



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1200948  
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: \_\_\_\_\_

1200948

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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# DRILLERS LOG

API NO: 15 - 031 - 23828 - 00 - 00OPERATOR: D. E. EXPLORATION INC.ADDRESS: P.O. BOX 128, WELLSVILLE, KS 66092WELL #: R - 26 LEASE NAME: FREEMANFOOTAGE LOCATION: 3720 FEET FROM (N) (S) LINE 4680 FEET FROM (E) (W) LINECONTRACTOR: FINNEY DRILLING COMPANYGEOLOGIST: DOUG EVANSSPUD DATE: 3/25/2014TOTAL DEPTH: 1067 P.B.T.D.         DATE COMPLETED: 3/27/2014OIL PURCHASER: COFFEYVILLE RESOURCES CRUDE TRANSPORTATION

S. 11	T. 23	R. 16	<u>E.</u>	W.
LOCATION: <u>NE NW SW NW</u>				
COUNTY: <u>COFFEY</u>				
ELEV. GR.: <u>982</u>				
DF: <u>        </u>		KB: <u>        </u>		

## CASING RECORD

REPORT OF ALL STRINGS - SURFACE, INTERMEDIATE, PRODUCTION, ETC.

PURPOSE OF STRING	SIZE HOLE DRILLED	SIZE CASING SET (in O.D.)	WEIGHT LBS/FT	SETTING DEPTH	TYPE CEMENT	SACKS	TYPE AND % ADDITIVES
SURFACE:	12.2500	7	19	40	OWC	58	SERVICE COMPANY
PRODUCTION:	5.8750	2.8750 Brd	6.5	1061	OWC		SERVICE COMPANY

## WELL LOG

CORES: #         RECOVERED:         ACTUAL CORING TIME:         

RAN: 1 - FLOAT SHOE

1 - SEATING NIPPLE

1 - COLLAR

1 - BAFFLE

3 - CENTRALIZERS

1 - CLAMP

### FORMATION

TOP BOTTOM

TOP SOIL	0	3
SILT	3	12
CLAY	12	15
GRAVEL	15	33
LIME	33	35
SHALE	35	121
LIME	121	193
SHALE	193	292
LIME	292	302
SHALE	302	311
LIME	311	414
SHALE	414	419
LIME	419	422
RED SHALE	422	431
SHALE	431	433
LIME	433	450
SHALE	450	455
LIME	455	460
SHALE	460	468
KC LIME	468	529
SHALE	529	536
KC LIME	536	556
SHALE	556	562
KC LIME	562	568
SHALE	568	570
LIME	570	582
SHALE	582	585
LIME	585	589
SHALE	589	628
LIME	628	630
SHALE	630	718
LIME	718	728
SHALE	728	749
LIME	749	777
SHALE	777	779
SAND	779	787
SAND & SHALE	787	834
LIME	834	836
SHALE	836	838
LIME	838	840
SHALE	840	847
LIME	847	854

### FORMATION

TOP BOTTOM

SAND & SHALE	854	875
LIME	875	879
SAND & SHALE	879	893
LIME	893	901
SAND & SHALE	901	912
LIME	912	914
SHALE	914	917
LIME	917	921
SAND & SHALE	921	934
LIME	934	937
SHALE	937	964
CAP LIME	964	965
SHALE	965	966
CAP LIME	966	967
SAND & SHALE	967	968
SAND & SHALE OIL SHOW	968	970
OIL SAND GOOD OIL SHOW	970	972
OIL SAND FREE OIL	972	974
OIL SAND GOOD SHOW	974	976
OIL SAND FREE OIL	976	978
SAND & SHALE OIL SHOW	978	980
SAND & SHALE NO SHOW	980	982
SAND & SHALE	982	1031
LIME	1031	1033
SAND & SHALE	1033	1067 T.D.



