

Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1200950

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WFII	HISTORY	- DESCRIP	TION OF	WFII &	IFASE

OPERATOR: License #			API No. 15	
Name:			Spot Description:	
Address 1:			Sec	TwpS. R East West
Address 2:			Fe	eet from 🗌 North / 🗌 South Line of Section
City: Si	tate: Zi	p:+	Fe	eet from 🗌 East / 🗌 West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section Corner:
Phone: ()				/ 🗌 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:	Well #:
	-Entry	Workover	Field Name:	
	_		Producing Formation:	
Oil WSW □ Gas □ D&A		SIOW	Elevation: Ground:	Kelly Bushing:
		Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:
CM (Coal Bed Methane)			Amount of Surface Pipe Se	et and Cemented at: Feet
Cathodic Other (Cord	e, Expl., etc.):		Multiple Stage Cementing	Collar Used? 🗌 Yes 🗌 No
If Workover/Re-entry: Old Well In	fo as follows:		If yes, show depth set:	Feet
Operator:			If Alternate II completion, c	ement circulated from:
Well Name:			feet depth to:	w/sx cmt.
Original Comp. Date:	Original T	otal Depth:		
Deepening Re-perf.	_	NHR Conv. to SWD	Drilling Fluid Managemer	nt Plan
Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from t	
			Chloride content:	ppm Fluid volume:bbls
			Dewatering method used:	
Dual Completion				
SWD ENHR			Location of fluid disposal if	hauled offsite:
			Operator Name:	
	γ crinit π		Lease Name:	License #:
Spud Date or Date Rea	ached 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	1200950
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRINCTIONS. Chave important tang of formations paratrated	atail all aaraa Bapart all final	apping of drill stome tools giving interval toolad, time tool

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 Sho	eets)	Yes No		-	on (Top), Depth a		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	T (0)			T 15		

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

No

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

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

(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				٨	Depth				
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner Ru	un:	No	
Date of First, Resumed Production, SWD or ENHR.				Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbl	S.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
									I	
DISPOSITION OF GAS: MET			METHOD		TION:		PRODUCTION INT	ERVAL:		
Vented Solo	d 🗌 l	Used on Lease		Open Hole	Perf.	Uually (Submit A		Commingled		
(Su (If vented, Submit ACO-18.)					,	(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 -	23832 - 00 - 00		-			-	S. 11	T. 23	R. 16	<u>E.</u>	W.
OPERATOR: D. E. EXP	LORATION INC.		_				LO	CATION:	SW SE	NW NW	
								COUNTY:	COFFEY		
ADDRESS: P.O. BOX	128, WELLSVILLE, KS	66092				-		ELEV. GR.:	978	3	
WELL #: RI - 20	LEAS	E NAME:	FREEMA	N		-		DF:		КВ:	
FOOTAGE LOCATION:		FROM	(N)	<u>(S)</u>	LINE	4520	FEET	FROM	<u>(E)</u>	(W)	LINE
CONTRACTOR:	FINNEY DRILLING C	OMPANY				GEC	DLOGIST:	DOUG EV	ANS		
SPUD DATE:	3/31/2014					ΤΟΤΑ	L DEPTH:	1058		P.B.T.D.	
DATE COMPLETED:	4/2/2014					OIL PUR	CHASER:	COFFEYVILI	E RESOURC	CES CRUDE 1	RANSPORTATIO
		C	ASING	RECO	RD			March			
REPORT OF ALL ST	RINGS - SURFACE, IN	TERMEDIA	TE. PROD	UCTION, E	TC.						
	the state of the s		MEIGUT			-					7

PURPOSE OF STRI	NG 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	55	SERVICE COMPANY
PRODUCTION:	5.8750	2.8750 Brd NEW	6.5	1051.76	OWC		SERVICE COMPANY

WELL LOG

CORES: #

RECOVERED: ACTUAL CORING TIME:

FORMATION	TOP	BOTTOM
TOP SOIL	0	3
CLAY	3	17
SAND & GRAVEL	17	31
LIME	31	33
SHALE	33	122
LIME	122	191
SHALE	191	288
LIME	288	298
SHALE	298	308
LIME	308	408
SHALE	408	410
LIME v	410	412
SHALE	412	413
LIME	413	414
SHALE	414	419
LIME	419	423
SHALE	423	428
LIME	428	441
SHALE	441	451
LIME	451	458
SHALE	458	471
LIME	471	536
SHALE	536	542
LIME	542	553
SHALE	553	559
LIME	559	581
SHALE	581	672
LIME	672	676
SHALE	676	715
SANDY LIME	715	724
SHALE	724	743
LIME	743	773
SHALE	773	777
SAND	777	787
SAND & SHALE	787	841
LIME	841	853
SAND & SHALE	853	863
LIME	863	866
SAND & SHALE	866	869
LIME	869	872
SAND & SHALE	872	874
LIME	874	877

