



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1195069
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: _____

1195069

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
Well: E. Gordon I-11
Lease Owner: DC:\Users\Lori\Documents\Drillers Logs\D & Z Exploration\

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
01/30/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
10	soil/clay	10
12	sand stone	22
285	shale	50
6	lime	56
6	shale	62
15	lime	77
9	shale	86
8	lime	94
9	shale	103
19	lime	122
17	shale	139
18	lime	157
9	shale	166
57	lime	223
20	shale	243
8	lime	251
18	shale	269
8	lime	277
5	shale	282
8	lime	290
34	shale	324
1	lime	325
11	shale	336
25	lime	361
7	shale	368
24	lime	392
5	shale	397
4	lime	401
5	shale	406
6	lime	412
6	shale	418
8	sandy shale and sand	426
97	shale	523
7	sand	530
57	shale	587
5	lime	2692
4	shale	596
3	lime	599
7	shale	606
5	lime	611

Short Cuts

TANK CAPACITY

BBLS. (42 gal.) equals $D^2 \times .14 \times h$
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 - $\text{RPM} \times d$ over $\text{SPM} \times R$

d - $\text{SPM} \times R \times D$ over RPM

SPM - $\text{RPM} \times D$ over $R \times d$

R - $\text{RPM} \times D$ over $\text{SPM} \times d$

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

* Need these to figure belt length

TO FIGURE AMPS: $\frac{\text{WATTS}}{\text{VOLTS}} = \text{AMPS}$

746 WATTS equal 1 HP

Log Book

Well No. F 1-11

Farm East Garden

KS Johnson
(State) (County)

27 14 22
(Section) (Township) (Range)

For D+2 Exploration
(Well Owner)

Town Oilfield Services, Inc.

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

Thickness of Strata	Formation	Total Depth	Remarks
10	soil / clay	10	
12	sandstone	22	
28	shale	50	
6	Lime	56	
6	shale	62	
15	Lime	77	
9	shale	86	
8	Lime	94	
9	shale	103	
19	Lime	122	
17	shale	139	
18	Lime	157	
9	shale	166	
57	Lime	223	
20	shale	243	
8	Lime	251	
18	shale	269	
8	Lime	277	
5	shale	282	
8	Lime	290	
34	shale	324	
1	Lime	325	
11	shale	336	
25	Lime	361	
7	shale	368	
24	Lime	392	
5	shale	397	

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Thickness of Strata	Formation	Total Depth	Remarks
4	Lime	401	
5	shale	406	
6	Lime	412	Henlha
6	shale	418	
8	sandy shale	426	
97	shale	523	
7	sand	530	grey, no oil
57	shale	587	
5	Lime	592	
4	shale	596	
3	Lime	599	
7	shale	606	
5	Lime	611	
16	shale	627	
3	Lime	630	
8	shale	638	
3	Lime	641	
4	shale	645	
2	Lime	647	
32	shale	679	red bed. 653'
11	sand	690	grey, no oil
10	sand, shale	700	
51	shale	751	
5	Broken sand	756	grey, little oil
6	sand, shale	762	
17	shale	779	
2	Lime	781	



CONSOLIDATED
Oil Well Services, LLC

265801

TICKET NUMBER 42618
LOCATION Off Hwy
FOREMAN Alan Mader

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
1-31-14	3392	E Gordon F-11	NW 27	14	22	GO
CUSTOMER D & Z Exploration			TRUCK #			
MAILING ADDRESS 901 N Elm			DRIVER		TRUCK #	
CITY St Elmo			DRIVER		TRUCK #	
STATE IL			DRIVER		TRUCK #	
ZIP CODE 62458			DRIVER		TRUCK #	

JOB TYPE long string HOLE SIZE 5 3/8 HOLE DEPTH 940 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 908.9 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 5.3 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Held meeting. Established rate down casing. Mixed and pumped 100# gel followed by 107 sk 50150 cement plus 290 gel, 5# salt, 5# Kal seal. Circulated cement to surface. Flushed pump. Pumped plug to casing TD. Well held 800 PSI for 30 minute MFT. Set float. Closed value.

TDS, Chad

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
54101	1	PUMP CHARGE	495	1085.00	
54106	30	MILEAGE	495	126.00	
54102	908.9	casing footage	495		
54102	min	transmiles	548	368.00	
5502C	2	80 Val	675	180.00	
1124	107	50150 Cement		1232.50	
1118B	280#	gel		61.60	
1111	207#	salt		80.73	
11102A	535#	Kal seal		246.10	
44102	1	2 1/2 plug		29.50	
				SALES TAX	18.152
				ESTIMATED TOTAL	3529.00

completed

Ravin 3737

AUTHORIZATION D. Beckwith 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.