**CONSOLIDATED**  
Oil Well Services, LLC

~~REMIT TO~~  
**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 # 266932

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-26  
42701  
NW 11-23-16  
03-25-2014  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	40.00	11.5000	460.00
1118B	PREMIUM GEL / BENTONITE	67.00	.2200	14.74
1111	SODIUM CHLORIDE (GRANULA	84.00	.3900	32.76
1110A	KOL SEAL (50# BAG)	200.00	.4600	92.00

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-179.85

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
548 TON MILEAGE DELIVERY	93.00	1.41	131.13
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 1837.50 if paid after 04/07/2014

Parts:	599.50	Freight:	.00	Tax:	25.81	AR	1646.59
Labor:	.00	Misc:	.00	Total:	1646.59		
Sublt:	-179.85	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_ Date \_\_\_\_\_





**CONSOLIDATED**  
Oil Well Services, LLC

266932

TICKET NUMBER 42701  
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
3/25/14	2355	Freeman A # R-260	NW 11	23	16	CO
CUSTOMER DE Exploration			TRUCK #			
MAILING ADDRESS PO Box 128			DRIVER		TRUCK #	
CITY Wellsville			DRIVER		TRUCK #	
STATE KS			DRIVER		TRUCK #	
ZIP CODE 66092			DRIVER		TRUCK #	
			DRIVER		TRUCK #	

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 1.5 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 40 sks 50/50 Pozmix cement w/ 2% gel, 5% salt, + 5 # Kalseal per sk, cement to surface, displaced cement w/ 1.5 bbls fresh water, shut in casing.

*Handwritten signature*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE		870.00 ✓
5406	on lease	MILEAGE		✓
5402	40'	casing footage		✓
5407A	93	for mileage		131.13 ✓
5502C	2 hrs	80 Vac		200.00 ✓
1124	40 sks	50/50 Pozmix cement	460.00 ✓	
1118B	67 #	Premium Gel	14.74 ✓	
1111	84 #	Salt	32.76 ✓	
1110A	200 #	Kalseal	92.00 ✓	
		materials	599.50	
		less 30% -	179.85	
		Subtotal		419.65
			1800.63 ✓	
			- 179.85	1620.78
			6.15% SALES TAX	25.81 ✓
			ESTIMATED TOTAL	1646.59 ✓

**completed**  
6.15%

Ravin 3737 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.



**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 # 267039

Invoice Date: 03/31/2014 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-26  
 42753  
 NW 11-23-16  
 03-27-2014  
 KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	158.00	11.5000	1817.00
1118B	PREMIUM GEL / BENTONITE	465.00	.2200	102.30
1111	SODIUM CHLORIDE (GRANULA	332.00	.3900	129.48
1110A	KOL SEAL (50# BAG)	790.00	.4600	363.40
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-723.65

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00
558 TON MILEAGE DELIVERY	367.35	1.41	517.96
666 CEMENT PUMP	1.00	1085.00	1085.00
666 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
666 CASING FOOTAGE	1061.00	.00	.00

Amount Due 4554.80 if paid after 04/10/2014

Parts:	2441.68	Freight:	.00	Tax:	105.66	AR	3786.65
Labor:	.00	Misc:	.00	Total:	3786.65		
Sublt:	-723.65	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

267039

TICKET NUMBER 42753

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
3/27/14	2355	Freeman "A" #R-26	NW 11	23	16	CO
CUSTOMER DE Exploration						
MAILING ADDRESS PO Box 128						
CITY Wellsville	STATE KS	ZIP CODE 66692				

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Casken	✓ Safety Meeting	
6660	Garmon	✓	
558	Mat Coc	✓	
370	Jas Ric	✓	

JOB TYPE log string HOLE SIZE 5 7/8" HOLE DEPTH 1067' CASING SIZE & WEIGHT 2 7/8" EUE  
 CASING DEPTH 1067' DRILL PIPE \_\_\_\_\_ TUBING baffle - 1031' OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 30'  
 DISPLACEMENT 5.97 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 158 bbls 5% Pozmix 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/ 5.97 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5461	1	PUMP CHARGE		1085.00 ✓
5406	50 mi	MILEAGE		210.00 ✓
5462	1061'	casing footage		
5407A	367.35	fuel mileage		517.96 ✓
5502C	1.5 hrs	80 lbc		150.00 ✓
1124	158 bbls	5% Pozmix cement	1817.00	✓
1118B	465 #	Premium Gel	102.30	✓
1111	332 #	Salt	129.48	✓
1110A	790 #	Kalseal	363.40	✓
		materials	2412.18	✓
		- 30%	723.65	
		Subtotal		1688.53 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
			4554.80	
		6.15%	SALES TAX	105.66 ✓
			ESTIMATED TOTAL	3786.65 ✓

**completed**

AUTHORIZATION No Co. Reg. 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.