



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1085427

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 Date Reached TD Completion Date or
Recompletion Date 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: _____



1085427

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 ☐ Yes ☐ No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☐ No Cores Taken ☐ Yes ☐ No Electric Log Run ☐ Yes ☐ No Electric Log Submitted Electronically ☐ Yes ☐ No <i>(If no, Submit Copy)</i> List All E. Logs Run:	☐ Log Formation (Top), Depth and Datum ☐ Sample Name Top Datum
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CASING RECORD ☐ New ☐ 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 <i>(Explain)</i> _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. <i>(Submit ACO-5)</i> ☐ Commingled <i>(Submit ACO-4)</i> ☐ Other <i>(Specify)</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 # 248757

Invoice Date: 03/31/2012 Terms: 0/0/30,n/30

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

DONOVAN 13 - I.D.C.
36583
NE 28 14 21
3/30/12
KS

(#13 cementing)

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	146.00	10.9500	1598.70
1118B	PREMIUM GEL / BENTONITE	372.00	.2100	78.12
1111	SODIUM CHLORIDE (GRANULA	313.00	.3700	115.81
1110A	KOL SEAL (50# BAG)	730.00	.4600	335.80
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

	Description	Hours	Unit Price	Total
370	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	932.00	.00	.00
503	MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 2156.43 Freight: .00 Tax: 162.27 AR 3998.70
Labor: .00 Misc: .00 Total: 3998.70
Sublt: .00 Supplies: .00 Change: .00

Signed

Date

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



FIELD TICKET & TREATMENT REPORT

CEMENT

TICKET NUMBER 36583
LOCATION *ottawa*
FOREMAN *Alvin Made*

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3.30.12	3392	Donovan 13	NE28	14	21	50
CUSTOMER D & Z Exploration						
MAILING ADDRESS 901 N Elm St.						
CITY St. Elmo	STATE IL	ZIP CODE 62458				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			516	Alann	Safety	Meet
			495	Casey K	CP	
			370	Keith C	KC	
			503	Daniel	DC	

JOB TYPE <u>long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>959</u>	CASING SIZE & WEIGHT <u>2 7/8</u>
CASING DEPTH <u>932</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>YES</u>
DISPLACEMENT <u>5.4</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>5 bpm</u>
REMARKS: <u>Held crew meet. Established rate. Mixed & pumped 100 # gel followed by 1 bbl dye marker. Mixed & pumped 146 sk 30/50 cement plus 5 # Kolseal, 5 # salt, 20% gel. Circulated cement. Flushed pump. Pumped plus to casing TD. Well held 800 PSI. Set float closed valve</u>			

TDS, Chad

Alvin Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	30	MILEAGE		120.00
5402	932	casing footage		
5407	Min	ton miles		350.00
5502L	2	50 vac		180.00
11A4	146 sk	50/50 cement		1598.70
1118B	372#	gel		78.12
1111	313#	salt		115.81
1110A	730#	150/50 seal		333.80
5402	1	2 1/2 plys		28.00
248757				
			SALES TAX	162.27

Rayin 3737

AUTHORIZTION

TITLE A. H. CAVADINI

SALES TAX	162.27
ESTIMATED TOTAL	3998.70
DATE	3/30/12

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 13
Lease Owner: D Z

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

Commenced Spudding:
3/28/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
9	Soil/Clay	9
7	Sandstone	16
16	Shale	32
2	Lime	34
3	Shale	37
4	Lime	41
15	Shale	56
7	Lime	63
3	Shale	66
16	Lime	82
8	Shale	90
9	Lime	99
9	Shale	108
17	Lime	125
19	Shale	144
19	Lime	163
7	Shale	170
57	Lime	227
20	Shale	247
8	Lime	255
20	Shale	275
11	Lime	286
2	Shale	288
6	Lime	294
46	Shale	340
26	Lime	366
6	Shale	372
24	Lime	396
5	Shale	401
14	Lime	415
180	Shale	595
7	Lime	602
151	Shale	753
9	Sand	762
32	Shale	794
5	Sand	799
69	Shale	868
1	Sand	869
20	Core	889
70	Shale	959-TD

Dorovan Farm: Johnson County

KS State; Well No. 13

Elevation 1045

Commenced Spuding 3-28, 2012

Finished Drilling 3-30, 20

Driller's Name David Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Bruce Stone

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name _____

28 14 22

(Section) (Township) (Range)

Distance from S line, 4125 ft.

Distance from E line, 1450 ft.

9509 - 9525 - 16 hrs

con e d

5-sacks

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

9' Set 25' 8" Pulled

6 1/4" Set _____ 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2" Set 931 95 2" Pulled

866⁵⁰ ~~part~~ seat Nipple

960 TD

CASING AND TUBING MEASUREMENTS

[illegible]

Thickness of Strata	Formation	Total Depth	Remarks
9	soil/clay	9	
7	sandstone	16	
16	shale	32	
2	Lime	34	
3	shale	37	
4	Lime	41	
15	shale	56	
7	Lime	63	
3	shale	66	
16	Lime	82	
8	shale	90	
9	Lime	99	
9	shale	108	
17	Lime	125	
19	shale	144	
19	Lime	163	
7	shale	170	
57	Lime	227	
20	shale	247	
8	Lime	255	
20	shale	275	
11	Lime	286	
2	shale	288	
6	Lime	294	
46	shale	340	
26	Lime	366	
6	shale	372	

[illegible]

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-5-
B566
431 45
460

