

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1200826

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 #			API No. 15		
Name:			Spot Description:		
Address 1:			Sec.	TwpS. R	East _ West
Address 2:			F6	eet from North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	V □SE □SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	W	ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:	
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
Plug Back	Conv. to G		(Data must be collected from to		
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls
Dual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite:	
ENHR	Permit #:				
GSW	Permit #:		Operator Name:		
			Lease Name:		
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East West
Recompletion Date		Recompletion Date	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:

Page Two



Operator Name:			L	ease Name: _			Well #:	
Sec Twp	S. R	East We	est C	County:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		
Final Radioactivity Lo files must be submitted					gs must be ema	iled to kcc-well-log	gs@kcc.ks.go	. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes	No	L		n (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes Yes	No No					
List All E. Logs Run:								
		(CASING REC	ORD Ne	w Used			
		· ·		ıctor, surface, inte	ermediate, producti		T	
Purpose of String	Size Hole Drilled	Size Casin Set (In O.D		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cem	ent #	Sacks Used		Type and Pe	ercent Additives	
Perforate Protect Casing	100 20111111							
Plug Back TD Plug Off Zone								
1 lag on zono								
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski)	o questions 2 ar	nd 3)
Does the volume of the to		•				_	o question 3)	(" 100 ")
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill o	out Page Three	of the ACO-1)
Shots Per Foot		ION RECORD - Bri Footage of Each Int				cture, Shot, Cement		d Depth
	, ,				,			
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:			
						Yes No		
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bl	ols. G	ias-Oil Ratio	Gravity
DIODOCITI	ON OF CAS:		RACT!!		TIONI		DRODUCTIO	AN INTEDVAL.
Vented Solo	ON OF GAS: Used on Lease	Open Ho		IOD OF COMPLE \Box		nmingled	PHODUCIIC	ON INTERVAL:
	bmit ACO-18.)	Other (S	necify)	(Submit		mit ACO-4)		

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	API NO: 15 - 031	- 23783 - 0	00 - 00						S. 11	T. 23	R. 16	<u>E.</u>	W.
OPE	RATOR: D. E. EX	PLORATION	I INC.						L	OCATION:	SE NE	NW NW	
AD	DRESS: P.O. BOX	128, WELL	SVILLE, KS 6	6092				8		COUNTY: ELEV. GR.:	COFFEY 982	-	
39	WELL#: R - 13	_12	LEASE	NAME:	WEBB					DF:		Кв:	-
тоо	AGE LOCATION:	4690	. FEET F	FROM	(N)	<u>(S)</u>	LINE	4120	FEET	FROM	<u>(E)</u>	(W)	LINE
	CONTRACTOR:	FINNEY D	RILLING COM	IPANY				GEC	LOGIST:	DOUG EV	/ANS		
	SPUD DATE:	2/26	/2014					TOTA	L DEPTH:	1072	ě	P.B.T.D.	
DA	ATE COMPLETED:	2/28	/2014	C/	ASING	RECOF	SD	OIL PUR	CHASER	COFFEYVILL	E RESOUR	CES CRUDE T	<u> </u>
F	REPORT OF ALL ST	RINGS - SL	IRFACE, INTE					•					
F	URPOSE OF STRING	SIZE HOLE DRILLED	SIZE CASING O.D.)		WEIGHT LBS/FT	SETTING	DEPTH	TYPE CEMENT	SACKS	TYPE	AND % ADI	DITIVES	1
8	URFACE:	12.2500	7		19	4	0	OWC	55	SERVICE	COMPANY		1

1057

WELL LOG

CORES: # RECOVERED: ACTUAL CORING TIME:

5.8750

2.8750

PRODUCTION:

