



KANSAS CORPORATION COMMISSION 1085416  
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 # \_\_\_\_\_

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

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

Wellsite Geologist: \_\_\_\_\_

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 #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

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

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

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

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_



1085416

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**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 type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input 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

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:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 248953

=====  
Invoice Date: 04/11/2012      Terms: 0/0/30,n/30      Page 1

D & Z EXPLORATION  
901 N. ELM ST.  
P.O. BOX 159  
ST. ELMO IL 62458  
(618) 829-3274

DONOVAN 11  
36573  
NE 28 14 22 JO  
4/5/12  
KS

*Donovan*  
-L.D.E.  
-I.D.C.  
(remains)

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	122.00	10.9500	1335.90
1118B	PREMIUM GEL / BENTONITE	305.00	.2100	64.05
1111	SODIUM CHLORIDE (GRANULA	236.00	.3700	87.32
1110A	KOL SEAL (50# BAG)	610.00	.4600	280.60
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	913.00	.00	.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

=====  
Parts: 1795.87      Freight: .00      Tax: 135.15 AR      3611.02  
Labor: .00      Misc: .00      Total: 3611.02  
Sublt: .00      Supplies: .00      Change: .00  
=====

Signed \_\_\_\_\_ Date \_\_\_\_\_





**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 36573

LOCATION Ottawa KS

FOREMAN Fred Maden

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/5/12	3392	Donovan # 11	NE 28	14	22	JO
CUSTOMER			TRUCK #			
D & Z Exploration			506	FREMAD	Safety	Mdy
MAILING ADDRESS			495	HARBEC	HB	
<del>800</del> 9014 Elm St			369	DERMAS	DM	
CITY	STATE	ZIP CODE	503	DANGAR	DG	
St Elmo	IL	62458				

JOB TYPE hang string HOLE SIZE 5 7/8 HOLE DEPTH 933 CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 913 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
 DISPLACEMENT 5.31 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 53 PM

REMARKS: Establish Pump rate. Mix + Pump 100# Premium Gel Flush.  
 Mix + Pump 122 sks 50/50 Poz Mix Cement 2% Gel 5%  
 Salt 5# Kal Seal/sk. Cement to surface. Flush pump + lines  
 clean. Displace 2 1/2" Rubber plug to casing TD. Pressure  
 to 800# PSI. Release pressure to set float valve. Shut in  
 casing.

TAS Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 <sup>00</sup>
5406	30 mi	MILEAGE	495	120 <sup>00</sup>
5402	913	Casing Footage		N/C
5407	Minimum	Ton miles	503	350 <sup>00</sup>
5502C	2 hrs	50 BBL vac Truck	369	180 <sup>00</sup>
1124	122 sks	50/50 Poz Mix Cement		1335 <sup>90</sup>
1118B	305#	Premium Gel		64 <sup>05</sup>
111	236#	Granulated Salt		87 <sup>33</sup>
1110A	610#	Kal Seal		280 <sup>60</sup>
4402	1	2 1/2" Rubber plug		28 <sup>00</sup>
			7.525	SALES TAX
				ESTIMATED
				TOTAL
				135 <sup>15</sup>
				3611 <sup>02</sup>

Ravin 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

Johnson County, KS  
Well: Donovan # 11  
Lease Owner: D Z

Town Oilfield Service, Inc.  
(913) 837-8400

Commenced Spudding:  
4/3/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
7	Soil-Clay	7
8	Sandstone	15
21	Shale	36
6	Lime	42
6	Shale	48
15	Lime	63
9	Shale	71
9	Lime	80
8	Shale	88
19	Lime	107
15	Shale	122
17	Lime	139
10	Shale	149
59	Lime	208
17	Shale	225
10	Lime	235
20	Shale	255
7	Lime	262
3	Shale	265
9	Lime	274
34	Shale	308
1	Lime	309
11	Shale	320
24	Lime	344
8	Shale	352
22	Lime	374
6	Shale	380
5	Lime	385
4	Shale	389
6	Lime	395
112	Shale	507
7	Sand	514
37	Shale	551
8	Sand	559
11	Shale	570
12	Lime	582
5	Shale	587
6	Lime	593
13	Shale	608
3	Lime	611











Thickness of Strata	Formation	Total Depth	Remarks
7	soil/clay	7	
8	sandstone	15	
21	shale	36	
6	lime	42	
6	shale	48	
15	lime	63	
9	shale	71	
9	lime	80	
8	shale	88	
19	lime	107	
15	shale	122	
17	lime	139	
10	shale	149	
59	lime	208	
17	shale	225	
10	lime	235	
20	shale	255	with some lime seams
7	lime	262	
3	shale	265	
9	lime	274	
34	shale	308	
1	lime	309	
11	shale	320	
24	lime	344	
8	shale	352	
22	lime	374	
6	shale	380	





### BUCKEYE SUPPLY PIPE TALLEY

FROM <u>Wellsville</u>				DATE <u>4/5/12</u>			
TO <u>D+2 Excavation</u>				P.O. NO.			
TALLY OF:	SIZE <u>2 7/8</u>	IN.	KIND <u>Upset</u>	NEW <input type="checkbox"/>	USED <input checked="" type="checkbox"/>		
THREAD <u>8rd</u>	WEIGHT		CHG. NO.				
ON (R.R. OR TRUCK CO.)			CAR OR TRUCK NO.				

NO.	FEET		IN.		FEET		IN.		FEET		IN.	
1	32	00	31	70								
2	32	20	31	65								
3	31	45	31	40								
4	31	35	31	60								
5	31	55	31	10								
6	31	70	31	55								
7	31	40	31	55								
8	31	70	31	65	Below seat							
9		55	31	10	Below seat							
10		70										
11	31	95										
12	31	75			w/o THDS 70 seat							
13	31	55										
14	31	65							850	30		
15	31	90										
16	31	80			w/o THDS Total							
17	31	80										
18	31	40							912	75		
19	31	70										
20	31	65										
Total	633	75										

TOTALS	No. of Pieces <u>29</u>	Length <u>917</u>	Ft. <u>05</u>	Ins.
Remarks:	<u>Donavan #11</u>			
Tallied by	<u>Dennis + Troy</u>		Received By	<u>TOS</u>