



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1200944
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: _____

1200944

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

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
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 # 266881

Invoice Date: 03/27/2014 Terms: 0/30/10,n/30

Page 1

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

FREEMAN R-24
42729
NW 11-23-16
03-21-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	30.00	11.5000	345.00
1118B	PREMIUM GEL / BENTONITE	51.00	.2200	11.22
1111	SODIUM CHLORIDE (GRANULA	58.00	.3900	22.62
1110A	KOL SEAL (50# BAG)	150.00	.4600	69.00

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-134.35

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	.00
495 CASING FOOTAGE	40.00	.00	.00
548 TON MILEAGE DELIVERY	69.75	1.41	98.35
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00

Amount Due 1858.73 if paid after 04/06/2014

Parts:	447.84	Freight:	.00	Tax:	19.28	AR	1716.12
Labor:	.00	Misc:	.00	Total:	1716.12		
Sublt:	-134.35	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

266881

TICKET NUMBER 42729

LOCATION Ottawa KS

FOREMAN Fred 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	
2-21-14	2355	Freeman # R-24	NW 11	23	16	CF	
CUSTOMER DE Exploration			TRUCK # DRIVER TRUCK # DRIVER				
MAILING ADDRESS P.O. Box 128			712 FreMad				
CITY STATE ZIP CODE Wellsville KS 66092			495 HarBec				
			675 Kai Det				
			548 Salt Mik Haa				
JOB TYPE	Surface	HOLE SIZE	12 1/4	HOLE DEPTH	410	CASING SIZE & WEIGHT	7"
CASING DEPTH	410	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT	13/4 BBL	SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	10'4
DISPLACEMENT	2 1/4 BBL	DISPLACEMENT PSI		MIX PSI		RATE	5 BPM
REMARKS: Hold crew safety meeting. Establish circulation thru 7" casing. Mix + Pump 30 sks 50/50 Poz Mix Cement 7% Gel 5% Salt 5# Kel Seal/sk. Cement to surface. Displace 7" casing clean w/ 0.75 BBL Water. Shut in casing.							

Finney Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	-	MILEAGE		N/C
5402	40	Casing footage		N/C
5407A	69.75	Ten Miles	548	9635
5502C	2 hrs	60 BBL Vac Truck	675	200 ⁰⁰
1124	30 sks	50/50 Poz Mix Cement	345 ⁰⁰	
1118B	51#	Premium Gel	112 ²²	
1111	58#	Granulated Salt	2263	
1110A	150#	Kel Seal	69 ⁰⁰	
		Material	447 ⁵⁴	
		- Less 30%	-134 ³⁵	
		Total Material		313 ¹⁹
			1831.19	
			-134.35	1696.84
				1928
				1716 ¹²

Ravin 3737



Completed

AUTHORIZATION _____ 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 # 266931

Invoice Date: 03/28/2014 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-24
42700
NW 11-23-16
03-25-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	161.00	11.5000	1851.50
1118B	PREMIUM GEL / BENTONITE	470.00	.2200	103.40
1111	SODIUM CHLORIDE (GRANULA	338.00	.3900	131.82
1110A	KOL SEAL (50# BAG)	805.00	.4600	370.30
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-737.11

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
548 TON MILEAGE DELIVERY	1.00	527.80	527.80
666 CEMENT PUMP	1.00	1085.00	1085.00
666 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
666 CASING FOOTAGE	1057.00	.00	.00

Amount Due 4662.24 if paid after 04/07/2014

Parts:	2486.52	Freight:	.00	Tax:	107.59	AR	3879.80
Labor:	.00	Misc:	.00	Total:	3879.80		
Sublt:	-737.11	Supplies:	.00	Change:	.00		

Signed _____ Date _____



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

260931

TICKET NUMBER 42700

LOCATION Haways

FOREMAN Casey Kennedy

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/25/14	2355	Freeman A # R-24	NW 11	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	Casey	✓	Safety Meeting
666	Gar Moo	✓	
548	Mik Haa	✓	
368	Der Mas	✓	

JOB TYPE <u>Logging</u>	HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH <u>1063'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>
CASING DEPTH <u>1057'</u>	DRILL PIPE _____	TUBING <u>baffle-1026'</u>	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>31'</u>
DISPLACEMENT <u>5.94 bbls</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>5 bpm</u>

REMARKS held safety meeting, established circulation, mixed & pumped 200# Premium Gel followed by 10 bbls fresh water, mixed & pumped 161 sks 50/50 Perm mix cement w/ 2% gel, 5% salt, & 5# Kalseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.94 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

BTG

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5406	50 mi	MILEAGE		210.00 ✓
5402	1057'	casing footage		_____ ✓
5407A	374.325	ton mileage		527.80 ✓
5502C	2 hrs	80 Vac		200.00 ✓
1124	161 sks	50/50 Perm mix cement	1851.50	✓
1118B	470 2000 #	Premium Gel	103.40	✓
1111	338 #	Salt	131.82	✓
1110A	805 #	Kalseal	370.30	✓
		materials	2457.02	
		- 30%	- 737.11	
		subtotal		1719.91
4402	1	2 1/2" rubber plug		29.50 ✓
			4509.32	
			- 737.11	3772.21

completed @ 15%

SALES TAX	107.59 ✓
ESTIMATED TOTAL	3879.80 ✓

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