RAN: 3 - CENTRALIZERS

131

OWC

1 - FLOAT SHOE

1 - BAFFLE 1 - SEATING NIPPLE

SERVICE COMPANY

1 - COLLAR

1 - CLAMP

TOP SOIL CLAY SILT	2	10
		10
CII T	40	10
OILI	10	14
GRAVEL	14	35
SHALE	35	126
LIME	126	198
SHALE	198	294
LIME	294	305
SHALE	305	311
LIME	311	406
SHALE	406	408
LIME	408	410
SHALE	410	412
LIME ,	412	422
RED BED	422	431
SHALE	431	463
LIME	463	464
SHALE	464	472
LIME	472	536
SHALE	536	542
LIME	542	568
SHALE	568	574
LIME	574	587
SHALE	587	748
LIME	748	762
SHALE	762	769
LIME	769	779
SHALE	779	783
LIME	783	788
SAND & SHALE	788	845
LIME	845	854
SAND & SHALE	854	872
LIME	872	876
SAND & SHALE	876	912
LIME	912	913
SAND & SHALE	913	915
LIME	915	918
SAND & SHALE	918	924
LIME	924	926
SAND & SHALE	926	936
LIME	936	938
SAND & SHALE	938	960

FORMATION	TOP	BOTTOM
CAP LIME	960	962
SHALE	962	963
CAP LIME	963	964
SAND & SHALE	964	966
OIL SAND	966	974
SAND & SHALE	974	978
SHALE	978	1024
LIME	1024	1026
SHALE	1026	1072 T.D.
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REMITTO

Consolidated Öil 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 #

266226

Invoice Date:

02/28/2014

Terms: 0/0/30,n/30

Page

D.E. EXPLORATION

DOUG EVANS

P.O. BOX 128

WELLSVILLE KS 66092

(785)883 - 4057

WEBB A R-13

42548

NW 11-23-16

02-26-2014

KS

			========	========	========
Part 1 1124 1118B 1111 1110A	PREMIU SODIUM	ption POZ CEMENT MIX M GEL / BENTONITE CHLORIDE (GRANULA AL (50# BAG)	Qty 71.00 119.00 149.00 355.00	Unit Price 11.5000 .2200 .3900 .4600	Total 816.50 26.18 58.11 163.30
510 666 666 666 675	CASING FOOTAGE	E WAY) CEMENT)	Hours 165.08 1.00 .00 40.00 2.00	Unit Price 1.41 1085.00 4.20 .00 90.00	Total 232.76 1085.00 .00 .00

_______ 1064.09 Freight: Parts: .00 Tax: 65.43 AR

Labor:

2627.28

.00 Misc:

.00 Total: .00 Change:

2627.28

Sublt:

.00 Supplies:

.00

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



266226

TICKET NUMBER LOCATION BHOWA.

> **ESTIMATED** TOTAL

DATE

Ravin 3737

AUTHORIZTION

FIFI D TICKET & TREATMENT REPORT

	nanute, KS 6672 or 800-467-8676	0	LLD HORE	CEMEN	NT	OKI		
DATE	CUSTOMER#	10.000	LL NAME & NUM	06/05-06/05	SECTION	TOWNSHIP	RANGE	COUNTY
2/26/14	2355	lueb'	"A" # R-	13	NWII	23	16	CO
CUSTOMER	Explorati	20			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	ESS F.O. T.		÷ -	Ī	729	Casken	Safety	Creeting
Po	Box 128				6/00	Garthoo	Jarety	ween'ng
CITY		STATE	ZIP CODE	1	570	Set Tue		
Wellsville	e .	KS	66092		675	Keinet	/	
IOB TYPE SU		HOLE SIZE	1274"	_ HOLE DEPT		CASING SIZE & V	VEIGHT 7"	
ASING DEPTH		ORILL PIPE		TUBING			OTHER	····
LURRY WEIGH	IT S	SLURRY VOL	*	WATER gal/s	sk	CEMENT LEFT in	-	-
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REMARKS: 40		meeting	and the second s		Lation "	ixed tou		sks 500
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						<u> </u>	/	
	***************************************	. :	120					
ACCOUNT CODE	QUANITY o	r UNITS	DE	SCRIPTION o	f SERVICES or PR	RODUCT	UNIT PRICE	TOTAL
5401	1		PUMP CHARG	E			* * . * *	1085.00
5406	on lea	se	MILEAGE	4				
5402	401		Casino	tootage		N-7007		
5407	165.0	75	+7	ulease	12.040			232.76
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		1	1000					100,
				*				
1124	71	sks	590 F	30" "	cerient	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		All Co
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11.18B		# 1	Premior	n Gel	· · · · · · · · · · · · · · · · · · ·			26,18
1111	149	#	Salt	,				58,11
1 [10A	355	华	Kolsea	<u>L</u>	-	· · · · · · · · · · · · · · · · · · ·		163.30
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		**************************************		!			hipieff	
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						le.15%	SALES TAX	65.43

