



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1200950
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: _____

1200950

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: 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> _____ <i>(Submit ACO-4)</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 # 267041

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 RI-20
42757
NW 11-23-16
03-31-2014
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)	1.50	100.00	150.00
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)	50.00	4.20	210.00
666 CASING FOOTAGE	40.00	.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		

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

267041

TICKET NUMBER 42757

LOCATION Osawa, KS

FOREMAN Cary Kennedy

PO Box 684, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/31/14	2355	Freeman A #RI- 20	NW 11	23	16	CO
CUSTOMER DE Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 128			709	Cashen	✓	Safety Meeting
CITY STATE ZIP CODE Wellsville KS 66092			6666	Carlton	✓	
			510	Set Tue	✓	
			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 1.5 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 35 sts 50/50 Pozmix cement w/ 2% gel, 5% salt, + 5# Kolseal per sk, cement to surface, displaced cement w/ 1.5 bbl's fresh water, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		840.00 ✓
5406	50 mi	MILEAGE		210.00 ✓
5402	40'	casing footage		✓
5407A	81.375	ton mileage		114.75 ✓
5502C	1.5 hrs	80 Vac		150.00 ✓
1124	35 sts	50/50 Pozmix cement	402.50	✓
1108B	59 #	Premium Gel	12.98	✓
1111	74 #	Salt	28.86	✓
1110A	175 #	Kolseal	80.50	✓
		materials	524.84	✓
		- 30%	157.45	✓
		Subtotal		267.39
		<input checked="" type="checkbox"/> completed	161.85	
		Le. 15%		
		SALES TAX		22.59 ✓
		ESTIMATED TOTAL		1734.72 ✓

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



CONSOLIDATED
Oil Well Services, LLC

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 # 267099

Invoice Date: 04/07/2014 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 RI-20
42762
NW 11-23-16
04-02-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	160.00	11.5000	1840.00
1118B	PREMIUM GEL / BENTONITE	469.00	.2200	103.18
1111	SODIUM CHLORIDE (GRANULA	336.00	.3900	131.04
1110A	KOL SEAL (50# BAG)	800.00	.4600	368.00
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-732.67

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00
515 TON MILEAGE DELIVERY	372.00	1.41	524.52
666 CEMENT PUMP	1.00	1085.00	1085.00
666 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
666 CASING FOOTAGE	1052.00	.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 _____



CONSOLIDATED
Oil Well Services, LLC

267099

TICKET NUMBER 42762

LOCATION Atchewa, 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
4/2/14	2355	Freeman A # RI-20	NW 11	23	16	CO
CUSTOMER DE Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 128			729	Co Ken	✓ Safety Meeting	
CITY STATE ZIP CODE Wellsville KS 666092			660	Gar Moo	✓	
			515	Col Nob	✓ Eureka	
			369	Mit Haa	✓	

JOB TYPE longstring HOLE SIZE 5 7/8" HOLE DEPTH 1060' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 1052' DRILL PIPE _____ TUBING battle-1021' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31'
 DISPLACEMENT 5.91 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 1600 lbs 5% Pozmix cement w/ 2% gel, 5% salt, + 5 # Kalsal per st, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to battle w/ 5.91 bbls fresh water, pressured to 800 PSI, released pressure, shot in casing.

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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	1052'	casing footage		
5407A	372	ton mileage		524.52 ✓
5502C	1.5 hrs	80 Vac		150.00 ✓
1124	1600 sts	5% Pozmix cement	1840.00	✓
1118B	469 #	Premium Gel	103.18	✓
1111	336 #	Salt	131.04	✓
1110A	800 #	Kalsal	368.00	✓
		materials	2442.22	✓
		-30%	-732.67	✓
		subtotal		1709.55 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
				2593.25 ✓
		6.15%	SALES TAX	106.95 ✓
			ESTIMATED TOTAL	3815.52 ✓

Form 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.