

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1108122

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:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	
Phone: ()	
CONTRACTOR: License #	
Name:	
Wellsite Geologist:	
Purchaser:	
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
	Abd. If yes, show depth set: Feet
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	If Alternate II completion, cement circulated from:
	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan
Well Name:	(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content: ppm Fluid volume: bbls
Deepening Re-perf. Conv. to ENHR Conv.	to SWD Dewatering method used:
Conv. to GSW	
Plug Back: Plug Back Total Depth	
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec Two S R East West
ENHR Permit #:	Dermit #:
GSW Permit #:	County Permit #
Spud Date or Recompletion Date         Date Reached TD         Completion 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 Approved by: Date:

	Side Two	1108122
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No		]Log Formatic	on (Top), Depth an	d Datum Top	Sample
Samples Sent to Geolog	gical Survey	Yes No		ame		юр	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASI	NG RECORD	New Used			
		Report all strings s	set-conductor, surface,	intermediate, produc	tion, 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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				,		ement Squeeze Record I of Material Used)	Depth		
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed Pr	oduct	on, SWD or ENH	<b>ર</b> .	Producing N		oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITION	OF	BAS:			METHOD (	OF COMPLE	TION:		PRODUCTION INTE	RVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit)		Commingled (Submit ACO-4)		
(If vented, Subm	it ACC	-18.)		Other (Specify	)					

CONSOLIDA Oil Well Service	Consolidated Oil Wall Services 11C		Chan 620/431-9210 • 1-	MAIN OFFICE P.O. Box 884 ute, KS 66720 -800/467-8676 620/431-0012
INVOICE			Invoice #	253049
Invoice Date: 09/21/2	012 Terms: 0/0/30,n/	30	Pa	age 1
D & Z EXPLORATION 901 N. ELM ST. P.O. BOX 159 ST. ELMO IL 6245 (618)829-3274	DONOVAN I-3 - 34922 28-14-21 09-18-2012 KS		)	
1124 5 1118B 5 1111 5 1110A 5	Description 50/50 POZ CEMENT MIX PREMIUM GEL / BENTONITH SODIUM CHLORIDE (GRANU) COL SEAL (50# BAG) 2 1/2" RUBBER PLUG	115.00 293.00	.2100 .3700	Total 1259.25 61.53 82.14 264.50 28.00
Description 368 CEMENT PUMP 368 EQUIPMENT MILEA 368 CASING FOOTAGE 558 MIN. BULK DELIV 675 80 BBL VACUUM T	SRY	Hours 1.00 30.00 913.00 1.00 2.00	.00	Total 1030.00 120.00 .00 350.00 180.00

						====	
							3503.00
Destates	1605 42	Freight:	.00	Tax:	127.58	AR	3503.00
Parts:	1095.42	FIEIGHC.			2502 00		
Labor:	0.0	Misc:	.00	Total:	3503.00		
Labor:				<b>G1</b>	.00		
Sublt:	. 00	Supplies:	.00	Change:	.00		
DUDIC.		D of b b					
	===========		==========				

Signed						Date	
BARTLESVILLE, OK	EL DORADO, KS	EUREKA, KS	Ponca city, Ok	OAKLEY, KS	OTTAWA, KS	THAYER, KS	GILLETTE, WY
918/338-0808	316/322-7022	620/583-7664	580/762-2303	785/672-2227	785/242-4044	620/839-5269	307/686-4914

	ONSOLID/ Dil Well Service	M, LLG					TICKET NUME	ttau	
PO Box 884, Cl	hanute, KS 6672	20 FIEL	D TICKET	& TREA	TMEN	<b>FREP</b>	ORT		
620-431-9210	or 800-467-8676			CEMEN	IT				
DATE	CUSTOMER #	WELL N	NAME & NUMB	BER	SEC	TION	TOWNSHIP	RANGE	Т
9-18-12	3392	Donovar	1 7	3	NE	28	14	21	+
CUSTOMER	2 1 1							the Manager	::
D45 F	Explorat	27			TRU	CK #	DRIVER	TRUCK #	
MAILING ADDRE	SS	•			516		Aly Mad	Safet	1
901	NEIM				368		Arl McD	ARM	1
CITY		STATE Z	IP CODE		675		Ke: Det	KO	T
ST EI	MO	JL I	62468		558		Bre Man	BM	Τ

St. Elmo	IL 62	168 558	Bre Man	BM	
JOB TYPE LONG STring	HOLE SIZE 5	HOLE DEPTH G	CASING SIZE & WEIG	GHT_ 21/8	
CASING DEPTH 913	DRILL PIPE	TUBING	то	HER	
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CA	SING Ves	
DISPLACEMENT 53	DISPLACEMENT PSI	800 mix psi_200_	RATE 460N	1	
REMARKS: He d neet	ing Estab	lished vate.	Mixed + pu	med	100#
re followed	2 by 115	SK 50150 C	ement plu	5 2 20 4	<u>el.</u>
5% salt 3	# Kolseal	per sack,	Circulated	Cemen	1×
Flushed ann	Q. Pumpt	ed plug to	casing JD.	Well	held
ROD PSI F	or 30 m	inute MIT,	Sct flogt	Class	ed
UGUP.					

34922

na

de-

COUNTY

DRIVER

Meet

Jo 

TRS, Chad

$-\mu$	Cridie			Λ
		Al	an Mod	ter
ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	)	PUMP CHARGE 36	8	103000
THOG	30	MILEAGE 36	8	120.00
54122	913	Lasing tostage 36	8	
3407	Min	ton miles 55	3	350.00
55026	2	BDVAL 67	5	180,00
1124	115	50 150 cement		1259,25
III8B	293#	cel		61.53
1110	227#	Galt		82.14
JUCA	575	Kolseal		264.50
WHP2	1	2's pluc		28.00
100		arro		
				199900
	A		-	(07 00
			SALES TAX ESTIMATED	127.58
Ravin 3737	DAV		TOTAL	3503.00
	Maleur	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.

253049

Well: Donovan I-3 Lease Owner: D Z

Johnson County, KS Town Oilfield Service, Inc. Commenced Spudding: (913) 837-8400

## WELL LOG

Thickness of Strata	Formation	Total Depth
9	Soil-Clay	9
10	Sandstone	19
6	Shale	25
2	Lime	27
16	Shale	43
6	Lime	49
5	Shale	54
16	Lime	70
8	Shale	78
8	Lime	86
9	Shale	95
18	Lime	113
16	Shale	129
19	Lime	148
8	Shale	156
57	Lime	213
19	Shale	232
10	Lime	242
17	Shale	259
7	Lime	266
5	Shale	271
9	Lime	280
33	Shale	313
1	Lime	314
12	Shale	326
24	Lime	350
23	Lime	359
3	Shale	382
6	Lime	385
4	Shale	391
6	Lime	395
113	Shale	401
5	Sand	514
40	Shale	519
8	Sand	559
7	Shale	567
6	Lime	574
4	Shale	580
2	Lime	584
4	Shale	586

Lease Owner: D Z

# Johnson County, KS Well: Donovan I-3 (913) 837-8400 Commenced Spudding: 9/17/2012

7	Lime	590
17	Shale	597
7	Lime	614
119	Shale	621
6	sand	740
6	Sandy Shale	752
105	Shale	857
3	Sand	860
2	Sand	862
2	Sand	864
3	Sand	867
3	Sand	870
6	Sandy Shale	876
64	Shale	940-TD