



KANSAS CORPORATION COMMISSION 1083527
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 # 34581
Name: Macha Enterprises, Inc.
Address 1: PO BOX 220
Address 2: _____
City: GAS State: KS Zip: 66742 + _____
Contact Person: Larry Macha
Phone: (620) 365-2481
CONTRACTOR: License # 5786
Name: McGown Drilling, Inc.
Wellsite Geologist: none

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 #: _____

1/30/2012 2/28/2012 3/15/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-001-30295-00-00

Spot Description: _____

SW NE NE NW Sec. 33 Twp. 24 S. R. 18 East West
4850 Feet from North / South Line of Section
3250 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Allen

Lease Name: Macha Well #: D-1

Field Name: _____

Producing Formation: arbuckle

Elevation: Ground: 952 Kelly Bushing: 0

Total Depth: 1603 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 40 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: 45 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: 06/11/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: Deanna Gansor Date: 06/18/2012



1083527

Operator Name: Macha Enterprises, Inc. Lease Name: Macha Well #: D-1
 Sec. 33 Twp. 24 S. R. 18 East West County: Allen

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 type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>ar buckle</td> <td>1392</td> <td>1603</td> </tr> </table>	Name	Top	Datum	ar buckle	1392	1603
Name	Top	Datum					
ar buckle	1392	1603					

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	11.25	8.58	20	40	50/50 poz mix	35	prem. gel 59#
longstring	6.75	4.5	10.5	1392	50/50 poz mix	246	prem. gel

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
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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 <i>(Explain)</i> _____
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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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36884

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

PO Box 884, Chanute, KS 68720
620-491-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/30/12	5097	Macha D # 1	NW 33	24	18	AL
CUSTOMER Macha Enterprises Inc			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 220			481	Casey	46	
CITY STATE ZIP CODE Gas City KS 66742			495	Har Bec	49	
			503	Dan Gar	06	

JOB TYPE surface HOLE SIZE 12 1/4" HOLE DEPTH 40' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ck _____ CEMENT LEFT IN CASING 4'
 DISPLACEMENT 2.25 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.5 gpm

REMARKS: held safety meeting, established circulation, mixed & pumped 35 sks
50/50 Pozmix w/ 27% gel & 1/4# FloSeal per sk, mixed cement w/ Calcium
chloride water, cement to surface, displaced cement w/ 2.25 bbls
fresh water, shut in casing.

Handwritten signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE surface		825.00
5406	5.5 mi	MILEAGE pump truck		220.00
5402	40'	casing footage		
5407	minimum	ton mileage		850.00
1124	35 sks	50/50 Pozmix cement		383.25
1118B	59 #	Premium Gel		12.39
1107	9 #	FloSeal		21.15
1102	50 #	Calcium Chloride		37.00
<u>247592</u>			7.56%	SALES TAX
				ESTIMATED TOTAL
				1883.26

Rev'n 5757

AUTHORIZATION [Signature]

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.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 34180
LOCATION Ottawa
FOREMAN Alan Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-17-12	5097	Macha D-1	NW 33	24	18	AL
CUSTOMER Macha Enterprises			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 200			516	Alan Mader	Safety	Meat
CITY Gas City			368	Arlean	MM	
STATE KS			558	Daniel G	OG	
ZIP CODE 66742						

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 1703 CASING SIZE & WEIGHT 4 1/2
CASING DEPTH 1392 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
DISPLACEMENT 22661 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46pm

REMARKS: waited on rig to run casing. Held crew meet. Established rate. Mixed & pumped 100# gel followed by 16 bbl dye marker. Mixed & pumped 246 sk 50150 cement plus 270 gel + 1/2 # floeal per sack. Flushed pump. Pumped plug to casing TD. Circulated thin cement. Checked depth with wireline. Set float.

Machon Drilling, well held 800 PSI for 30 min
coll MTT

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	55	MILEAGE		220.00
5402	1392	Casing footage		
5407A	581.79	ten miles		779.60
1124	246	50150 cement		2693.70
1183	518#	gel		107.73
1107	123#	floeal		289.05
4404	1	4 1/2 plug		45.00
				SALES TAX
				ESTIMATED
				TOTAL

[Signature]
247941

SALES TAX 236.72
ESTIMATED TOTAL 5401.80

Rev'n 9797

AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer account records, at our office, and conditions of service on the back of this form are in effect for services identified.