442-2210 09-27-11 **KCC WICHITA** KS Qty Unit Price Total Description Part Number 1553.50 60/40 POZ MIX 130.00 11.9500 1131 PREMIUM GEL / BENTONITE 450.00 .2000 90.00 1118B Hours Unit Price Total Description TON MILEAGE DELIVERY 335.40 1.26 422.60 479 1.00 975.00 975.00 485 P & A NEW WELL 60.00 4.00 240.00 EQUIPMENT MILEAGE (ONE WAY) 485

> PD 10/4/1 Ck # 1811

ge noce es			02222222	======	C#555000000	10022222	3023CCGGCGG
Parts:	1643.50	Freight:	.00	Tax:	111.7	6 AR	3392.86
Labor:		Misc:	.00	Total:	3392.8	36	
Sublt:	.00	Supplies:	.00	Change:	. (0	
Signed						Date	
BARTLESVILLE, Q 918/338-0808	ELDORADO, KS 316/322-7022	Eureka, Ks 620/583-7664	Galette, Wy 307/588-4914	Oakley, KS 785/872-2227	Ottawa, Ks 785/242-4044	Thayer, Ks 620/839-5269	Worland, Wy 307/347-4577



AUTHORIZTION



TICKET NUMBER LOCATION Eureka

DATE

FOREMAN_STEVE NAME !

PO Box 884, Ch 820-431-9210 o	ianute, KS 667	20	LD TICKE		IMENIKEP IT aor\$	UKI <i>15-035-2</i>	NANN	
DATE	CUSTOMER#		WELL NAME & NUMBER			TOWNSHIP		
9-27-11	5399	Lawson	×1-4		4	323	66	Cowley
CUSTOMER		_				DRIVER	TRUCK#	DRIVER
MAILING ADDRE	an Oil	Combon	4	C+G	TRUCK#	1 	TROCK#	DRIVER
		. ~		Drilling	485	Alann.		
	N Summ	STATE	ZIP CODE	Rig Z	7/7	Zim_		
Arkansas	Cirv	KS	67005					
IOB TYPE 27		HOLE SIZE		_ HOLE DEPTI	H	CASING SIZE & 1	WEIGHT	
CASING DEPTH		DRILL PIPE_4		 _TUBING			OTHER	
_	URRY WEIGHT SLURRY VOL_			WATER gal/s	sk	CEMENT LEFT II	CASING	
DISPLACEMENT	_	DISPLACEMEN	IT PSI			RATE	· · · · · · · · · · · · · · · · · · ·	
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	7010	1 130			mik w/4%	Gel		
	r Cars							
ACCOUNT CODE	QUÁNITY	or UNITS	Di	ESCRIPTION o	f SERVICES or PR	Орист	UNIT PRICE	TOTAL
5405 N			PUMP CHAR	3E	975.00	975.00		
5406	60		MILEAGE			<u></u>	4,00	240.00
			<u> </u>					
1/31	/305ks		60/40	Pozm	in Cement		11.95	155350
1118B	450			Ge/	•		.20	90.00
5407A	5.59 To	ns	Tann	Zilonge.	BULKTAU	c.K	1.26	422.60
	N :					<u> </u>		
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-								
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		<u> </u>				. 3%	SALES TAX	I 14/16
Ravin 9737	. 1	/ant		KKIRA	pol push e		ESTIMATED	T
	11	. MALL	C		- 1211		TOTAL	33998

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.

TITLE___