



KANSAS CORPORATION COMMISSION 1095138
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: n/a
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 #: _____
4/18/2012 4/23/2012 04/28/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-205-28010-00-00
Spot Description: _____
SE SE SE NE Sec. 26 Twp. 30 S. R. 16 East West
2805 Feet from North / South Line of Section
165 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wilson
Lease Name: W Redd Well #: 11
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 853 Kelly Bushing: 0
Total Depth: 943 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: 20
feet depth to: 0 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 Garrisor Date: 10/10/2012



1095138

Operator Name: McPherson, Ron dba McPherson Drilling Lease Name: W Redd Well #: 11
 Sec. 26 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 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: drillers log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum SEE ATTACHED LOG
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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	9.8750	7.0	20	21	Portland	4	
LONG STRING	5.6250	2.875	6.9	940	POSMIX	140	

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
9	815-819		
11	552-887		

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 (Explain) _____
Estimated Production Per 24 Hours	Oil Bbls. <u>1</u> Gas Mcf _____ Water Bbls. <u>0</u> 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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PO Box 884, Chanute, KS 66720
620-431-9210 or 800-457-6876

ENTERED

TICKET NUMBER 36446
LOCATION Eureka
FOREMAN Steve Neal

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-24-12	5337	Rack #11	26	20S	16E	Wilson
CUSTOMER McPherson Drilling LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 127			485	Alan m		
CITY	STATE	ZIP CODE	611	Tony		
Sycamore	Ks	67763				

JOB TYPE Logging HOLE SIZE 5 1/2 HOLE DEPTH 542' CASING SIZE & WEIGHT _____
 CASING DEPTH 940' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT 12.1 spm SLURRY VOL _____ WATER 1800' CEMENT LEFT IN CASING _____
 DISPLACEMENT 5.45 bbl DISPLACEMENT PSI 500' 1800' plug 1800' RATE _____

REMARKS: Safety Meeting. Rig up to 2 3/8 tubing. Break circulation w/ fresh cement. Pump 150' GSI. Flush stable under spacer. Mix 140 lbs 1/2" RA cement w/ 12 Gals 12% CaCl₂ at 125' depth. Shut down. Wash out pump & lines. Stuff 2 plugs. Displace with 6.44 bbl fresh water. Final pumping. Pump out 1800'. Pump plug 1800'. Shut well in 600'. Good cement returns to surface. Stable slurry in pit.
Job Complete Rig-down

Thank You

ACCOUNT CODE	QUANTITY of UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1020.00	1020.00
5406	40	MILEAGE	4.00	160.00
1131	140 lbs	60/140 P&Z Mix Cement	12.64	1757.00
1140	250*	GSI 2%	.21	52.50
1102	180*	CaCl ₂ 1%	.74	96.20
11120	150*	GSI Flush	.31	31.50
5407	6	Ten miles	M/C	350.00
4402	2	2 3/8 Top Rubber Plug	28.00	56.00
			Subtotal	3533.20
			SALES TAX 6.3%	185.57
			ESTIMATED TOTAL	3658.77

AUTHORIZATION [Signature] TITLE 049313 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.