



KANSAS CORPORATION COMMISSION 1093482
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 # 32219
Name: McClenning, Mike dba Production Maintenance Service
Address 1: 405 N East ST
Address 2: PO BOX 275
City: TYRO State: KS Zip: 67364 +
Contact Person: Mike McClenning
Phone: (620) 289-4001
CONTRACTOR: License # 32219
Name: McClenning, Mike dba Production Maintenance Service
Wellsite Geologist: Mike McClenning
Purchaser: Pacer

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 #: _____

05/18/2012	05/21/2012	06/11/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32218-00-00

Spot Description: _____
SE SW NW NE Sec. 2 Twp. 34 S. R. 14 East West
1155 Feet from North / South Line of Section
2145 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Montgomery

Lease Name: Flanagan Well #: 5

Field Name: _____

Producing Formation: Wayside

Elevation: Ground: 870 Kelly Bushing: 0

Total Depth: 788 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: 778

feet depth to: 0 w/ 110 sx cm.

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 Garrison Date: 11/26/2012



1093482

Operator Name: McClennig, Mike dba Production Maintenance Service Lease Name: Flanagan Well #: 5
 Sec. 2 Twp. 34 S. R. 14 East West County: Montgomery

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Wayside	623	+247
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Gamma Ray, Cement Bond, VDL				

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	11.75	8.625	22	20	Class A	4	none
Production	6.75	4.5	11.6	778	50/50 Poz Mix	110	see ticket

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
2	647-667	13000# sand, 305 bbl water	647-667

TUBING RECORD:	Size: <u>2.375</u>	Set At: <u>683</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>6/13/2012</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>			
Estimated Production Per 24 Hours	Oil Bbls. <u>3</u>	Gas Mcf	Water Bbls. <u>120</u>	Gas-Oil Ratio <u>31</u>

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> <input type="checkbox"/> Other <i>(Specify)</i>	PRODUCTION INTERVAL: <u>647-667</u>
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 34674
LOCATION Eureka
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-125-32215

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-22-12	6236	Flanagan #5	2	34S	14E	MG
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>Production Maintenance Service</u> <u>3922 CR 1250</u>			520	John		
			611	Joey		
			92	Alan G. (McCoy) King		
CITY	STATE	ZIP CODE				
<u>Coffeyville</u>	<u>KS</u>	<u>67337</u>				

JOB TYPE L/S 0 HOLE SIZE 6 3/4" HOLE DEPTH 788' CASING SIZE & WEIGHT 4 1/2"
CASING DEPTH 778' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.9# SLURRY VOL 28 Bbl WATER gal/sk 6.0 CEMENT LEFT in CASING 0'
DISPLACEMENT 12' DISPLACEMENT PSI 500 MIX PSI 1000 Pump plus _____ RATE _____

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ 15 Bbl fresh water.
Pump 8 ses gel-flush w/ hulls, 4 Bbl water spacer. Shut down for 20 minutes. Mixed 110
ses 50/50 premix cement w/ 4" cal-seal, 3" cal-seal, 2% gel, 2% cacl₂, 1" phenosan + 44% CFL-115
@ 13.9#/gal. yield 1.40 washout pump + lines, release 4 1/2" rubber plug. Displace w/ 12' Bbl
fresh water. Final pump pressure 500 PSI. Pump plug to 1000 PSI. wait 2 minutes, release pressure.
float + plug held. Good cement returns to surface = 6 Bbl slurry to pre. 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	600	MILEAGE	4.00	240.00
1124	110 SES	50/50 Premix cement	10.95	1204.50
1101	440#	4" cal-seal /sk	.46	202.40
1101	330#	3" cal-seal /sk	.40	132.00
1108	185#	2% gel	.21	38.85
1102	185#	2% cacl ₂	.24	136.90
1107A	110#	1" phenosan /sk	1.29	141.90
1135A	25#	44% CFL-115	10.55	263.75
1108B	400#	gel-flush	.21	84.00
1105	50#	hulls	.44	22.00
5407A	4.62	tan mileage bulk truck	1.34	371.45
5502C	4 hrs	80 Bbl vac. rate	90.00	360.00
1123	3300	city water	16.50/1000	54.45
4404	1	4 1/2" top rubber plug	45.00	45.00
			subtotal	4327.20
			6.3%	SALES TAX
				146.53
			ESTIMATED TOTAL	4473.73

Ravin 3737

Miles McCoy

250064

AUTHORIZATION

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.