



KANSAS CORPORATION COMMISSION 1093480  
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 # 5831  
Name: M.O.K.A.T.  
Wellsite Geologist: Mike McClenning  
Purchaser: Pacer

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  WSW  SWD  SLOW  
 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 #:

05/17/2012	05/18/2012	06/11/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32217-00-00

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

Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW

County: Montgomery  
Lease Name: Flanagan Well #: 4

Field Name:  
Producing Formation: Wayside

Elevation: Ground: 890 Kelly Bushing: 0  
Total Depth: 763 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 22 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: Feet

If Alternate II completion, cement circulated from: 756  
feet depth to: 0 w/ 110 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 Garrison Date: 11/26/2012



1093480

Operator Name: McClennig, Mike dba Production Maintenance Service Lease Name: Flanagan Well #: 4  
 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 <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:  Gamma Ray, Cement Bond, VDL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum Wayside 627 +251
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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	11.75	8.625	22	22	Class A	4	none
Production	6.75	4.5	11.6	756	50/50Poz 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 (Amount and Kind of Material Used)	Depth
2	653-678	13000# sand, 278 bbl water	653-678

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>06/13/2012</u>	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. <u>.75</u> Gas Mcf _____ Water Bbls. <u>5</u> Gas-Oil Ratio <u>0</u> Gravity <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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>653-678</u>
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**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 34610

LOCATION Eureka

FOREMAN Rick Ladford

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** API# 15-125-32217

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-18-12	6236	Flanagan #4	2	345	14E	MG
CUSTOMER <u>Production Maintenance Service</u>			TRUCK #			
MAILING ADDRESS <u>3922 SR 1250</u>			DRIVER			
CITY <u>Coffeyville</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>67337</u>			TRUCK #			
			DRIVER			

JOB TYPE L/S 0 HOLE SIZE 6 3/4" HOLE DEPTH 763 CASING SIZE & WEIGHT 4 1/2" 11.6"  
 CASING DEPTH 252' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.9\* SLURRY VOL 28 bbl WATER gal/sk 6.0 CEMENT LEFT IN CASING 0'  
 DISPLACEMENT 11.6 GW DISPLACEMENT PSI 500 ~~1000~~ PSI 1000 Bump plug RATE \_\_\_\_\_

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ 11.6 bbl fresh water. Pumped 8 sacks gel-flush w/ hulls, 4 bbl water spacer, shut down for 20 minutes. Mixed 110 sacks 50/50 Permox cement w/ 4" cat-seal, 3" cat-seal, 2% cacl2 + 2% gel, 1" pheno-seal/3K + 4 1/2" CFL-115 @ 13.9\*/gal yield 1.40 washout pump + hulls, release rubber plug. Displace w/ 11.6 bbl fresh water. Final pump pressure 500 PSI. Bump plug to 1000 PSI. wait 2 minutes, release pressure, float + plug hold. 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	60	MILEAGE	4.00	240.00
1124	110 sacks	50/50 Permox cement	10.95	1204.50
1110A	440"	4" cat-seal/3K	.46	202.40
1101	330"	3" cat-seal/3K	.40	132.00
1118B	185"	2% gel	.21	38.85
1102	185"	2% cacl2	.74	136.90
1107A	110"	1" pheno-seal/3K	1.29	141.90
1135A	25"	4 1/2" CFL-115	10.55	263.75
1118B	400"	gel-flush	.21	84.00
1105	50"	hulls	.44	22.00
5407A	4.62	ton mileage bulk TRK	1.34	371.45
5502C	5 hrs	86 bbl VAC. TRK	90.00	450.00
1123	4500 gals	city water	16.50/1000	74.25
4404	1	4 1/2" top rubber plug	45.00	45.00
		Subtotal		4437.00
		SALES TAX <u>6.3%</u>		141.18
		ESTIMATED TOTAL		4578.18

Ravin 3787

*Mike McCreary*

250019

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.