

#### Kansas Corporation Commission Oil & Gas Conservation Division

1149120

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: 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 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? Yes No  If yes, show depth set: Feet  If Alternate II completion, cement circulated from: sx cmt
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: 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 #:	QuarterSec TwpS. R East West
ENHR Permit #:	County: Permit #:
GSW 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 Name: _			_ Well #:	
Sec Twp	S. R	East West	County:				
time tool open and clo	osed, flowing and shu es if gas to surface te	d base of formations pen t-in pressures, whether s st, along with final chart( well site report.	hut-in pressure rea	ched static level,	hydrostatic press	sures, bottom h	ole temperature, fluid
Drill Stem Tests Taker (Attach Additional		Yes No		og Formatio	n (Top), Depth ar	nd Datum	Sample
Samples Sent to Geo	ological Survey	☐ Yes ☐ No	Nam	е		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
		Report all strings set-o		ermediate, producti	<u> </u>		
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 / SQL	 JEEZE RECORD			
Purpose:  —— Perforate  —— Protect Casing	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives	
Plug Back TD Plug Off Zone							
	DEDEODATI	ON DECORD - Daider Bloss	- O-4/T	Asid Fro	cture, Shot, Cemen	t Causana Dagar	
Shots Per Foot	Specify I	ON RECORD - Bridge Plug Footage of Each Interval Per	forated		mount and Kind of Ma		Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	HR. Producing Meth		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wat	er B	bls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:		METHOD OF COMPLE	ETION:		PRODUCTIO	ON INTERVAL:
Vented Solo		Open Hole	Perf. Dually	Comp. Cor	nmingled		
(If vented, Su	bmit ACO-18.)	Other (Specify)	(Submit )	4CO-5) (Sub	mit ACO-4)		_

Johnson County, KS **Town Oilfield Service, Inc.**Well: Mackey I-1 (913) 837-8400 Commenced Spudding: 6/3/2013
Lease Owner: DE Exploration

6/3/2013

#### WELL LOG

Thickness of Strata	Formation	Total Depth
0-26	Soil-Clay	26
37	Shale	63
6	Lime	69
4	Shale	73
16	Lime	89
8	Shale	97
8	Lime	105
9	Shale	114
16	Lime	130
19	Shale	149
16	Lime	165
10	Shale	175
55	Lime	230
21	Shale	251
8	Lime	259
16	Shale	275
5	Shale	280
6	Lime	286
, 4	Shale	290
9	Lime	299
34	Shale	333
1	Lime	334
11	Shale	345
26	Lime	371
7	Shale	378
23	Lime	401
5	Shale	406
3	Lime	409
5	Shale	414
7	Lime	421
64	Shale	485
45	Sandy Shale	530
6	Shale	536
7	Sandy Shale	543
50	Shale	593
5	Lime	598
12	Shale	610
6	Lime	616
17	Shale	633
3	Lime	636

# Johnson County, KS Town Oilfield Service, Inc. Well: Mackey I-1 (913) 837-8400 Commenced Spudding: 6/3/2013 Lease Owner: DE Exploration

6	Shale	642
6	Lime	648
3	Shale	651
2	Lime	653
104	Shale	757
9	Sand	766
14	Sandy Shale	780
85	Shale	865
2	Sand	867
11	Shale	
11	Sand	878
91		889
91	Sandy Shale	980-TD
,		
,		
÷ .		

# **Short Cuts**

**TANK CAPACITY** 

BBLS. (42 gal.) equals D<sup>2</sup>x.14xh D equals diameter in feet. h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004 BPH - barrels per hour PSI - pounds square inch

#### TO FIGURE PUMP DRIVES

- \* D Diameter of Pump Sheave
- \* d Diameter of Engine Sheave

SPM - Strokes per minute

**RPM - Engine Speed** 

R - Gear Box Ratio

\*C - Shaft Center Distance

D - RPMxd over SPMxR

d - SPMxRxD over RPM

SPM - RPMXD over RxD

R - RPMXD over SPMxD

BELT LENGTH - 2C + 1.57(D + d) +  $\frac{(D-d)^2}{4C}$ 

\* Need these to figure belt length

TO FIGURE AMPS:

WATTS = AMPS

746 WATTS equal 1 HP

# Log Book

For P. E. Exploration

(Well Owner)

# Town Oilfield Services, Inc.

1207 N. 1st East Louisburg, KS 66053 913-710-5400

//*	Brecke	١٤٠١	e 3 - 2:2	2 Sulface 1 Longshing
141	gracke	·7~	ne 4-4.16	1 Longstine
Mackey Farm: Johnson County  KS State; Well No. I-1				
	CA	SING A	ND TUBING ME	ASUREMENTS
Elevation/049	Feet	ln.	Feet In	. Feet In.
Commenced Spuding June 3 20 13	929.	55	Bath	14
Finished Drilling June 4 2013	21			
Driller's Name Wesley Dollard	961.	30	Float	
Driller's Name				-7/
Driller's Name				12/5
Tool Dresser's Name Prandon Stone				10
Tool Dresser's Name Prandon Stone				
Tool Dresser's Name				-
Contractor's Name				-
28 14 22				
(Section) (Township) (Range)			,	
Distance from E line, 400 ft.				
Distance from line, 400ft.				
2 sacks				
10 hrs		_		
		_#		
		_		
CASING AND TUBING				-
RECORD				
*				
10" Set 10" Pulled		_		
8" Set 8" Pulled '		$-\parallel$		
76%" Set 23 6%" Pulled	1			
4" Set 4" Pulled				

