



KANSAS CORPORATION COMMISSION 1090575
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 # 8866
Name: McFadden, Jack W. dba McFadden Oil Co.
Address 1: PO BOX 394
Address 2: _____
City: IOLA State: KS Zip: 66749 + 0394
Contact Person: Jack McFadden
Phone: (620) 496-7946
CONTRACTOR: License # 8866
Name: McFadden, Jack W. dba McFadden Oil Co.
Wellsite Geologist: Jack
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>06/16/2012</u>	<u>06/19/2012</u>	<u>06/19/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30396-00-00

Spot Description: _____

SW SW SE SW Sec. 34 Twp. 24 S. R. 20 East West
165 Feet from North / South Line of Section
3772 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Allen

Lease Name: Winslow Well #: B-1

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 1081 Kelly Bushing: 5

Total Depth: 850 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 20 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: 20 w/ 4 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 180 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 Garrison Date: 08/20/2012



1090575

Operator Name: McFadden, Jack W. dba McFadden Oil Co. Lease Name: Winslow Well #: B-1
 Sec. 34 Twp. 24 S. R. 20 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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
 (If no, Submit Copy)

List All E. Logs Run:

Cornish

Log Formation (Top), Depth and Datum Sample

Name Top Datum
 Bartlesville 813

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	9.875	7	12	20	portland	8	
production	6.1250	2.8750	4.7	855	portland	125	

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

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



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 34758
LOCATION Eureka
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-001-30896-0000

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-19-12	5321	Winslow B-1				Allen
CUSTOMER <u>Jack McFadden</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 394</u>			<u>520</u>	<u>John</u>		
CITY <u>Tola</u>			<u>467</u>	<u>Joey</u>		
STATE <u>Ks</u>		ZIP CODE <u>66749</u>				

JOB TYPE L/S 0 HOLE SIZE 6 1/8" HOLE DEPTH 860' CASING SIZE & WEIGHT _____
 CASING DEPTH 850' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 13.8# SLURRY VOL 31 Bbl WATER gal/ek 7.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 4.9 Bbl DISPLACEMENT PSI 400 PSI 500 Shut in RATE _____

REMARKS: Safety meeting. Rig up to 2 3/4" tubing. Break circulation w/ 100 fresh water.
Pump 4 sacks gel-flush, 5 Bbl water spacer. Mixed 500 600/400 Permian cement w/ 4% gel, 2% caclz + 1# phenosan/lbk @ 13.8#/gal. Shut down, washout pump & lines, Drop 2 plugs. Displace w/ 4.9 Bbl fresh water. Final pump pressure 400 psig. Bump plug to 900 psig. Shut well in @ 500 psig. Good cement returns to surface = 5 Bbl slurry to pit. 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	50	MILEAGE	4.00	200.00
1131	125 sacks	600/400 Permian cement	12.55	1568.75
1118B	450#	4% gel	.21	90.30
1102	215#	2% caclz	.74	159.10
1107A	125#	1# phenosan/lbk	1.29	161.25
1118B	200#	gel-flush	.21	42.00
5407A	5.38	tax mileage bus tax	1.34	360.46
4402	2	2 7/8" top rubber plugs	28.00	56.00
			Subtotal	3667.86
			7.55% SALES TAX	156.84
			ESTIMATED TOTAL	3824.70

Revin 3737

250667

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.