

Kansas Corporation Commission Oil & Gas Conservation Division

1149128

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? 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: 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 I II 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 read	ched static level,	hydrostatic press	sures, bottom h	ole temperature, fluid
Drill Stem Tests Taker (Attach Additional		Yes No	L	og Formatio	n (Top), Depth an	d 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			
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: Depth Top Bottom Protect Casing		Type of Cement	# Sacks Used Type and Percent Additi		Percent Additives		
Plug Back TD Plug Off Zone							
	DEDEODATI	ON DECORD - Dridge Dive	o Cot/Time	Acid Fro	cture, Shot, Cemen	t Squaaza Baaar	4
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	ols. (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.)	Othor (Specify)	(Submit)	400-5) (Sub	mit ACO-4)		

Johnson County, KS Town Oilfield Service, Inc.
Well: Mackey I-7 (913) 837-8400 Commenced Spudding:
6/5/2013
Lease Owner: DE Exploration

WELL LOG

Thickness of Strata	Formation	Total Depth
0-16	Soil-Clay	16
23	Shale	39
2	Lime	41
14	Shale	55
6	Lime	61
5	Shale	66
16	Lime	82
8	Shale	90
8	Lime	98
9	Shale	107
17	Lime	124
18	Shale	142
16	Lime	158
11	Shale	169
56	Lime	225
21	Shale	246
8	Lime	254
17	Shale	271
, 7	Lime	278
4	Shale	282
9	Lime	291
34	Shale	325
1	Lime	326
11	Shale	337
26	Lime	363
6	Shale	369
24	Lime	393
4	Shale	397
4	Lime	401
5	Shale	406
6	Lime	412
64	Shale	476
47	Sandy Shale	523
3	Shale and Lime	526
7	Sand	533
53	Shale	586
6	Lime	592
13	Shale	605
5	Lime	610
17	Shale	627

Johnson County, KS **Town Oilfield Service, Inc.**Well: Mackey I-7 (913) 837-8400 Commenced Spudding: 6/5/2013 Lease Owner: DE Exploration

4	Lime	631
5	Shale	636
6	Lime	642
4	Shale	646
2	Lime	648
103	Shale	751
9	Sand	760
10	Sandy Shale	
105		771
3	Shale	875
	Sandy Shale	878
8	Sand	886
8	Sandy Shale	894
86	Shale	980-TD
,		

Short Cuts

TANK CAPACITY

BBLS. (42 gal.) equals D²x.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

Well No.	=-17	
FarmMG	ickey	
1	<i>/</i>	a
_KS	- 70	olinso4
(State)		(County)
28	[Can-	22
(Section)	(Township)	(Range)
For D.E.	Explor (Well Owner)	stion
	(Well Owner)	

Town Oilfield Services, Inc.

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

· ·	Brecke Ludy	بردناند درداند	e 5.	4,00	So:	tace
Markey Farm: Johnson County K'S State; Well No. I-7						_)
State; Well No.		SING AI	AD LORING	MEAS	UREMENTS	
Elevation	Feet 922.	In.	Feet	C In	Feet	ln.
Commenced Spuding	- LA C.	55	Bo	TT	7	
Commenced Spuding June 5 20 13 Finished Drilling June 6 20 13	954.	30	4/6	-		
Driller's Name Wesley Dollard	(P	(3	* / (30		7
Driller's Name					$-\alpha$	1
Driller's Name				\vdash		10
Tool Dresser's Name Ryan Westel						
Tool Dresser's Name Brandon Stone						
Tool Dresser's Name						
Contractor's Name						
28 14 22						
(Section) (Township) (Range)						
Distance from fine, \(\frac{4335}{100} \)						
Distance from line, /3.35ft. Distance from E line, ft.						
2 secks						
10 hrs						
CACING AND TUDING						
CASING AND TUBING						
RECORD						-
•						
10" Set 10" Pulled				$-\parallel$		
8" Set 8" Pulled '						
7 6 %" Set6%" Pulled						
4" Set 4" Pulled						

-1-

2" Set _

2" Pulled _

Thickness of	_	Total	=
Strata	Formation	Depth	Remarks
0-16	Soil -clay	16	
23	Shalt /	39	
マ	Lima	41	
14	shale	55	
6	Lime	61 66 82	-)
5	shal-e	66	-
16 8 8	Lime	52	_
8	Shelop	90	
8	Lime	98	-
<u> </u>	Shale	107	
17	Limet	124	7
18	Shale	142	
16	Lime	158	-
11	Lime Shale	169	
56	Lime Shale	225	
21 8 17	5hale	246	
8	Lime Shale Lime	254	÷
	Shale	271	
7	Lime	278	
4	shale	285	
9	Lime	291	
34	shal-c	325	
1	Lime	326	
11	shale	337	
26	Lime Shale	363	
6	shale	369	
24	Lime	393	