-1-

2" Set \_\_\_\_\_ 2" Pulled \_\_\_\_\_

Thickness of	Formation	Total	T
Strata		Depth	Remarks
0-210		26	
37	Shale 1	WB	
6	Lime	69	
4	shale	73	
16	Lime	89	
8	Shale	97	
8	Lime	105	
9	Shale	114	
16	Lime	130	
19	Shalt tredbed	149	
110	Lime	165	
10	Shale	175	
55	Lime	230	
21	shale.	251	
78	Lime	259	
16	Shale	275	
5	Shale & lime	280	
6	Lime	286	
4	Shale	290	
9	Lime	299	
34	Shale	333	
/	Lime	334	
11	shale	345	
24	Lime	371	
7	Shale	378	
23	Lime	401	
5	Shelt	406	
	-2-		

41	í
10	10
	1986

Thickness of Strata	Formation	Total Depth	Remarks
3	Lime	409	Remarks
5	Sha e	414	
7	Lime	421	
64	shale	485	- He, tha
45	sandy she	530	
	shele & lime	536	_
4	Sine	543	
50	shale	593	- Stry - No Oil
	Lime	518	-
5 12	Shele	610	_
4			
	Lime	616	
17	shale	633	
	Lime	636	-
<u> </u>	shale	642	
<u> </u>	Lime	648	,
*3	shale	651	
A	Line	653	
104	Shale	757	65/ - Cella
9	sand	766	Slight Show
14	Sindy shale	780	217)47 3.60
85	shale	865	
a.	sane	867	no 0, 1
11	shale	578	
11	sand	539	good Dil
91	sandy shale	980	good Oil
			1 73
	4	-	

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## 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 #

259351

\_\_\_\_\_\_\_ Invoice Date:

06/10/2013

Terms: 0/0/30, n/30

Page

D.E. EXPLORATION

DOUG EVANS

P.O. BOX 128

WELLSVILLE KS 66092

(785)883 - 4057

MACKEY I-1

41901

28-14-22

06-04-2013

KS

		========	=========	========
Part Numb 1124 1118B 1111 1110A 4402 1401	Description 50/50 POZ CEMENT MIX PREMIUM GEL / BENTONITE SODIUM CHLORIDE (GRANULA KOL SEAL (50# BAG) 2 1/2" RUBBER PLUG HE 100 POLYMER	Qty 129.00 317.00 271.00 645.00 1.00	Unit Price 11.5000 .2200 .3900 .4600 29.5000 47.2500	Total 1483.50 69.74 105.69 296.70 29.50
Des 548 MIN 666 CEM 666 EQU	Cription  BULK DELIVERY  ENT PUMP  IPMENT MILEAGE (ONE WAY)  ING FOOTAGE		Unit Price 368.00 1085.00 4.20	23.63  Total 368.00 1085.00 126.00 .00

Parts: 2008.76 Freight: .00 Tax: 151.16 AR 3738.92

Labor: .00 Misc: .00 Total: 3738.92 Sublt: .00 Supplies: .00 Change: .00

Signed

Date



259351

TICKET NUMBER	41901
LOCATION Office	ua KS
FOREMAN Cases	Kennedy

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

### FIELD TICKET & TREATMENT REPORT

DATE	CUSTOMER# WE	L NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/4/13	2355 Mackey	# I-1	NE 28	14	22	70
CUSTOMER	,					
MAILING ADDRI	ploration ess		TRUCK#	DRIVER	TRUCK#	DRIVER
PO Bo			481	Casken	-	
CITY	STATE	ZIP CODE	548	GarMoo		P
Wellsvil		66092	348	Mile Haa	1	-
JOB TYPE / c			е DEPTH 980°	CASING SIZE & \	1 23	(a) 1 (2) =
CASING DEPTH			ING 930'- 6aff/e	CASING SIZE &	•	E ECE
SLURRY WEIGH			ER gal/sk	CEMENT LEFT in	OTHER	,
	T 5.38 bys DISPLACEMEN			RATE 4.5		
REMARKS: 10	ld salely meeting			d + 0.24 00	1/2 001	P.1
T 100 #	Premium Gel Follow		ols fresh water		+ over sed	159 SKS
	mix coment w/2	20 cel 5%	Salt + 5# K		sk ceres	# X
surface i	flushed summer of	ear, pumped	Dya"rubber a	lea to be		38 665
	for pressured to see	PSI release	d pressure the	10		ريد مي
			7		2	
					, []	
						7
					$\mathcal{I}$	
40001117					)	
ACCOUNT CODE	QUANITY or UNITS	DESCRIF	PTION of SERVICES or PRO	DDUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE				1085.00
5406	30 mi	MILEAGE				126.00
5402	961'	casing tooto	190			
5407	minimum	ton mileas	je			368,00
60						
		PA				
1124	129 sks		ix coment			1483.50
1118B	317 7	Premion	6.el			69.74
(1(1	271 #	Salt				105.LA
IIIOA	645 #	Kolseal				296.70
4402		3/5" rabe	plug			29.50
1401	1/2 gal	Polymer	· · · · · · · · · · · · · · · · · · ·			23.63
						* 10
				<u> </u>		¥21
				Edwar .	a comp	oton
				W	<b>LUM</b>	
				ς		
	\$		*		041 = 5 =	15-1-1
Ravin 3737					SALES TAX ESTIMATED	151.16
	01 11				TOTAL	3738.92
AUTHORIZTION_	Bryon willy	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.