FORMATION	TOP	BOTTOM
SAND & SHALE	877	892
LIME	892	898
SAND & SHALE	898	915
LIME	915	922
SAND & SHALE	922	926
LIME	926	930
SHALE	930	933
LIME	933	936
SAND & SHALE	936	959
CAP LIME	960	962
SHALE	962	962.5
CAP LIME	962.5	963.5
SHALE	963.5	964
SAND & SHALE OIL SHOW	964	966
OIL SAND GOOD SHOW	966	968
OIL SAND GOOD SHOW	968	970
OIL SAND FREE OIL	970	972
GOOD SHOW FREE OIL	972	974
BEST SHOW FREE OIL GOOD SHOW	974	976
SAND & SHALE OIL SHOW	976	978
SAND & SHALE NO SHOW	978	980
SAND & SHALE	980	982
SAND & SHALE	982	1025
LIME	1025	1027
SAND & SHALE	1027	1058 T.D.

RAN: 1 - FLOAT SHOE 1 - BAFFLE 3 - CENTRALIZERS 1 - CLAMP

CONSOLII Oil Well Serv	Consolidated OILW	ell Services, LLC 970 4346	Char 620/431-9210 • 1	MAIN OFFICE P.O. Box 884 bute, KS 66720 -800/467-8676 620/431-0012
INVOICE			Invoice #	
Invoice Date: 03/31	/2014 Terms: 0/30/10,n,			======= age 1
D.E. EXPLORATION DOUG EVANS P.O. BOX 128 WELLSVILLE KS (785)883-4057		FREEMAN A RI- 42757 NW 11-23-16 03-31-2014 KS	20	
Part Number 1124 1118B 1111 1110A	Description 50/50 POZ CEMENT MIX PREMIUM GEL / BENTONITE SODIUM CHLORIDE (GRANULA KOL SEAL (50# BAG)	35.00 59.00 74.00	.2200	402.50 12.98
Sublet Performed 9996-120	Description CEMENT MATERIAL DISCOUNT			Total -157.45
Description 370 80 BBL VACUUM 7 510 TON MILEAGE DEN 666 CEMENT PUMP (SU 666 EQUIPMENT, MILEA 666 CASING FOOTAGE	LIVERY URFACE)	1.50 1.00	Unit Price 100.00 114.74 870.00 4.20 .00	Total 150.00 114.74 870.00 210.00 .00

Amount Due 1901.85 if paid after 04/10/2014

Parts:	524.84	Freight:	.00	Tax:	22.59	AR	1734.72
labor:	.00	Misc:	.00	Total:	1734.72		
Sublt:	-157.45	Supplies:	.00	Change:	.00		



267041

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

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE CUSTO	OMER # WELL I	AME & NUMBER	SEC	TION TOWNS	SHIP RANGE	COUNTY
3/31/14 235	J Freeman A	#RI-	20 NW	11 23	16	60
CUSTOMER 5.1	M.					bis si deserva
DE Explore	Uton			JCK # DRIV	ER TRUCK #	DRIVER
MAILING ADDRESS	•		70	9 Caske	u V Salat	y Hedina
PO Box	128		Lele		and the second se	1-3-
CITY	STATE	IP CODE	510			
Wellsville	ks	66092	370			
JOB TYPE SURFACE	HOLE SIZE	14 " HOLE	DEPTH 40		IZE & WEIGHT	211
CASING DEPTH 40	DRILL PIPE	TUBIN	G		OTHER	
SLURRY WEIGHT	SLURRY VOL	WATE	R gal/sk	CEMENT	EFT in CASING	4'
DISPLACEMENT 1,51	bls DISPLACEMENT	PSI MIX PS	SI	RATE_S	-bom	
REMARKS: Leld sa.	toby watting, e	stablished a	ire latio	n mixed +	-punned 3	5 sts \$750
Poznix cem		1, 5% salt	1 1-1	Kelserl per	sk, ceme	it to
erface, displa	red concert u	1.5 bbs	fresh u	4 V.I T	- in casing	
		1		/		,

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		TOTAL
54015	1	PUMP CHARGE		870.00
5406	50 mi	MILEAGE		210.00
5402	40'	casing tootage		
5907A	81. 375	ton unilenge		114 74
55020	1.5 hrs	80 Vac		150.00
1124	35 sks	5%50 Pozurix concent	402.50	
118B	59 #	Premiur Gel	12.98	
n $ $	74 #	Salt	28.86	
1110A	175 #	Kolseal	80.50	
		materials	524.84	
		- 30%	- 157.45 .	
		Subtat	2	367,39
		Ever complet	Mol.85	
			2 SALES TAX	22.590
avin 3737	No Co. Rep. on loca		ESTIMATED TOTAL	1734.72
AUTHORIZTION	No to hep. on loca	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 forr

