Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1200847

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:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Produc	er (Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	 Location of fluid disposal if hauled offsite:
ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached 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	1200847
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS, Chow important tang of formations papatrated	Datail all aaroo Bapart al	I final conice of drill stome tests giving interval tested, time test

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 (Attach Additional She	eets)	Yes No		-	on (Top), Depth ar		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-o	RECORD Ne		ion, 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 / SQU	EEZE RECORD			
Purpose:	Depth	Trace of Ocean ant	III On also I land		Turne and D		

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

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

(If No, skip questions 2 and 3) (If No, skip question 3)

No

No

No

(If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION Specify For		RD - Bridge F Each Interval		е	A		ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner Ru	n:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	} .	Producing N		oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	S.	Gas	Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF C	AS:			METHOD				PRODUCTION IN	TERVAL:
Vented Solo	1 🗌 I	Jsed on Lease		Open Hole	Perf.		Comp.	Commingled		
(If vented, Su	bmit ACC	0-18.)		Other (Specify)	(Submit)		(Submit ACO-4)		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

.,				D	RILLE	RS LC)G						
API NO:	15 - 031 -	23761 - 00	0 - 00		-				S. 11	T. 23	R. 16	<u>E.</u>	W.
OPERATOR:	D. E. EXP	LORATION	INC.		~ ~ 전 전				LO		SW NE		
ADDRESS:	P.O. BOX	128, WELLS	SVILLE, KS	66092				_		COUNTY: ELEV. GR.:	: COFFEY 98		
WELL #:	RI - 2		LEAS	E NAME:	WEBB			_		DF:		КВ:	
FOOTAGE LOO	CATION:	4890	FEET	FROM	(N)	<u>(S)</u>	LINE	4510	FEET	FROM	<u>(E)</u>	(W)	LINE
CONT	RACTOR:	FINNEY DI	RILLING C	OMPANY				GE	DLOGIST:	DOUG E	VANS		
SPU	D DATE:	12/10	/2013	•6				ΤΟΤΑ	L DEPTH:	1080	-	P.B.T.D.	
DATE COM	IPLETED:	12/12	/2013	C.	ASING	RECO	RD	OIL PUP	RCHASER:	COFFEYVIL	LE RESOURC	ES CRUDE T	RANSPORTATIO
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		DRILLED		D.)	LBS/FT			CEMENT					4
SURFACE: PRODUCT		12.2500 5.8750	2.875	/ 50 8rd	19 6.5		40 063	OWC	53		COMPANY		-
1										1.2.2.1.1.2.2.2			
					WELL I	LOG		-					
	CORES:	#						RAN:	1 - BAFF	LE			
RECO	OVERED:	<u> </u>			-				1 - FLOA				
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	TOP SOIL	ORMATIO			BOTTON	a		ORMATIC		924	BOTTO 926		
	CLAY			2	15		SHALE			926	930	1	
	GRAVEL			15 30	30 32		LIME SAND & S			930 932	932 958	-	
	LIME			30	122		CAP LIME			932	959	-	
	LIME			122	134		SHALE			959	961	1	
	SHALE			134 136	136 195		CAP LIME	HALE OIL		961 962	962 965	-	
	SHALE			195	294			GOOD SHO	w	965	973	1	
	LIME			294	307		SAND & S	HALE		973	1036	1	
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	LIME			875	876								
	SAND & SI	HALE		876	889							-	
	LIME SAND & SI			889 895	895 910			· · · · · · ·				-	
	LIME			910	912							1	
	SAND & S	HALE		912	924]	

CONSOLIDATED Oil Well Services, LLC						
INVOICE		Invoice # 264691				
Invoice Date: 12/13/2013	Terms: 0/0/30,n/30	Page 1				
D.E. EXPLORATION DOUG EVANS P.O. BOX 128 WELLSVILLE KS 66092 (785)883-4057	WEBB 'A 44935 NW 11-2 12-10-2 KS	23-16				
1118BPREMIUM1111SODIUM (DZ CEMENT MIX GEL / BENTONITE CHLORIDE (GRANULA	Qty Unit PriceTotal40.0011.5000460.0068.00.220014.9678.00.390030.42200.00.460092.00				
Description 495 CEMENT PUMP (SURFACE) 495 EQUIPMENT MILEAGE (ONE 495 CASING FOOTAGE 548 TON MILEAGE DELIVERY 675 80 BBL VACUUM TRUCK (CE		Hours Unit PriceTotal1.00870.00870.00.004.20.0040.00.00.0093.001.41131.132.0090.00180.00				

=========	==========		========	=========	=============	======	
Parts:	597.38	Freight:	.00	Tax:	36.74	AR	1815.25
Labor:	.00	Misc:	.00	Total:	1815.25		
Sublt:	.00	Supplies:	.00	Change:	.00		
========	==========		========				

Signed			2 X 7 4			Date		
BARTLESVILLE, OK	EL DORADO, KS	EUREKA, KS	PONCA CITY, OK	OAKLEY, KS	OTTAWA, KS	THAYER, KS	GILLETTE, WY	CUSHING, OK
918/338-0808	316/322-7022	620/583-7664	580/762-2303	785/672-8822	785/242-4044	620/839-5269	307/686-4914	918/225-2650

