

Kansas Corporation Commission Oil & Gas Conservation Division

1137746

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.

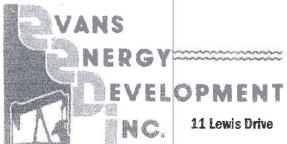
Submitted Electronically

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

1137746

Operator Name:			Lease Name:			_ Well #:	
Sec Twp	S. R	East West	County:				
time tool open and clo	sed, flowing and shues if gas to surface to	nd base of formations put-in pressures, whether est, along with final chall well site report.	er shut-in pressure re	ached static level,	hydrostatic press	sures, bottom h	ole temperature, fluid
Drill Stem Tests Taken (Attach Additional S		Yes No		Log Formation	n (Top), Depth an	d Datum	Sample
Samples Sent to Geol	ogical Survey	Yes No	Naı	me		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy	d Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
				New Used			
Purpose of String	Size Hole	Report all strings s	set-conductor, surface, ir Weight	Setting	on, etc. Type of	# Sacks	Type and Percent
r dipose of Stillig	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives
	I	ADDITION	NAL CEMENTING / SQ	UEEZE RECORD			I
Purpose:	Depth	Type of Cement	# Sacks Used				
Perforate Protect Casing	Top Bottom	31					
Plug Back TD							
Plug Off Zone							
Shots Per Foot	t PERFORATION RECORD - Bridge Plugs Set/Ty Specify Footage of Each Interval Perforated		Plugs Set/Type Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		d Depth	
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	NHR. Producing N		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wa	ater Bl	ols. (Gas-Oil Ratio	Gravity
DIODOGITIC	DN 05 040		METHOD OF OCCUP	FTIONI		DDOD! IOT!	NALIAITEDVA
	ON OF GAS:	Open Hole	METHOD OF COMP		nmingled	PRODUCTIO	ON INTERVAL:
Vented Sold		Other (Specify)	(Subm		mit ACO-4)		



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

L & P Enterprises, LLC Donner #I-4 API#15-121-29,462

Paola, KS 66071

February 27 - February 28, 2013

Thickness of Strata	Formation	<u>Total</u>
10	soil & clay	10
3	shale	13
11	lime	24
11	shale	35
30	lime	65
1	shale	66
1	linte	67
2	shale	69
19	lime	88
90	shale	178
18	lime	196
31	shale	227
6	lime	233
36	shale	269
14	linte	283
15	shale	298
11	lime	309
1	shale	310
14	lime	324
11	shale	335
20	lime	355 light oil show
3	shale	358
14	lime	372 base of the Kansas City
24	shale	396
4	grey sand	400 oil show
13	broken sand	413 brown & green, good bleeding
71	shale	484
8	oil sand	492 brown & green, ok bleeding
43	shale	535
2	lime	537
6	shale	543
7	lime	550
28	shale	578
1	coal	579
6	shale	585
2	lime	587
19	shale	606
4	lime	610 brown lime, oil show
		·

Donner #I-4		Page 2
2	shale	612
1	ccial	613
11	shale	624
6	lime	630
32	shale	662
8	oil sand	670 brown sand, good bleeding
		669-670 gassy
1.5	broken sand	671.5 brown sand & shale, ok bleeding
		80% shale, 20% sand
54.5	shale	726
1	lime	727
2	shale	729 TD

Drilled a 9 7/8" hole to 22.2' Drilled a 5 5/8" hole to 729'

Set 22.2' of 7" surface casing cemented with 6 sacks of cement

Set 719.25' of 2 7/8" threaded and coupled 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp

	Core Times	
	<u>Minutes</u>	Seconds.
662	*	9
663	1	0
664	1	2
665	1	18
666		51
667	1	0
668	1	2
669	1	1
670	1	14
671	1	1
672	1	8
673	1	10
674	1	13
675	1	13
676	1	17
677	1	6
678	1	0
679	1	8
680	1	6



257248

ुर्देश अस्तरकार (कृतः हो। १)

LOCATION O Hawa KS
FOREMAN Fred Made

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

FIELD TICKET & TREATMENT REPORT

	1	CEN	MENT			
DATE	CUSTOMER#	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
CUSTOMER	4828	Donner # I.4	NW 5	17	77	
Le F	D F.J.				22	mi
MAILING ADDR	ESS	sos LLC	TRUCK#	DRIVER	TRUCK#	DRIVER
		0 mm m	506	Fremad	Safety	mk
CITY	75 Indian	STATE ZIP CODE	495	HarBec	NB	7
		Developed All Indiana All Indiana	675	Jaskic	26	
Panla		KS 66071	548.	MikHaa	MH	· · · · · · · · · · · · · · · · · · ·
JOB TYPE 6	N - 1-1-	HOLE SIZE <u>くろ</u> と HOLE D	EPTH 7.75 (CASING SIZE & V	VEIGHT_276	J. 11 es
CASING DEPTH		PRILL PIPETUBING			OTHER_	EVE
SLURRY WEIGH		LURRY VOL WATER	gal/sk	EMENTLEET	CASING 21/2	1 01
		DISPLACEMENT PSI MIX PSI	20-00-00-00-00-00-00-00-00-00-00-00-00-0	ATE SBP		Pla
REMARKS:	old arem	meeting. Establish	111-112 112	M. A	<u> </u>	
Gel			So For Par	MI A PL	200 th	
Ce	ment to	Mix + Planp 1025 45	- 34/30 Pm /	Mix Cem	end 2h	al
	" Rubber	Surface Flush p	mp + lines	clean,	Displace	
Ril	Pasa Avas	plus to caring Th	J. fressole	NO 800	* ASI.	
	The pres	sule to set floa	* Valve.	hux m	Casing,	
Nuxe		.,				
	or werd b	ressure for 30 Mis	u MII			
		<u> </u>		10	11-0.	
	aus En	gry Dav. Inc - M.	tchell	Truck.	The contract	
ACCOUNT				<i>y</i>		
CODE	QUANITY or	UNITS DESCRIPTION	N of SERVICES or PROD	UCT	UNIT PRICE	
3401	,	PUMP CHARGE			ONIT PRICE	TOTAL
5406		MILEAGE		495		103000
5402	יל			495		100 00
	7/23/25/2	7	98		-W-J II	NC
5407	1/2 Minin			548		17600
5502C		thrs 80 BBL Va	- Truck	625		400

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 services the back of this form are in effect for services identified on this form