



KANSAS CORPORATION COMMISSION 1090715
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: _____



1090715

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				

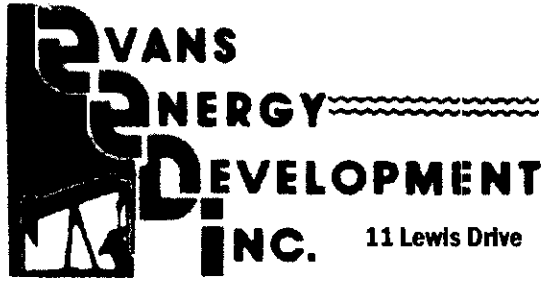
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

L & P Enterprises, LLC

Donner #D18

API#15-121-29,070

May 1 - May 2, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
10	soil & clay	10
16	lime	26
9	shale	35
51	lime	86
92	shale	178
15	lime	193
6	shale	199
4	lime	203
11	grey sand	214
12	shale	226
5	lime	231
42	shale	273
7	lime	280
16	shale	296
10	lime	306
12	shale	318
5	lime	323
8	shale	331
21	lime	352
5	shale	357
5	lime	362
3	shale	365
4	lime	369
21	shale	390
20	brcken sand	410
5	silty shale	415
65	shale	480
7	broken sand	487
53	shale	540
7	lime	547
6	shale	553
2	lime	555
65	shale	620
7	lime	627
20	shale	647
3	lime	650
2	shale	652
1	lime & shells	653

4	shale	657
2	broken sand	659
8	oil sand	667
5	broken sand	672
58	grey sand	730 TD

Drilled a 9 7/8" hole to 23.3'

Drilled a 5 5/8" hole to 730'

Set 23.03' of 7" surface casing cemented with 5 sacks of cement

Set 722' of 2 7/8" threaded and coupled 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp and 1 baffle



TICKET NUMBER 36709

LOCATION Ottawa KS

FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT

Donner **CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/3/12	4828	W... # D-18	NW 5	17	20	ER mi
CUSTOMER <u>LGP Enterprises, LLC</u>			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS <u>29975 Indianapolis Rd</u>			<u>506</u>	<u>FREMAD</u>	<u>Safety mtr</u>	
CITY	STATE	ZIP CODE	<u>495</u>	<u>HARBEL</u>	<u>H/B</u>	<u>J</u>
<u>Paola</u>	<u>KS</u>	<u>66071</u>	<u>369</u>	<u>DERMAS</u>	<u>D M</u>	
			<u>558</u>	<u>RYASIN</u>	<u>RS</u>	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 733 CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 722 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" plug
 DISPLACEMENT 4.2 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE SBPM

REMARKS: Establish pump rate. Mix + Pump - 100# Premium Gel Flush.
Mix + Pump 113 sks 50/50 Poz Mix Cement 270 Gal. 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

Evans Energy Dev. Inc. Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	20 mi.	MILEAGE	495	9900 ⁰⁰
5402	722	Casing footage		N/C
5407	1/2 Minimum	Ten Miles	558	175 ⁰⁹
5502C	1 1/2 hr	80 BBL Vac Truck.	309	135 ⁰⁹
1124	113 sks	50/50 Poz Mix Cement		1237 ³⁵
1188B	290#	Premium Gel		60 ⁹⁰
4402	1	2 1/2" Rubber Plug		25 ⁰⁰
				100 ¹³

SCANNED *Completed*

SALES TAX 7.55% ESTIMATED TOTAL 2846³⁸
 AUTHORIZATION [Signature] TITLE 249581 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 fo

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
657		34
658	1	13
659	1	1
660	1	1
661		35
662		34
663		38
664		56
665	1	26
666	1	35
667	1	47
668	2	0
669	2	53
670	2	6
671		42
672	4	24
673	5	11
674	5	5