FOREMAN (ase

TICKET NUMBE

LOCATION

Oil Well Serv	ices, LLC Consolidated	RF MT TO d Oil Well Services, LLC Dept. 970 O. Box 4346 n, TX 77210-4346	ا Chanul 620/431-9210 • 1-8	AIN OFFICE P.O. Box 884 e, KS 66720 00/467-8676 20/431-0012
INVOICE			Invoice #	
Invoice Date: 04/07	/2014 Terms: 0/30	/10,n/30	==================== Pa	ige 1
D.E. EXPLORATIO DOUG EVANS P.O. BOX 128 WELLSVILLE KS (785)883-4057		FREEMAN A RI- 42762 NW 11-23-16 04-02-2014 KS	20	
Part Number 1124 1118B 1111 1110A 4402	Description 50/50 POZ CEMENT M PREMIUM GEL / BENT SODIUM CHLORIDE (G KOL SEAL (50# BAG) 2 1/2" RUBBER PLUG	IX 160.00 ONITE 469.00 RANULA 336.00 800.00	.3900	Total 1840.00 103.18 131.04 368.00 29.50
Sublet Performed 9996-120	Description CEMENT MATERIAL DI	SCOUNT		Total -732.67
Description 369 80 BBL VACUUM 515 TON MILEAGE DE 666 CEMENT PUMP 666 EQUIPMENT MILE 666 CASING FOOTAGE	LIVERY	1.50 372.00	Unit Price 100.00 1.41 1085.00 4.20 .00	Total 150.00 524.52 1085.00 210.00 .00

Amount Due 4593.25 if paid after 04/17/2014

=========	==============		=========		===========	=======:	
Parts:	2471.72	Freight:	.00	Tax:	106.95	AR	3815.52
Labor:	.00	Misc:	.00	Total:	3815.52		
Sublt:	-732.67	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

	CINSOLIDATED	267099	TICKET NUM	Hawa, KS	2762
0 Box 884, 0	Chanute, KS 66720	FIELD TICKET & TREATMENT F	REPORT	Deg Ferne	207
20-431-9210	or 800-467-8676	CEMENT			
DATE	CUSTOMER #	WELL NAME & NUMBER SECTIO	N TOWNSHIP	RANGE	COUNTY
4/2/14	2355 Free	man A # RI-20 NWII	23	16	C0
JSTOMER	xplocation				
				TRUCK #	DRIVER
Pa	BOK 128	729	Carken	V Safety	Vection
	STATE	ZIP CODE	Garhoo	V	
Wello		213	ColNob	~ Evreta	a
B TYPE /0		Frain 1001	, Mit Haa		<u> </u>
SING DEPTH	1.1.1		CASING SIZE &)		F"EVE
URRY WEIGH			2/-	OTHER	
	T <u>5.91 bbls</u> displacen		CEMENT LEFT in		-
Marks: Co			RATE_S 50	Λ	
L follow	11/10/11/	real instance in contract, p	hived t pur	page 200	# Preusion
11/ +	w/ 2% al 50	2 I J C II K I A	pool 100 sts	J'so Po	zurix
della,		a salt + S # Ko'sal per	St reinleit	to Sycha	e,
ssured	to 800 DIL. (e	2/2" rubber dug to battle	5 W/ 5.91 46	Is fresh w	ater,
550.60	10 000 PSL, 10	leased pressure; shut in casi	ng		
		· · · · · · · · · · · · · · · · · · ·			
			() <u></u>	-1()	
				Jeg-	
	· · · · · · · · · · · · · · · · · · ·		— (⁻ /	<u>/_/_</u>	
ACCOUNT	QUANITY or UNITS		/_	/	T
CODE	QUANITY OF UNITS	DESCRIPTION of SERVICES or	PRODUCT	UNIT PRICE	TOTAL
401		PUMP CHARGE			1085.00
406	SONI	MILEAGE			210 000
402	1052'	casing footage			
5407A	372 1.565	ton mileage			524.52
502C	1.Shrs	80 Vac			524.57 150.00
24	160 sts	5950 Poznix cement		1840.00	
IBB	469 #	Prenie on Gel		103.18	
(11	336 #	Premie m Gel Salt		131.04	
110 A	# 008	Kolseal			
··~/			ctustals	368.00.	
		- M	2049	2442.22	V
			30% - subtotal	732.67	MAGE
402	1	21/5 "rubberplug	2 USTOTAL		1709.55
					29.50 .
		R	complet	4593.25	
			7 CONTRAIN	UN 75.25	
			1 00		111 000
737			6.15%	SALES TAX	106.95
737	No Co. Rep. on. loc		Q1510	SALES TAX ESTIMATED TOTAL	3815.52

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.