



KANSAS CORPORATION COMMISSION 1099102  
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 #: \_\_\_\_\_

07/03/2012 07/04/2012 07/09/2012  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-001-30481-00-00

Spot Description: \_\_\_\_\_

S2 N2 S2 S2 Sec. 36 Twp. 24 S. R. 20 ☒ East ☐ West  
870 Feet from ☐ North / ☒ South Line of Section  
2640 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Allen

Lease Name: McCall Well #: 6A

Field Name: \_\_\_\_\_

Producing Formation: Bartlesville

Elevation: Ground: 1099 Kelly Bushing: 5

Total Depth: 860 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



1099102

Operator Name: McFadden, Jack W. dba McFadden Oil Co. Lease Name: McCall Well #: 6A  
 Sec. 36 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 Wireline 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	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <span style="float: right;"><input type="checkbox"/> Sample</span>  <table style="width: 100%;"> <tr> <td style="width: 60%;">Name</td> <td style="width: 20%;">Top</td> <td style="width: 20%;">Datum</td> </tr> <tr> <td>Bartsville</td> <td>814</td> <td></td> </tr> </table>	Name	Top	Datum	Bartsville	814	
Name	Top	Datum					
Bartsville	814						

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	2.8750	4.7	850	portland	125	

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 (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**CONSOLIDATED**  
**ON WELL SERVICES, LLC**



**ENTERED**

**TICKET NUMBER** 34912

**LOCATION** *Eureka*

FOREMAN Steve Madd

**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
7-9-12	5321	McCall 6-A				Allen
CUSTOMER Jack McFadden						
MAILING ADDRESS P.O. Box 394						
CITY Ida		STATE KS	ZIP CODE 66749			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			485	Alan M		
			611	Jose		

JOB TYPE <u>Long String</u>	HOLE SIZE <u>6 1/2</u>	HOLE DEPTH <u>860'</u>	CASING SIZE & WEIGHT _____
CASING DEPTH <u>860'</u>	DRILL PIPE _____	TUBING <u>2 3/8</u>	OTHER _____
SLURRY WEIGHT <u>12.5</u>	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT In CASING _____
DISPLACEMENT <u>4.9 bbl</u>	DISPLACEMENT PSI <u>500<sup>+</sup></u>	<u>Surge</u> MIX PER 100' <u>1000<sup>+</sup></u>	RATE _____

REMARKS: Safety meeting. Rig up to 2" tubing. Break circulation w/ mble fresh water. Pump 200<sup>+</sup> Gal Flush + mble water spacer mix 125 sks 60/40 premix cement by 4 1/2 gal. 82 Cc/d + 1" phenaseal AT 13.8". Shut down Washout Pump & Lines. STUFF 2 plugs. Displace with 4.9 mble Freshwater Final Pumping Pressure 500<sup>+</sup>. Bump Plug 1000<sup>+</sup>. Read Pressure off to 0". Shut well in. Good cement Returns To Surface 4 1/2 hrs to PIT  
Job Complete Rig down

Thank you

[illegible]

Payin 3797

## 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.**