Thickness of	Formation	Total	_
Strata		Depth	Remarks
4_	Shale	397	
	Lime	401	
5	Shale	406	
5	Lime	412	He(tha
64	Shale	476	- Tree rock
47	sindy shelf	523	
3	Shelt & lime	526	
7	sand	533	- 51ty - NO 0.1
53	Shele	586	- Sity - NO O.
Ó	Lime	592	
13 5	shale	605	
5	Lime	610	
17	shale	627	
4	Lim-C	631	
5	shale	636	
<u></u>	Lim e	642	
4 2	shal-e	646	
	Lime	648	
103	shal-e	751	
9	Sand	760	some shale slight show
10	sandy shale	770	State such Tright show
105	shalf	875	
	sindy shale	378	
8	sand	336	broken oil
8	sandy shalf	894	0104-61 01
86	3hdle	480	$d\tau$
	-4-		-5-
			•

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 #

259362

_______ Invoice Date:

06/10/2013

Terms: 0/0/30, n/30

Page

1

D.E. EXPLORATION

DOUG EVANS P.O. BOX 128

WELLSVILLE KS 66092

(785)883-4057

MACKEY I-7

41905

28-14-22

06-06-2013

KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	123.00	11.5000	1414.50
1118B	PREMIUM GEL / BENTONITE	307.00	.2200	67.54
1111	SODIUM CHLORIDE (GRANULA	258.00	.3900	100.62
1110A	KOL SEAL (50# BAG)	615.00	.4600	282.90
1401	HE 100 POLYMER	.50	47.2500	23.63
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
Description		Hours	Unit Price	Total
548 MIN. BULK DEL	IVERY	1.00	368.00	368.00
666 CEMENT PUMP		1.00	1085.00	1085.00
666 EQUIPMENT MIL	•	30.00	4.20	126.00
666 CASING FOOTAGE	E	952.00	.00	.00

_______ 1918.69 Freight: Parts: .00 Tax: 144.38 AR

Labor:

.00 Misc:

.00 Total:

3642.07

3642.07

Sublt:

.00 Supplies:

.00 Change:

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 785/672-8822

OTTAWA, KS 785/242-4044

THAYER, KS 620/839-5269

GILLETTE, WY 307/686-4914

CUSHING, OK 918/225-2650



259362

LOCATION Office 125

FOREMAN Casey Kennedy

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WE	LL NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
6/06/13	2355	Mackey	# I-7		NE 28	14	22	Jo
CUSTOMER	Exploration	. ,						
MAILING ADDR	ESS	<u> </u>		1	TRUCK#	DRIVER	TRUCK #	DRIVER
POB	60x 128				666	Casken	 	
CITY	CX 180	STATE	ZIP CODE		548	Wilket		
Wellsvill	10	KS	66092		398	Jas Ric		
JOB TYPE 6		HOLE SIZE	55/211	I HOLE DEPTH	980'	CASING SIZE & V	WEIGHT 25	BY EVE
CASING DEPTH	Jan 1/	DRILL PIPE_			Ale - 92		OTHER	& CUE
SLURRY WEIGH	2 2 2	SLURRY VOL		WATER gal/s		CEMENT LEFT in		o'
DISPLACEMEN'	T 5.34665	DISPLACEME	NT PSI	MIX PSI		RATE 4.56		
REMARKS:	ld satisfy	maeting	established	d circula	Hen, maixon	+ pumpas	1 1/2 agl	Polymer
+ 100 #	Premium	Gel Fall	lowed by	10 663	Fresh was	ber mixed	1	
sks 5%50	Pozurix	coment	W/ 2%/S	el 5%	self +	5 # Kolsk	al per si	k rement
to surface	fushed	PULLY C	lean, pun	used 2	1's " cultiper		battle i	1 5 34
Hols Hec	h water,	Dretsure	to 800	and the same of the same	f A	oure, shi	Lin rasin	7 9 . 2 /
)
							J	_
							7	7
			· · · · · · · · · · · · · · · · · · ·					
ACCOUNT CODE	QUANITY	or UNITS	DES	SCRIPTION of	SERVICES or PRO	DDUCT	UNIT PRICE	TOTAL
5401			PUMP CHARGE	=				1085,00
5406	30 1	м`	MILEAGE					124.00
5402	952'		rasing to	otage				
5407	min in	un	ten unil	eage				368,00
1124	/23 8	rks	50/- D	a	-01. a +			
(118B	307	#	200 10	emix o	emen			1414,50
	258	# #	Premior	n Ger				67,54
1111	10.00		Salt					100.62
11104		<u> </u>	Kolseal					282,90
1401	/2 ga/	(Polymer					23.63
4402			2/3" rd	ober plug		• • • • • • • • • • • • • • • • • • • •		29.50
			<u> </u>					
			 				<u> </u>	
						<u> </u>		W 1 50 61 .
						9.5	- 1	, ,
							SALES TAX	144.38
Ravin 3737			1				ESTIMATED	
	B	1001					TOTAL	3642.07
AUTHORIZTION_	Bryon	MUS		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