



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1191446
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1191446

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

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

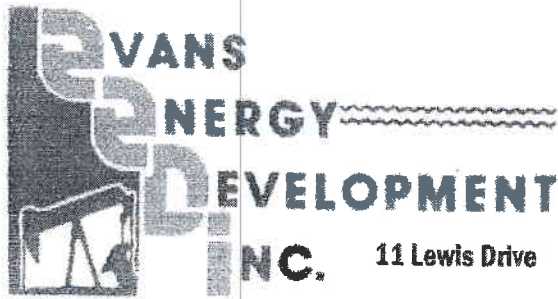
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	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

Donner #D23

API#15-121-29,461

February 6 - February 12, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
4	lime	10
11	shale	21
24	lime	45
3	shale	48
11	lime	59
1	shale	60
14	lime	74
89	shale	163
18	lime	181
20	shale	201
2	lime	203
9	shale	212
5	lime	217
37	shale	254
10	lime	264
2	shale	266
2	lime	268
14	shale	282
12	lime	294
2	shale	296
12	lime	308
8	shale	316
15	lime	331 oil show
3	shale	334
3	lime	337
5	shale	342
14	lime	356 base of the Kansas City
23	shale	379
4	broken sand	383 60% shale 40% green sand light bleeding
6	sand	389 green & light brown sand, ok bleeding
4	broken sand	393 80% shale 20% green sand, ok bleeding
2	silty shale	395
71	shale	466
8	limey sand	474 limey green sand
54	shale	528
7	lime	535
7	shale	542
3	lime	545

16	shale	561
1	coal	562
5	shale	567
3	lime	570
19	shale	589
3	lime	592
1	shale	593
1	coal	594
29	shale	623
3	lime	626
16	shale	642
2	silty shale	644
0.5	broken sand	644.5 30% brown sand, light bleeding, 70% shale
4	oil sand	648.5 brown sand, soft good bleeding
0.5	lime	649
3	oil sand	652 soft brown sand good bleeding
4	broken sand	656 50% brown sand 50% shale ok bleeding
4	silty shale	660
40	shale	700 TD

Drilled a 9 7/8" hole to 20.1'
 Drilled a 5 5/8" hole to 700'

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

Set 692' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
642	1	16
643		57
644		48
645		47
646		47
647		50
648	3	3
649		51
650		45
651		47
652		45
653		55
654		52
655		59
656		43
657	1	15
658	1	0
659		50
660		56
661		39



CONSOLIDATED
Oil Well Services, LLC

265971

TICKET NUMBER 42474

LOCATION Ottawa, Ks

FOREMAN Jim Green

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
02-13-18	4828	#D-23 Donner	NW 5	17	21	MI
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
L & P Enterprises			669	Jim Gre		
MAILING ADDRESS			498	Har Pek		
29975 Indianapolis Rd			369	Dar Mas		
CITY	STATE	ZIP CODE	570	Set Tac		
Paola	Ks	66071				

JOB TYPE Logging HOLE SIZE 5 7/8" HOLE DEPTH 200' CASING SIZE & WEIGHT 2 5/8"
 CASING DEPTH 692' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Yes
 DISPLACEMENT 4.1 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 BPM

REMARKS: Held crew meeting, mix and pump 100# Premium gel to flush hole. Mix and pump 110 sk 50/50 Poz mix cement with 2 1/2" rubber plug to total depth of casing. Flush pump clear of cement. Pump 2 1/2" Rubber plug to total depth of casing. Pressure up to 800 PSI. Well held good, Set float close valve.

110 sk 50/50 Poz Mix Cement 2 1/2" Plug

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00
5406	25	MILEAGE	495	105.00
5402	692	Casing footage		N/C
5407	1/2 mon	Ton mileage		184.00
5502C	1 1/2 HRS	VACTK		135.00
1124	110 sk	50/50 Poz Mix Cement		1265.00
1118B	335	Premium Gel		73.70
4402	1	2 1/2" Rubber plug		29.50
			SALES TAX	104.67
			ESTIMATED TOTAL	2981.87

Rev'n 3797

AUTHORIZATION _____

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.