



KANSAS CORPORATION COMMISSION 1106224
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 # 3231
Name: McGowan Oil Company, a General Partnership
Address 1: 302 N SUMMIT
Address 2: _____
City: ARKANSAS CITY State: KS Zip: 67005 + 2296
Contact Person: Dan McGowan
Phone: (620) 442-2210
CONTRACTOR: License # 32701
Name: C & G Drilling, Inc.
Wellsite Geologist: George Friedel
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>10/02/2012</u>	<u>10/06/2012</u>	<u>10/06/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-035-24485-00-00

Spot Description:
SW SW NE NE Sec. 4 Twp. 34 S. R. 5 East West
1260 Feet from North / South Line of Section
1100 Feet from East / West Line of Section

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

County: Cowley
Lease Name: Christenson Well #: 2-4

Field Name: _____
Producing Formation: NA

Elevation: Ground: 1197 Kelly Bushing: 1202

Total Depth: 3250 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 213 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1200 ppm Fluid volume: 300 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: 01/07/2013



1106224

Operator Name: McGowan Oil Company, a General Partnership Lease Name: Christenson Well #: 2-4
 Sec. 4 Twp. 34 S. R. 5 East West County: Cowley

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 checked="" type="checkbox"/> Yes <input 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: phased induction compensated neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>mississippi</td> <td>3129</td> <td>1927</td> </tr> </table>	Name	Top	Datum	mississippi	3129	1927
Name	Top	Datum					
mississippi	3129	1927					

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	12.25	8.625	24	213	class a	125	3% calcium 1/4 lb. flo-seal

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 <i>(Amount and Kind of Material Used)</i>	Depth

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.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____		
Estimated Production Per 24 Hours	Oil Bbls.	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 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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 35565
LOCATION Eureka, KS
FOREMAN Shannon Feck

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

FIELD TICKET & TREATMENT REPORT

CEMENT APF # 15-035-24485

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-6-12	5399	Christenson # 2-4	4	345	5E	Lowey
CUSTOMER McGowan Oil Company			TRUCK #		DRIVER	
MAILING ADDRESS 302 N. Summit			445		Dave G	
CITY Arkansas City			611		Chris B	
STATE	ZIP CODE					
KS	67005					

JOB TYPE P.T.A HOLE SIZE 7 7/8" HOLE DEPTH ? CASING SIZE & WEIGHT 8 5/8" surface pipe
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Rig up to 4" drill pipe + Set following plugs

- # 1 @ 260' - 35 SKS
- # 2 @ 60' to surface - 25 SKS
- # 3 20 SKS in Rathole

80 SKS Total Hole Staged Full Job Complete.

"Thanks Shannon & Crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1030.00	1030.00
5406	80	MILEAGE	4.00	320.00
1131	80 SKS	60/40 Pozmix Cement	12.55	1004.00
1118B	275 #	Gel @ 4%	.21	57.75
5407A	3.44 Tons	Ton mileage bulk Truck	1.34	368.75
			Sub Total	2790.50
			6.8% SALES TAX	72.80
			ESTIMATED TOTAL	2852.70

Rev 3737

253563

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



ENTERED

TICKET NUMBER 35529 ✓

LOCATION Eureka KS

FOREMAN Shannon Feck

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-035-24485 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-02-12	5399	Christenson # 2-4	4	34 S	5 E	Cowley
CUSTOMER McGowan Oil Company			C+6 Drlg			
MAILING ADDRESS 302 N Summit			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Arkansas City			520	John S		
STATE KS			515	Chris B		
ZIP CODE 67005						

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 223' CASING SIZE & WEIGHT 8 3/8"
 CASING DEPTH 213.536L DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5-15* SLURRY VOL. 35 Bbl WATER gal/ek _____ CEMENT LEFT in CASING 15'
 DISPLACEMENT 13 Bbl DISPLACEMENT PSI 100 MIX PSI 100 RATE 5BPM

REMARKS: Rig up to 8 3/8" casing, Break Circulation w/s Bbl water. Mixed 125 SKS Class "A" cement with 3% calcium, 2% gel, & 1/4 # Flocc/sk @ 14.5-15#/gal. Displace with 13 Bbl & shut well in. Good circulation @ all times, 8 Bbl Slurry to Pit. Job Complete

Thanks Shannon & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	80	MILEAGE	4.00	320.00
11045	125 SKS	Class "A" cement	14.95	1868.75
1102	360 #	Calcium @ 3%	.74	266.40
1118 B	240 #	Gel @ 2%	-.21	50.40
1107	35 #	Flocc @ 1/4 #/sk	2.35	82.25
5407 A	5.875 TONS	Ton mileage bulk Truck	1.34	629.90
			Sub Total	4042.60
			6.8% SALES TAX	154.72
			ESTIMATED TOTAL	4196.92

Revin 3737

AUTHORIZATION [Signature]

TITLE 253421

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