



KANSAS CORPORATION COMMISSION 1093609
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 Mktg

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 #: _____
5/15/2012 5/25/2012 6/13/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-107-24596-00-00
Spot Description: _____
NW SW SW NE Sec. 11 Twp. 22 S. R. 23 East West
2145 Feet from North / South Line of Section
2475 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Linn
Lease Name: Poyser Trust Well #: Q13-11
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 858 Kelly Bushing: 858
Total Depth: 550 Plug Back Total Depth: 540
Amount of Surface Pipe Set and Cemented at: 26 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 550
feet depth to: 0 w/ 86 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 200 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: 09/14/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 09/17/2012



1093609

Operator Name: McGown Drilling, Inc. Lease Name: Poyser Trust Well #: Q13-11
 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 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: GR/N	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum 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	9.875	7.00	20.0	26	50/50 Poz	6	
Longstring	5.875	2.875	6.5	540	50/50 Poz	86	

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	464-489		

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. 8/1/2012		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. 0.5	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

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 checked="" 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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CONSOLIDATED
Oil Well Services, LLC

PO Box 684, Chanute, KS 66720
620-431-9210 or 800-467-9676

TICKET NUMBER 39861
LOCATION Oxtawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/5/12	5363	Poyser # Q-1B	NE 11	22	23	LN
CUSTOMER <u>McGowan Drilling</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box</u>			506	FREMAA	Safety	WJZ
CITY <u>Mound City</u> STATE <u>KS.</u> ZIP CODE			495	HARBEC	NB	
			503	DANGAR	PG	

JOB TYPE lossing HOLE SIZE 5 7/8 HOLE DEPTH 550 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 5400 DRILL PIPE TUBING OTHER
 SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 3.15 DISPLACEMENT PSI MIX PSI RATE 5.3 PM

REMARKS: Establish Circulation. Mix Pump 100# Gel Flush. Mix Pump
SKS 50/50 for Mix Cement to Gel. Cement to Surface.
Flush pump & lines clean. Displace 2 1/2" Rubber plug to
casing TD. Pressure to 800# PSI. Release Pressure to
cut float valve shut in casing.

Customer Supplied Water Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	-	MILEAGE		N/C
5402	540	Casing Footage		N/C
5407	1/2 Minimum	Ten Miles		125 ⁰⁰
1124	86 SKS	50/50 for Mix Cement		941 ²⁰
1158B	245 ⁰⁰	Premium Gel		5745
4402	1	2 1/2" Rubber Plug		20 ⁰⁰
			6.3%	SALES TAX
				64 ³³
			ESTIMATED TOTAL	2290 ⁴⁸

PAID
6/11/12

RAVIN 3737 AUTHORIZATION Chris McGowan TITLE 250384 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

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 14, 2012

Chris McGown
McGown Drilling, Inc.
PO BOX K
MOUND CITY, KS 66056-0299

Re: ACO1
API 15-107-24596-00-00
Poyser Trust Q13-11
NE/4 Sec.11-22S-23E
Linn County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Chris McGown

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



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September 14, 2012

Chris McGown
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PO BOX K
MOUND CITY, KS 66056-0299

Re: ACO-1
API 15-107-24596-00-00
Poyser Trust Q13-11
NE/4 Sec.11-22S-23E
Linn County, Kansas

Dear Chris McGown:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 5/15/2012 and the ACO-1 was received on September 14, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department