



KANSAS CORPORATION COMMISSION 1090720
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: _____



1090720

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				

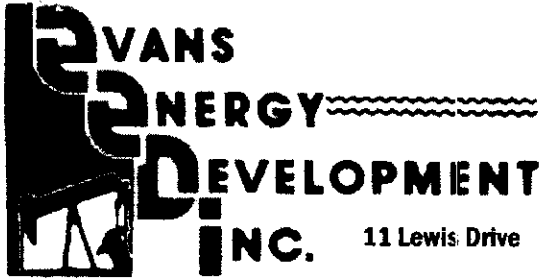
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <input type="checkbox"/> Other <i>(Specify)</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 #D15

API#15-121-29,069

May 1 - May 3, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
9	soil & clay	9
46	lime	55
6	shale	61
14	lime	75
25	shale	100
1	lime	101
66	shale	167
8	lime	175
2	shale	177
7	lime	184
31	shale	215
7	lime	222
35	shale	257
13	lime	270
16	shale	286
11	lime	297
4	shale	301
11	lime	312
10	shale	322
22	lime	344 327 oil show
4	shale	348
5	lime	353
4	shale	357
12	lime	369 oil show
21	shale	390
3	sand	393 green & grey sand, little bleeding
19	silty shale	412
57	shale	469
2	sand	471 green sand, no oil
7	oil sand	478 brown & green sand, ok bleeding
55	shale	533
7	lime	540
6	shale	546
2	lime	548
25	shale	573
12	lime	585
10	shale	595
3	lime	598 oil show
16	shale	614

4	lime	618
11	shale	629
5	lime	634
3	shale	637
1	lime	638
8	shale	646
1	lime	647
5	shale	652
3	broken sand	655 badly broken
1	lime	656
1	broken sand	657 50% bleeding sand, 50% shale
2	oil sand	659 good bleeding
1	broken sand	660
1	oil sand	661 good bleeding
8	broken sand	669 good bleeding
60	silty shale	729 TD

Drilled a 9 7/8" hole to 22.3'

Drilled a 5 5/8" hole to 729'

Set 22.3' of 7" surface casing cemented with 6 sacks of cement

Set 719' of 2 7/8" threaded and coupled 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp

Core Times		
	<u>Minutes</u>	<u>Seconds</u>
653		17
654		54
655		14
656		15
657		16
658	1	15
659		40
660		19
661		19
662		21
663		23
664		19
665		23
666		25
667		30
668		45
669		26
670		29
671		38
672		38



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 36713
LOCATION Ottawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/3/12	4828	Donner # D-15	NW 5	27	20	Mi
CUSTOMER LEP Enterprises LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 29975 Indianapolis Rd			506	FREMOB	Safety	MAG
CITY STATE ZIP CODE Paola KS 66071			495	HARBEC	NB	
			369	DERMAS	DM	
			548	MIRHAA	MH	

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 722 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 719 DRILL PIPE TUBING OTHER
SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT IN CASING
DISPLACEMENT 4.18 BBL DISPLACEMENT PSI MIX PSI RATE 5 BPM

REMARKS: Establish pump rate, Mix + Pump 100* Gal Flush, Mix + Pump
98 s kts 50/50 Por Mix Cement 270 Gal. Cement to surface,
Flush pump + lines clean. Displace 2 1/2" Rubber plug to TD
Pressure to 800 # PSI. Release pressure to set float valve.
shut in casing

Evans Energy Dev. Inc (Hess Don)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	20	MILEAGE	495	80 ⁰⁰
5402	719	Casing footage		NK
5407	1/2 minimum	Ton Miles	548	175 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck	369	135 ⁰⁰
1184	98 s kts	50/50 Por Mix Cement		1073 ¹⁰
118B	265 #	Premium Gel		55 ⁶⁵
4402	1	2 1/2" Rubber plug		28 ⁰⁰

Revin 9787

AUTHORIZATION No Co. Rep. J. Green

TITLE 249583

	7.05 ²⁸	SALES TAX	87 ³³
		ESTIMATED TOTAL	2664 ⁰⁸

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 to