



KANSAS CORPORATION COMMISSION 1082894  
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 # 5675  
Name: McPherson, Ron dba McPherson Drilling  
Address 1: PO BOX 129  
Address 2: \_\_\_\_\_  
City: SYCAMORE State: KS Zip: 67363 + 0097  
Contact Person: RON MCPHERSON  
Phone: ( 620 ) 336-2662  
CONTRACTOR: License # 5675  
Name: McPherson, Ron dba McPherson Drilling  
Wellsite Geologist: RON MCPHERSON  
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 (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 #: \_\_\_\_\_

<u>06/22/2011</u>	<u>06/24/2011</u>	<u>06/24/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-205-27945-00-00  
Spot Description: \_\_\_\_\_  
NW NW SW SW Sec. 25 Twp. 30 S. R. 16  East  West  
1273 Feet from  North /  South Line of Section  
155 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Wilson  
Lease Name: REDD/MCB Well #: 2B TWIN  
Field Name: \_\_\_\_\_  
Producing Formation: BARTLESVILLE  
Elevation: Ground: 857 Kelly Bushing: 929  
Total Depth: 929 Plug Back Total Depth: \_\_\_\_\_  
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: 0  
feet depth to: 21 w/ 4 sx cmt.

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)  
Chloride content: 0 ppm Fluid volume: 0 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 Gertoo Date: 06/12/2012



1082894

Operator Name: McPherson, Ron dba McPherson Drilling Lease Name: REDD/MCB Well #: 2B TWIN  
 Sec. 25 Twp. 30 S. R. 16  East  West County: Wilson

**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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<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 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	11.0	8.625	23	21	PORTLAND	4	0

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

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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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Form	ACO1 - Well Completion
Operator	McPherson, Ron dba McPherson Drilling
Well Name	REDD/MCB 2B TWIN
Doc ID	1082894

Tops

SOIL/CLAY	0	3
SAND	3	14
SHALE	14	41
LIME	41	43
SHALE	43	107
LIME	107	148
SHALE	148	262
LIME	262	333
SHALE	333	553
LIME	553	573
SHALE	573	577
LIME	577	580
SHALE	580	630
OSWEGO LIME	630	661
SUMMIT	661	670
LIME	670	684
MULKEY	684	689
LIME	689	693
SHALE	693	810
OIL SAND	810	819
SANDY SHALE	819	887
OIL SAND	887	892
SHALE	892	929

# McPherson Drilling LLC

EIN: 48-1239729

## Statement

OFFICE: 620-336-2662

FAX: 620-336-3104

P.O. Box 129

SYCAMORE, KS. 67363

July 14, 2011

Inv.# 3982

Ron McPherson  
PO Box 129  
Sycamore, Ks 67363

Date	Description	Amount
7/14/2011	Redd 2B Twin	
	Squeeze down casing w/cement and hulls	\$ 700.00

DUE AND PAYABLE UPON RECEIPT OF THIS STATEMENT  
1 ¾ % INTEREST ADDED PER MONTH ON UNPAID BALANCE

12001

FULLY INSURED

(820) 336-2662

KC MC NO. 148802

### McPherson Drilling

6032 CR 4900

Cherryvale, KS 67335

6/22 2011

For Ream/MLP 2BTwin

Sec.	Twp.	Rq.
Lease	Well No.	County

	Amount
4 cy cement (for surface)	40 00

Product \_\_\_\_\_  
 Destination or SWD \_\_\_\_\_  
 Time \_\_\_\_\_  a.m.  p.m.  
 Driver \_\_\_\_\_

	Feet	Inches	Gross Barrels
Top Gauge			
Bottom Gauge			

Authorized by Mac