



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1195070
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: _____

1195070

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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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 # 265650

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Invoice Date: 01/29/2014 Terms: 0/0/30,n/30 Page 1

D & Z EXPLORATION
901 N. ELM ST.
P.O. BOX 159
ST. ELMO IL 62458
(618) 829-3274

DONOVAN I-12
42565
NE 28-14-22
01-24-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	119.00	11.5000	1368.50
1118B	PREMIUM GEL / BENTONITE	300.00	.2200	66.00
1111	SODIUM CHLORIDE (GRANULA	230.00	.3900	89.70
1110A	KOL SEAL (50# BAG)	595.00	.4600	273.70
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1085.00	1085.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
368 CASING FOOTAGE	936.90	.00	.00
503 MIN. BULK DELIVERY	1.00	368.00	368.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

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Parts: 1827.40 Freight: .00 Tax: 134.79 AR 3721.19
Labor: .00 Misc: .00 Total: 3721.19
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

265650

TICKET NUMBER 42565
LOCATION Ottawa
FOREMAN Alan Maden

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
1-24-14	3392	Douvan # I-12	NE28	14	22	JO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
D & Z Exploration			730	Ala Mad	Safety	Med
MAILING ADDRESS			368	Al Mad		
901 N Elm			675	Kei Det		
CITY	STATE	ZIP CODE	503	Kei Car		
St Elmo	IL	62458				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 960 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 936.90 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 3.4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm
 REMARKS: Held meeting. Established rate. Mixed + pumped 100# gel followed by 119 sk 50/50 cement plus 290 gel 50% salt & 3# kolseal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI for 30 min MIT. Set float closed valve.

TOS, Chad

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1080.00
5406	30	MILEAGE	368	126.00
5402	936.90	casing footage	368	
5407	min	ton miles	503	368.00
5503L	2	80 vac	675	180.00
1124	119	50/50 cement		1368.50
118B	300 #	gel		66.00
111	230 #	salt		89.70
110A	595 #	kolseal		273.70
4402	1	2 1/2 plug		29.50
completed				

SALES TAX 134.79
ESTIMATED TOTAL 3721.19

Ravin 3737

AUTHORIZATION Don 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.

Johnson County, KS
Well:Donovan I-12
Lease Owner:D Z

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

Commenced Spudding:
01/17/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
7	soil/clay	7
11	sandstone	18
21	shale	39
2	lime	41
19	shale	60
5	lime	65
5	shale	70
15	lime	85
8	shale	93
8	lime	101
96	shale	110
18	lime	128
17	shale	145
21	lime	166
7	shale	173
57	lime	230
20	shale	250
9	lime	259
17	shale	276
8	lime	284
5	shale	289
9	lime	298
33	shale	331
1	lime	332
12	shale	344
24	lime	368
8	shale	376
24	lime	400
4	shale	404
5	lime	409
4	shale	413
6	lime	419
114	shale	533
7	sand	540
4	sandy shale	544
49	shale	593
11	lime	604
7	shale	611
6	lime	617
16	shale	633

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 - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times D$

R - $RPM \times D$ over $SPM \times d$

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

* Need these to figure belt length

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

746 WATTS equal 1 HP

Log Book

Well No. [#] 1-12

Farm Donovan

KS Johnson
(State) (County)

28 14 22
(Section) (Township) (Range)

For D+Z Exploration
(Well Owner)

Town Oilfield Services, Inc.

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

Thickness of Strata	Formation	Total Depth	Remarks
7	soil/clay	7	
11	sandstone	18	
21	shale	39	
2	Lime	41	
19	shale	60	
5	Lime	65	
5	shale	70	
15	Lime	85	
8	shale	93	
8	Lime	101	
9	shale	110	
18	Lime	128	
17	shale	145	
21	Lime	166	
7	shale	173	
57	Lime	230	
20	shale	250	
9	Lime	259	
17	shale	276	
8	Lime	284	
5	shale	289	
9	Lime	298	
33	shale	331	
1	Lime	332	
12	shale	344	
24	Lime	368	
8	shale	376	

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Thickness of Strata	Formation	Total Depth	Remarks
24	Lime	400	
4	shale	404	
5	Lime	409	
4	shale	413	
6	Lime	419	
114	shale	533	Harder
7	sand	540	
4	sandy shale	544	gray, no oil
49	shale	593	
11	Lime	604	
7	shale	611	
6	Lime	617	
16	shale	633	
3	Lime	636	
7	shale	643	
6	Lime	649	
53	shale	702	red bed - 156'
7	sand	709	
4	sandy shale	713	
46	shale	759	
8	Broken sand	767	very little about oil
4	sandy shale	771	
31	shale	802	
5	sand	807	gray, no oil
71	shale	878	
1	sandy lime	879	
3	Broken sand	882	odor, 25% oil, ok bleeding no oil

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Thickness of Strata	Formation	Total Depth	Remarks
1	sand	883	20% - 30% oil with some sandy lime
1	sand	884	50% oil, good bleedings
1	sand	885	75% oil
5	Broken sand	890	60% - 70% oil
2	Broken sand	892	no oil
6	sandy shale	898	
62	shale	960	TD