



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1200910  
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: \_\_\_\_\_

1200910

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
FINV  
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 # 266688

Invoice Date: 03/20/2014 Terms: 0/30/10,n/30

Page 1

D.E. EXPLORATION  
DOUG EVANS  
P.O. BOX 128  
WELLSVILLE KS 66092  
(785) 883-4057

FREEMAN A R-20  
42694  
NW 11-23-16  
03-17-2014  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	35.00	11.5000	402.50
1118B	PREMIUM GEL / BENTONITE	59.00	.2200	12.98
1111	SODIUM CHLORIDE (GRANULA	74.00	.3900	28.86
1110A	KOL SEAL (50# BAG)	175.00	.4600	80.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-157.45

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
510 TON MILEAGE DELIVERY	1.00	114.74	114.74
666 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
666 EQUIPMENT, MILEAGE (ONE WAY)	.00	4.20	.00
666 CASING FOOTAGE	40.00	.00	.00

Amount Due 1741.85 if paid after 03/30/2014

Parts:	524.84	Freight:	.00	Tax:	22.59	AR	1574.72
Labor:	.00	Misc:	.00	Total:	1574.72		
Sublt:	-157.45	Supplies:	.00	Change:	.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 918/225-2650





**CONSOLIDATED**  
Oil Well Services, LLC

266688

TICKET NUMBER 42694

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

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
3/17/14	2355	Freeman A # R-20	NW11	23	16	CO
CUSTOMER <u>DE Exploration</u>						
MAILING ADDRESS <u>PO Box 128</u>						
CITY <u>Wellsville</u>		STATE <u>KS</u>	ZIP CODE <u>66092</u>			
		TRUCK #		DRIVER	TRUCK #	DRIVER
		729		Cashen	✓ Saldy	Madrig
		1666		Carlton	✓	
		510		Settuc	✓	
		370		Jas Ric	✓	

JOB TYPE surface HOLE SIZE 12 1/4" HOLE DEPTH 40' CASING SIZE & WEIGHT 7"  
 CASING DEPTH 40' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 4'  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 35 stks 50/50 Pozmix cement w/ 2% gel, 5% salt, + 5 # Kalseal per stk, cement to surface, displaced cement w/ 1.5 Hols fresh water, shut in casing.

*PKG*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		870.00 ✓
5406	on lease	MILEAGE		_____ ✓
5402	40	casing footage		_____ ✓
5407A	81.375	for mileage		114.74 ✓
5502C	2 hrs	80 Vac		200.00 ✓
1124	35 stks	50/50 Pozmix cement	402.50	✓
1118B	59 #	Premium Gel	12.98	✓
1111	74 #	Salt	28.86	✓
1110A	175 #	Kalseal	80.50	✓
		materials subtotal	524.84	
		- 30%	- 157.45	✓
		Subtotal	367.39	367.39
		<input checked="" type="checkbox"/> completed		
			1709.58	
		6.15%	SALES TAX	22.59 ✓
			ESTIMATED TOTAL	1574.72 ✓

AUTHORIZATION No Co. Rep. on location 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**  
FINV  
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 # 266776

Invoice Date: 03/24/2014 Terms: 0/30/10,n/30 Page 1

D.E. EXPLORATION  
DOUG EVANS  
P.O. BOX 128  
WELLSVILLE KS 66092  
(785) 883-4057

FREEMAN A R-20  
42712  
NW 11-23-16  
03-19-2014  
KS

=====

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	145.00	11.5000	1667.50
1118B	PREMIUM GEL / BENTONITE	344.00	.2200	75.68
1111	SODIUM CHLORIDE (GRANULA	280.00	.3900	109.20
1110A	KOL SEAL (50# BAG)	725.00	.4600	333.50
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-655.76

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1085.00	1085.00
368 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
368 CASING FOOTAGE	1060.00	.00	.00
548 TON MILEAGE DELIVERY	337.13	1.41	475.35
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00

Amount Due 4321.97 if paid after 04/03/2014

Parts:	2215.38	Freight:	.00	Tax:	95.91	AR	3625.88
Labor:	.00	Misc:	.00	Total:	3625.88		
Sublt:	-655.76	Supplies:	.00	Change:	.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 918/225-2650



**CONSOLIDATED**  
Oil Well Services, LLC

266776

TICKET NUMBER 42712  
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
3-19-14	2355	Freeman "A" R-20	NW 11	23	16	CF
CUSTOMER D. E. Exploration						
MAILING ADDRESS P.O. Box 128						
CITY Wellsville	STATE KS	ZIP CODE 66792				
JOB TYPE Long string	HOLE SIZE 5 7/8	HOLE DEPTH 1025	CASING SIZE & WEIGHT 2 7/8	OTHER Baffle 1029		
CASING DEPTH 1020	DRILL PIPE	TUBING				
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING yes	RATE 4 bpm		
DISPLACEMENT 6.16	DISPLACEMENT PSI 800	MIX PSI 200				
REMARKS: Held meeting. Established circulation. Mixed & pumped 100# gel followed by 145 sk 50150 cement plus 250 gel, 5% salt, 5# kol seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.						

TRUCK #	DRIVER	TRUCK #	DRIVER
330	Alan Maden	548	Maet
368	Alan Maden		
675	Kei Det		
548	Mick Mac		

Finney

*Alan Maden*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3421	1	PUMP CHARGE	368	1085.00
5426	50	MILEAGE	368	210.00
3402	1060	Casing footage	368	
3402A	337.13	740 miles	548	475.35
5502L	2	80 vhc	675	200.00
1124	145	50150 cement	1167.50	
1118B	344	gel	75.68	
1111	280	salt	109.20	
1110A	725	Kol seal	333.50	
		Material sub	2182.88	
		less 30%	655.76	
		Material total		1530.12
4402	1	2 1/2 ply		29.50
			4185.73	
			655.76	3529.97
		SALES TAX		95.91
		ESTIMATED TOTAL		3625.88

Ravin 3737

NO COMPANY ref

AUTHORIZATION Jim O'S 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.