



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1169163

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- ☐ New Well ☐ Re-Entry ☐ Workover
- ☐ Oil ☐ WSW ☐ SWD ☐ SIOW
- ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW
- ☐ OG ☐ GSW ☐ Temp. Abd.
- ☐ CM (Coal Bed Methane)
- ☐ Cathodic ☐ Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- ☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD
- ☐ Conv. to GSW
- ☐ Plug Back: _____ Plug Back Total Depth _____
- ☐ Commingled Permit #: _____
- ☐ Dual Completion Permit #: _____
- ☐ SWD Permit #: _____
- ☐ ENHR Permit #: _____
- ☐ GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

_____ Feet from ☐ North / ☐ South Line of Section

_____ Feet from ☐ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

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: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

County: _____ Permit #: _____

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: _____

1169163

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. 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 ☐ Yes ☐ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☐ No
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
Name Top Datum

CASING RECORD ☐ New ☐ Used

Report all strings set-conductor, surface, intermediate, production, 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

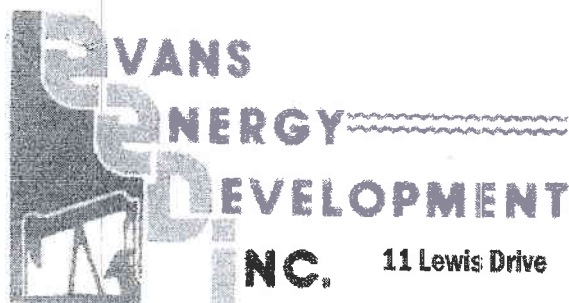
ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

L & P Enterprises, LLC

Heeler #W10

API#15-121-29,598

September 5 - September 9, 2013

Thickness of Strata	Formation	Total
5	soil & clay	5
8	broken lime	13
13	shale	26
20	lime	46
27	shale	73 red
12	lime	85
101	shale	186
18	lime	204
13	shale	217
1	lime	218
1	shale	219
2	lime	221
11	shale	232
5	lime	237
35	shale	272
13	lime	285
15	shale	300
23	lime	323
1	shale	324
1	lime	325
8	shale	333
4	lime	337
2	lime	339 85% saturated good bleeding soft lime 15% white lime
2	lime	341 50% saturated good bleeding soft lime 50% lime
16	lime	357 few thin bleeding seams mainly solid lime
5	shale	362
12	lime	374 base of the Kansas City
21	shale	395
2	silty shale	397
6	sand	403 green & brown (gassy) ok bleeding
7	broken sand	410 green sand & shale, good bleeding (gassy)
2	silty shale	412
115	shale	527
6	lime	533
1	shale	534
2	lime	536 tan lime with perosity breaks, light bleeding

3	lime	539	broken, good saturation, good bleeding
1	lime	540	60% bleeding lime 40% lime, good bleeding
3	lime	543	
38	shale	581	
1	coal	582	
5	shale	587	
8	lime	595	
13	shale	608	
3	lime	611	
57	shale	668	
1.5	oil sand	669.5	light brown sand, minimal bleeding
0.5	silty shale	670	
2	broken sand	672	60% brown sand good bleeding (gassy)
			40% shale
1	lime	673	
3	broken sand	676	40% brown ok bleeding, 60% shale gassy
1.5	silty shale	677.5	
1	oil sand	678.5	good bleeding, gassy
0.5	silty shale	679	
5.5	broken sand	684.5	30% good bleeding sand (gassy)
			70% shale
2.5	silty shale	687	
36	shale	723	TD

Drilled a 9 7/8" hole to 20.1'

Drilled a 5 5/8" hole to 723'

Set 20.1' of 7" surface casing threaded and coupled cemented with 6 sacks of cement

Set 713' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp



262235

TICKET NUMBER 42460

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9.9.13	4828	Heeler # W-10	MEAD NW 6	170	220	MI
CUSTOMER L & P Enterprises LLC						
MAILING ADDRESS 29975 Indianapolis Rd						
CITY Paoli						
STATE KS						
ZIP CODE 66021						
			TRUCK #	DRIVER	TRUCK #	DRIVER
			712	Fremad		
			495	Har Dec		
			369	Dermos		
			548	Mik Hag		

JOB TYPE <u>Long string</u>	HOLE SIZE <u>5 3/8</u>	HOLE DEPTH <u>733</u>	CASING SIZE & WEIGHT <u>2 7/8 EUE</u>
CASING DEPTH <u>713 0</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/ek	CEMENT LEFT in CASING <u>2 1/2" Plug</u>
DISPLACEMENT <u>415 BAR</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5 BPM</u>

REMARKS: Hold crew safety meeting. Establish circulation. Mix Pump 100% Gel Flush. Mix Pump 102 sks 50/50 Pre Mix Cement 2% Gel 1/2" Pleno Seal/sk. Cement to Surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800# PSI. Release Pressure to set float Valve. Shut in casing.

Evans Energy Distributors - Mitchell

Frederick Maden

[illegible]

Figvin 3737

AUTHORIZATION Kein by Phone

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.