



KANSAS CORPORATION COMMISSION 1099145  
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 # 8866  
Name: McFadden, Jack W. dba McFadden Oil Co.  
Address 1: PO BOX 394  
Address 2:  
City: IOLA State: KS Zip: 66749 + 0394  
Contact Person: Jack McFadden  
Phone: ( 620 ) 496-7946  
CONTRACTOR: License # 8866  
Name: McFadden, Jack W. dba McFadden Oil Co.  
Wellsite Geologist: N/A  
Purchaser:

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 #:

09/02/2012 09/05/2012 09/05/2012

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-001-30483-00-00

Spot Description:

SE NE SW SE Sec. 35 Twp. 24 S. R. 20 ☒ East ☐ West

805 Feet from ☐ North / ☒ South Line of Section

1565 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Allen

Lease Name: Bowen Well #: 18A

Field Name:

Producing Formation: bartlesville

Elevation: Ground: 1099 Kelly Bushing: 5

Total Depth: 850 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:

feet depth to: w/ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 180 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: 12/11/2012



1099145

Operator Name: McFadden, Jack W. dba McFadden Oil Co. Lease Name: Bowen Well #: 18A  
 Sec. 35 Twp. 24 S. R. 20 ☒ East ☐ West County: Allen

**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 <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> Cores Taken <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> Electric Log Run <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> Electric Log Submitted Electronically <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>(If no, Submit Copy)</i>  List All E. Logs Run:  cornish	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Log</span> <span>Formation (Top), Depth and Datum</span> <span><input type="checkbox"/> Sample</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">Name bartlesville</div> <div style="width: 20%;">Top 812</div> <div style="width: 20%;">Datum</div> </div>
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CASING RECORD <span style="float: right;"><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</span>							
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	12	20	portland	4	
production	6.125	2.875	4.7	850	portland	125	

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

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 (Explain) _____			
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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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 ENTERED

**TICKET NUMBER** 37888

LOCATION EuroKa

FOREMAN Steve Mead

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

## FIELD TICKET & TREATMENT REPORT

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
9-5-12	5321	Bowen #18-A					Allan
CUSTOMER							
Jack McEdden							
MAILING ADDRESS							
P.O. Box 394							
CITY		STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Tala		Ks	66749	485	Alan m		
				479	Jim		

JOB TYPE <u>Logging</u>	HOLE SIZE <u>6 1/2</u>	HOLE DEPTH <u>560'</u>	CASING SIZE & WEIGHT _____
CASING DEPTH <u>560</u>	DRILL PIPE _____	TUBING <u>3 1/2</u>	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT <u>4.9 bbls</u>	DISPLACEMENT PSI <u>300</u>	MIX PSI <u>900+</u>	RATE _____

REMARKS: Safety Meeting! Rig up to 2 3/4" tubing. Break circulation w/ 7 bbls Freshwater. Pump 200# Gel Flush + 5 bbls Freshwater. Mix 125 sks 60/40 Pozmix cement w/ 4% Gel 2% Cacl<sub>2</sub> + 1" pheno seal. Shut down. Washout pump & lines. Stuff 2 plugs. Displace with 4.9 bbls Fresh water. Final pumping Pressure 300# Bump plug 900# Shut well in 0<sup>th</sup>. Good cement Returns to surface 4 bbls slurry to pit. Job Complete Rig down

Thank you

[illegible]

Revin 3737

### 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.**