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



REMUT TO

Consolidated Öil 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

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266288

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Terms: 0/0/30,n/30

Page

D.E. EXPLORATION

DOUG EVANS

P.O. BOX 128

WELLSVILLE KS 66092

(785)883 - 4057

WEBB A R-13

42660

NW 10-23-16

02-28-2014

KS

				========
Part Number 1124 1118B 1111 1110A 4402	Description 50/50 POZ CEMENT MIX PREMIUM GEL / BENTONITE SODIUM CHLORIDE (GRANULA KOL SEAL (50# BAG) 2 1/2" RUBBER PLUG	Qty 160.00 369.00 309.00 800.00 1.00	Unit Price 11.5000 .2200 .3900 .4600 29.5000	Total 1840.00 81.18 120.51 368.00 29.50
Description 495 CEMENT PUMP 495 EQUIPMENT MILEA 495 CASING FOOTAGE 515 TON MILEAGE DEI 637 80 BBL VACUUM	LIVERY	Hours 1.00 50.00 1057.00 372.00 2.00	Unit Price 1085.00 4.20 .00 1.41 90.00	Total 1085.00 210.00 .00 524.52 180.00

2439.19 Freight: Parts: .00 Tax: 150.00 AR

Labor:

.00 Misc:

.00

4588.71

Sublt:

.00 Total: .00 Change: 4588.71

.00 Supplies:

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



266288

LOCATION Ottowa KS:

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

FIELD TICKET & TREATMENT REPORT

	01 000-407-6070		CEIVIEN		[e]	12.5	
DATE	CUSTOMER#		LL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-28-14	2355	Webb	"A" R-13	DW 10	23	16	CF
USTOMER .	Explora			TRUCK#	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		有种种。
AAILING ADDRE	SS LYPIO.Va	Fron	• •	TRUCK#	DRIVER	TRUCK#	DRIVER
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Wellsv	rille	. Ks	66092	637	Jim Mea	 	-
OB TYPE Lo		HOLE SIZE		1 1072°	CO (NO)	」 WEIGHT ス多	
ASING DEPTH	7 - 2		BAFTE TUBING CO		CASING SIZE &		
LURRY WEIGH		SLURRY VOL	WATER gal/s		OEMENT LEET !	OTHER_	7 701
ISPLACEMENT		(-				CASING 30	7 Ping
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ACCOUNT	<u> </u>	V .					
CODE	QUANITY o	or UNITS	DESCRIPTION of	SERVICES or PR	DDUCT	UNIT PRICE	TOTAL
5401	4 .1	1	PUMP CHARGE		495		10850
5406	· · ·	50 mi	MILEAGE		495		2100
5402	10.	57	Casing foot	9.0			NIC
5405 A	3`	77	Ton Miles	<i>.</i>	3/2		5245
55071		2 hrs	60 BBL Vac -	Truck	637		1.800
	10	1,1,2	* *		•		<u> </u>
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in 3737			1.		6.15%	SALES TAX	15000
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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.