

### Kansas Corporation Commission Oil & Gas Conservation Division

1108130

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:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	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 SWD 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?
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:  Deepening Re-perf. Conv. to ENHR Conv. to SWD  Conv. to GSW	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 Twp S. R
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or 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 I	Name: _			_ Well #:		
Sec Twp	S. R	East	West	County	":					
<b>INSTRUCTIONS:</b> Shitime tool open and clorecovery, and flow rate line Logs surveyed. A	sed, flowing and shues if gas to surface te	t-in pressures st, along with	s, whether so final chart(s	hut-in pres	sure read	ched static level,	hydrostatic press	sures, bottom h	nole temp	erature, fluid
Drill Stem Tests Taken (Attach Additional S		Yes	☐ No			og Formatio	n (Top), Depth ar	nd Datum	;	Sample
Samples Sent to Geol	ogical Survey	Yes	No		Nam	е		Тор	[	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy		Yes Yes Yes	No No No							
List All E. Logs Run:										
		Report a		RECORD	Ne	w Used	ion, etc.			
Purpose of String	Size Hole Drilled	Size C Set (In		Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used		and Percent additives
			ADDITIONAL	CEMENTII	NG / SQL	    EEZE RECORD				
Purpose:	Depth	Type of (		# Sacks		LEZE RECORD	Type and I	Percent Additives		
Perforate Protect Casing	Top Bottom	71								
Plug Back TD Plug Off Zone										
Flug On Zone										
	PERFORATI	ON RECORD	- Bridge Plug	s Set/Type		Acid, Fra	cture, Shot, Cemen	t Saueeze Recor	d	
Shots Per Foot	Specify	Footage of Eac	h Interval Perf	forated			mount and Kind of Ma			Depth
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or EN	_	roducing Meth	nod:	ıg 🗌	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		ħ.	METHOD OF	COMPLE	TION:		PRODUCTION	ON INTER	VAL:
Vented Sold		Оре	n Hole	Perf.	Dually	Comp. Cor	nmingled			
(If vented, Sub			or (Specify)		(Submit A	ACO-5) (Sub	mit ACO-4)			

# 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

Invoice Date: 09/26/2012 Terms: 0/0/30,n/30 Page

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

DONOVAN #I-5 39669 4-28-14 09-21-2012 KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	125.00	10.9500	1368.75
1118B	PREMIUM GEL / BENTONITE	310.00	.2100	65.10
1111	SODIUM CHLORIDE (GRANULA	263.00	.3700	97.31
1110A	KOL SEAL (50# BAG)	625.00	.4600	287.50
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
Descr	iption	Hours	Unit Price	Total
	T PUMP	1.00	1030.00	1030.00
495 EOUIP	MENT MILEAGE (ONE WAY)	30.00	4.00	120.00
~	G FOOTAGE	912.00	.00	.00
	BULK DELIVERY	1.00	350.00	350.00
	<del> </del>	2.50	90.00	225.00

.00 Tax:

1846.66 Freight: Parts: .00 Misc: Labor:

.00 Total:

138.96 AR 3710.62

3710.62

.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



TICKET NUMBER	39669
LOCATION Ottowa	, KS
FOREMAN Cases K	enuad.

Ravin 3737

AUTHORIZTIO L

## FIELD TICKET & TREATMENT REPORT

	or 800-467-8676			CEMEN	IT	OKI		/
DATE	CUSTOMER#	WEL	L NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
9/21/12	3392	Donau	v # I-9	5	NW Y	28	14	10
CUSTOMER =	Z FUNIA	1						Transport of the state of the s
MAILING ADDR		0100		-	TRUCK #	DRIVER	TRUCK #	DRIVER
901 N	Elm St				461	Casken	CK.	1
CITY _		STATE	ZIP CODE	-	495	Har Bec	HB	
	<b>1</b> 00	11_	62458		510 675	MikHaa	MH	
JOB TYPE CO		HOLE SIZE	55/211	_  HOLE DEPTI	7.1.01	CASING SIZE & V	KD 27	of FUE
CASING DEPTH	Ja. ~1	DRILL PIPE		TUBING	1 10	CASING SIZE & V	OTHER	<u> </u>
SLURRY WEIGH		SLURRY VOL		WATER gal/s	sk	CEMENT LEFT in		
DISPLACEMEN'	111	DISPLACEMEN		MIX PSI		RATE 5.56		
					tion mive	d + pumped		
followed 1	ay 10 bbs	tresh wa	ter mix	ed + pu	used 125	cts 5000	BENIX CE	1401.4
w/ 2°%	del ,5%	Salt +				nout to s	vitace P	ushad
	13		obber ph	a to cas;	M TD W	15.3 6618	fresh wa	1
	to 800 i				Keld press	ure for 30	min MI	T released
pressure. J	aut in cas	1100.			1	$\sim$		1
,		<u> </u>						
							$\searrow$	
						1-7		
			т					4
ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5401	1		PUMP CHARG	GE				103000
5406	30	mi	MILEAGE					120.00
5402	912'		casing	tootage				
5407	Minimo	h	ton w	rileage				350,00
5502 C	2.5%	15	1 0 0 1	ac				225,00
,								
1194	125 st	S	50/50 Pc	Prix ce	enent			1368.75
11183	310#		Premio	m Gel				(05.10
1111	2634		Solf					97,31 287.50 28.00
IIIOA	625 H		Kolseal	ber plug				287.50
4402			2/5"101	ber plua				28.00
				1 3				
								k.
						,		dod
							00111	4
			<b>/</b>					
		///				7.525%	SALES TAX	138.96

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

TITLE

**ESTIMATED** TOTAL

DATE\_

### Johnson County, KS Town Oilfield Service, Inc. (913) 837-8400

Well: Donovan I-5

Lease Owner: D Z

#### WELL LOG

Thickness of Strata	Formation	Total Depth
8	Soil-Clay	8
12	Sandstone	20
40	Shale	60
6	Lime	66
4	Shale	70
16	Lime	86
8	Shale	94
9	Lime	103
8	Shale	111
18	Lime	129
18	Shale	147
19	Lime	166
7	Shale	173
22	Lime	228
21	Shale	249
9	Lime	258
19	Shale	277
6	Lime	283
4	Shale	287
9	Lime	296
34	Shale	330
1	Lime	331
11	Shale	342
25	Lime	367
8	Shale	375
24	Lime	399
4	Shale	403
5	Lime	408
4	Shale	412
6	Lime	418
112	Shale	530
8	Lime	538
35	Shale	573
6	Sand	579
11	Shale	590
5	Lime	595
3	Shale	598
3	Lime	601
7	Shale	608
7	Lime	615

Johnson County, KS

Town Oilfield Service, Inc. Commenced Spudding:

9/19/2012

Well: Donovan I-5 Lease Owner: D Z

(913) 837-8400

15	Shale	630
4	Lime	634
8	Shale	642
3	Lime	645
108	Shale	753
6	Sand	759
110	Shale	869
1	Sand	870
2	Sand	872
2	Sand	874
4	Sand	878
2	Sand	880
3	Shale	883
4	Sand	887
2	Sandy Shale	889
51	Shale	940-TD