



KANSAS CORPORATION COMMISSION 1081704
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 # 5786
Name: McGown Drilling, Inc.
Address 1: PO BOX K
Address 2: _____
City: MOUND CITY State: KS Zip: 66056 + 0299
Contact Person: Chris McGown
Phone: (913) 795-2258
CONTRACTOR: License # 5786
Name: McGown Drilling, Inc.
Wellsite Geologist: n/a
Purchaser: Plains

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 #: _____
1/19/2012 1/26/2012 2/2/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-107-24560-00-00
Spot Description: _____
W2 E2 E2 W2 Sec. 11 Twp. 22 S. R. 23 East West
2640 Feet from North / South Line of Section
2145 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Linn
Lease Name: Randall Well #: M16-11
Field Name: Mound City
Producing Formation: Bartlesville
Elevation: Ground: 868 Kelly Bushing: 868
Total Depth: 542 Plug Back Total Depth: 533
Amount of Surface Pipe Set and Cemented at: 21 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: 0 ppm Fluid volume: 100 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 Gambo Date: 05/18/2012



1081704

Operator Name: McGown Drilling, Inc. Lease Name: Randall Well #: M16-11
 Sec. 11 Twp. 22 S. R. 23 East West County: Linn

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input checked="" 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	See attached	
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			
GR/N			

CASING RECORD <input type="checkbox"/> New <input checked="" 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	9.875	7	19	21	50/50 Poz	4	
Longstring	5.625	2.875	6.5	533	50/50 Poz	85	

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
2	454-60, 463-67		

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. 5/1/2012	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. 0.25	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravly

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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McGown Drilling, Inc.
Mound City, Kansas

Operator:
McGown Drilling, Inc.
Mound City, Kansas

Randall M16-11

Linn County, Kansas
11-22S-23E
API: 107-24560

Spud Date:	1/19/2012	Surface Bit:	9.875"
Surface Casing:	7"	Drill Bit:	5.625"
Surface Length:	21.80'	Longstring:	542'
Surface Cement:	4 sx	Longstring Date:	1/26/2012

Driller's Log

Top	Bottom	Formation	Comments
0	3	Soil	
3	12	Clay	
12	14	Gravel	
14	15	Lime	
15	20	Sand	
20	29	Lime	
29	87	Shale	
87	88	Coal	
88	92	Shale	
92	106	Lime	
106	118	Shale	
118	123	Lime	
123	125	Dark Shale	
125	134	Sand	
134	137	Sandy Shale	
137	164	Shale	
164	173	Lime	
173	185	Shale	
185	187	Dark Shale	
187	192	Shale	
192	194	Lime	
194	200	Shale	
200	205	Sand	
205	210	Sandy Shale	
210	233	Shale	
233	242	Sand	

Randall M16-11
Linn County, KS

242	276	Shale
276	277	Coal
277	290	Shale
290	291	Lime
291	293	Dark Shale
293	356	Shale
356	357	Lime
357	358	Coal
358	374	Shale
374	376	Sand
376	389	Dark Shale
389	392	Sand
392	415	Shale
415	422	Sandy Shale
422	445	Shale
445	446	Coal
446	449	Shale Muddy
449	460	Sand / Sandy shale
460	461	Shale
461	465	Sand
465	466	Shale
466	468	Shale
468	470	Coal
470	491	Dark Shale
491	492	Coal
492	524	Shale
524	542	Mississippian
542		TD



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 33594
LOCATION Eureka
FOREMAN Steve Mann

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-457-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-26-12	5363	Randall # M16-11				Linn
CUSTOMER			TRUCK #			
McGowan Drilling			485	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			515	Alan M		
P.O. Box K				Joel		
CITY			Chisob (helper)			
STATE						
ZIP CODE						
Mound City						
KS						
66056						

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 542' CASING SIZE & WEIGHT _____
CASING DEPTH 533' DRILL PIPE _____ TUBING 2 7/8 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 3 bbls DISPLACEMENT PSI 400[#] Bump Plug 1000[#] RATE _____

REMARKS: Safety meeting. Rig up to 2 7/8 Tubing. Break Circulation w/ Fresh Water. Pump 100[#] Gel Flush + 3 bbls Water Mix 85 sks 50/50 Poz mix Cement w/ 2% Gel. Shut down. Wash out pump + lines. Load plug in Tubing. Displace with 3 bbls Freshwater. Final pump Pressure 450[#]. Bump plug 1000[#]. Release Pressure. Plug held. Good Cement Returns to surface.
Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	-	MILEAGE NC 2 nd well	-	-
1124	855 sks	50/50 Poz mix Cement	10.95	930.75
118B	140 [#]	Gel 2%	.21	29.40
121B	100 [#]	Gel Flush	.21	21.00
5407		Ten Mileage Bulk Truck	MX	350.00
4402	1	2 7/8 Rubber Plug	28.00	28.00
			Sub Total	2389.15
			SALES TAX	63.57
			ESTIMATED TOTAL	2452.72

Rev 01 5737

AUTHORIZATION Chris M McGowan TITLE _____ DATE _____

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