

Kansas Corporation Commission Oil & Gas Conservation Division

1090724

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 #	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R 🗌 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:
☐ Oil ☐ WSW ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ OG ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane) ☐ Cathodic ☐ Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	·
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Conv. to ENHR	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date Recompletion Date	

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:

Side Two



Operator Name: _ Lease Name: _ _ Well #: _ 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp. Perf. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

> Phone: 913-557-9083 Fax: 913-557-9084

Paola, KS 66071

WELL LOG

L & P Enterprises, LLC Donner #D7B API#15-121-29,068 May 2 - May 3, 2012

Thickness of Strata	<u>Formation</u>	<u>Total</u>
13	soi∉& clay	13
12	lime	25
10	shale	35
18	lime	53
2 ·	shale	55
3	lime	58
20	shale	78
17	lime	95
17	shale	112
2	lime	114
74	shale	188
15	lime	203
6	shale	209
3	lim⊎	212
21	shale	233
7	lime	240
36	shale	276
12	lime	288
28	shale	316
9	lime	325
22	shale	347
24	lime	371
34	shale	405
20	broken sand	425
5	silty shale	430
116	shale	546
3	lim⊕	549
s 3	shale	552
7	lim⊕	559
37	shale	596
5	lim⊕	601
15	shale	616
4	lime	620
24	shalle	644
2	lime	646
4	shale	650
1	lime	651
5	shale	656
1	lime & shells	657

427 1 (9)		
8.	shale	665
2	shale lime shale broken sand oil sand broken sand silty shale broken sand silty shale	667
4	shale	671
3	broken sand	674
. 8	oil sand	682
-1	broken sand	683
- 6	silty shale	689
2	broken sand	691
39	silty shale	730 TD

Drilled a 9 7/8" hole to 22.3' Drilled a 5 5/8" hole to 730'

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

	WALCO HILL	3
arry, W.	Minutes	Seconds
671	3 7. 1 2 6 2	20
672		24
673	P. A. V. E. H.	26
674		26
675		34
676	7. I de c	31
677	TO SECURE 1	17
678		16
679		19
680		15
681		22
682		26
683		22
684	100	30
685		25
686	11 - 2	26
687		29
688	5 4 35 # 11 F	23
689		27
690		26



TICKET NUMBER 36714	4
LOCATION O Hawa KS	
FOREMAN Fred Madus	. 17

SALES TAX ESTIMATED TOTAL

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WE	LL NAME & N	UMBER	SECTION	TOWNSTIP	1	1477
5/2/2	4828					TOWNSHIP	RANGE	COUNTY
5/3/12 CUSTOMER	1000	Donn	er D	· 7.B	NW 5	1 /7	20	mı
hd P	Enterpris	es 2hc		1 3	TRUCK#	DRIVER	· 外型、影響等等	**************************************
MAILING ADDRI	ESS				506		TRUCK# ·	DRIVER
299	75 India	عامه وس	Rd			FREMAD		mix.
CITY		un apolis	ZIP CODE		495	HARBEC	1+B	0
Parla		KS	106071	1	369	DERMAS	DM	
JOB TYPE La		HOLE SIZE	578	I HOLE DEPTI	548	MIKHAA	MH	
CASING DEPTH	//	DRILL PIPE	<u> </u>	HOLE DEPT	H 7고 2 '_	CASING SIZE & V		EVE
SLURRY WEIGH		SLURRY VOL					OTHER	
	1 4,18BC	DIGDI VOLNE	UT BOL	_ WATER gal/s	sk	CEMENT LEFT In		Plus
REMARKS E	-1 1/1 1	DISPLACEIVICI	N1 PSI	MIX PSI		RATE 5 BPN	<i>Y</i>	0
Sp.	stablish o	sump ra	ru m	ix & Pump	100 4 Gel	Flush. Y	nix+ Pom	0
		0 702 11	11 1 60	Manh nila	100	11 1 0	A	1021
	From F	lush pur	m x 11	ros cloa	u, Disol	ace 2/2"	Rubber	- Cons
	L. V	SZZ UVE	10	800 . 6	1. Kaleas	= pressu	ive to 6	200
	oal valu	e, S	hox in	cashy	8	7.	//C /O S	
		- 2		<i></i>				
			1		111 411			
				363				
Eva	45 Energy	Dev. I	ic (Ken	inc)		1.000	1 0.	
				0		- Justy	10der	
ACCOUNT	QUANITY o	r UNITS		DESCRIPTION of	SERVICES or PRO		·	
		onessassas			SERVICES OF PRO	DUCT	UNIT PRICE	TOTAL
540/			PUMP CHAF	RGE		495		103000
5406			MILEAGE			- A-2 Q		
5402	7/		Cash	L Lood tage	4			NIC
5407	12 Minis	non	Ton 1	miles		548		N/C -
5502C		Shr		BL Vac 7	VUC V	369		17500
						367		13508
1124	6	8 3/4	57/	0. 1001	, , , , , , , , , , , , , , , , , , , ,			W
		5#		Por Mix C	ament			107310
1118B	26		trem	ium al	Til III			5565
4402			2/2"	Rubber	Pluc			2800
				· · · · · · · · · · · · · · · · · · ·	2	-		· 02.6
					y			45 14 14

account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form