264691

TICKET NUMBER 44935 LOCATION 047000 KS

FOREMAN_ Fred Made

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

Consolidated

Gill Well Services, LLC

FIELD TICKET & TREATMENT REPORT CEMENT

بالمادية معينين بتوجيد وراماته

DATE	CUSTOMER #	WEL	L NAME & N	UMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/10/13	2355	Webb	"A"	RI - 2	NW 11	23	16	CF
CUSTOMER					1	t aya s		
DE	Explora	stion	10.2		TRUCK#	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	SS				712	Fremad		28
	Baye 12		4		49.5	Harbec		· _ · · ·
CITY		STATE	ZIP CODE		675	Kei Det		
Wellsui	lle	KS	66092	2	548	mik Haa		
ن <u>ک JOB TYPE</u>	vface	HOLE SIZE	12 14	HOLE DEPT	н <u>40'</u>	CASING SIZE & WE		
CASING DEPTH	40'	DRILL PIPE		TUBING		(DTHER	1
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DISPLACEMENT	1-6	DISPLACEMEN	T PSI	MIX PSI		RATE_ <u>5 BPN</u>	1 -	
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Mix	+ Pump	40 5	<u>Ks 50</u>	150 Poz	My Cene	at 2% leal :	5% Salt	0
5#K	1 Seal/s	K. Cen	ant to	surfa	ce. Disp	lace 7" C	asing alon	
42/	a 1.6 36	IL wate	r. Sh	NYM C	ashy.			
					0			- 18 ⁻

Kort Finney Drilling

und Mad

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODU	JCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE SUIFace Cement	495		87000
5406		MILEAGE			NIC
5402	40'	Casiny Footage			NIC
5407A	93	Ton Miles	548		131-13
5502C	2 hrs	80 BBL Vac Truck	675		18000
11211					
1124	40 5145	50/50 Por Mix Cement			460 -
118B	68#	Premium Gel			14 26
HII	78 4	Granulated Salt			3042
1110H	200#	100 Seal			92=
· · · ·			001		
			SC/	INNEL)
	· · · · · · · · · · · · · · · · · · ·		1 4		-
n 9737		1	6.15%	SALES TAX	3674
	for Tri		20	ESTIMATED TOTAL	181525
THORIZTION	rovi 1 1	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.

CONSOLIDATED Oil Well Services, LLC	REMIT TO Consolidated Oil Well Dept. 970 P.O. Box 43 Houston, TX 772	Services, LLC) 346	F Chanut 620/431-9210 • 1-8	AIN OFFICE P.O. Box 884 e, KS 66720 00/467-8676 20/431-0012
INVOICE			Invoice #	264872
Invoice Date: 12/19/2013	Terms: 0/0/30,n/30		Pa	.ge 1
D.E. EXPLORATION DOUG EVANS P.O. BOX 128 WELLSVILLE KS 66092 (785)883-4057	4 N 1	EBB A RI-2 4946 W 11-23-26 2-12-2013 KS		
1118BPREMIUM1111SODIUM1110AKOL SEA	tion OZ CEMENT MIX GEL / BENTONITE CHLORIDE (GRANULA L (50# BAG) RUBBER PLUG	Qty 139.00 334.00 269.00 695.00 1.00	Unit Price 11.5000 .2200 .3900 .4600 29.5000	Total 1598.50 73.48 104.91 319.70 29.50
Description 368 CEMENT PUMP 368 EQUIPMENT MILEAGE (ONE 368 CASING FOOTAGE 369 80 BBL VACUUM TRUCK (C 503 TON MILEAGE DELIVERY		Hours 1.00 50.00 1063.31 2.50 323.18	Unit Price 1085.00 4.20 .00 90.00 1.41	Total 1085.00 210.00 .00 225.00 455.68

Parts:	2126.09	Freight:	.00	Tax:	130.75	AR	4232.52
Labor:	.00	Misc:	.00	Total:	4232.52		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed						_ Date		
BARTLESVILLE, OK	EL DORADO, KS	EUREKA, KS	PONCA CITY, OK	OAKLEY, KS	OTTAWA, KS	THAYER, KS	GILLETTE, WY	CUSHING, OK
918/338-0808	316/322-7022	620/583-7664	580/762-2303	785/672-8822	785/242-4044	620/839-5269	307/686-4914	918/225-2650

	Consolida	ATED)	97	,4812	y.	TICKET NUME	_{BER} 44	946
	Oll Well Service		au	7901F	~ .	LOCATION (Dttau	9
					1	FOREMAN	flan N	laden
PO Box 884, 1	Chanute, KS 6672	20 FIE	LD TICKE	T & TREA	TMENT REF	PORT	<i>y</i> -	
620-431-9210	or 800-467-8676		•	CEMEN	ÎΤ			
DATE	CUSTOMER #	WEL	L NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
12.12.13 CUSTOMER	2355	Webb.	A	RI-2_	NW 11	23	26	CF
DE	Explanatio	Ŋ	54-5 (T)		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDI	REŚŚ A	ב			730	AlaMarl	Safety,	Meet
<u> </u>	Dox 12	8			368	ArIMCI)		
CITY '	1	STATE	ZIP CODE	5	369	Der Mas		
Wellsi	ville_	145	66092		503	Day Det		
JOB TYPE		HOLE SIZE	57/8	HOLE DEPT	H_1086_	CASING SIZE & W	EIGHT 27	8
CASING DEPT	H_1063.31	DRILL PIPE		TUBING			OTHER 10	32
SLURRY WEIG	нт	SLURRY VOL		WATER gal/	20	CEMENT LEFT in	CASING 12	<u> </u>
DISPLACEMEN	IT_la.Z_	DISPLACEMEN	TPSI_8/20		00	RATE 46	m	
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ACCOUNT	QUANITY o	or UNITS	DE	SCRIPTION o	f SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
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avin 3737 AUTHORIZTIOI	An/a	hi.		TITLE_			SALES TAX	1.30.75 4232,57

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1.

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