



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1200954
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: _____

1200954

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 # 267330

Invoice Date: 04/14/2014 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-22
42764
NW 11-23-16
04-10-2014
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
370 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00
445 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
445 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
445 CASING FOOTAGE	40.00	.00	.00
503 TON MILEAGE DELIVERY	93.00	1.41	131.13

Amount Due 1997.50 if paid after 04/24/2014

Parts:	599.50	Freight:	.00	Tax:	25.81	AR	1806.59
Labor:	.00	Misc:	.00	Total:	1806.59		
Sublt:	-179.85	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

267330

TICKET NUMBER 42764

LOCATION Ottawa, KS

FOREMAN Cory Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/10/14	2355	Freeman A # RI-22	NW11	23	16	CO
CUSTOMER DE Exploration			TRUCK #			
MAILING ADDRESS PO Box 128			729	Driver	TRUCK #	DRIVER
CITY Wellsville	STATE KS	ZIP CODE 66092	445	Casken	✓ Safety Meeting	
			503	Zev Ash	✓ Eureka	
			370	Kei Car	✓	
				Gardner	✓	

JOB TYPE <u>Surface</u>	HOLE SIZE <u>12 1/4"</u>	HOLE DEPTH <u>40'</u>	CASING SIZE & WEIGHT <u>7"</u>
CASING DEPTH <u>40'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>4'</u>
DISPLACEMENT <u>1.5 bbls</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4 bpm</u>

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, shut in casing.

Handwritten signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		870.00 ✓
5406	50 mi	MILEAGE		210.00 ✓
5402	40'	Casing footage		— ✓
5407A	93	fuel mileage		131.13 ✓
5502C	1.5 hrs	80 VAC		150.00 ✓
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	
		- 30%	179.85	✓
		Subtotal		419.65
				1997.50
			6.15%	SALES TAX 25.81 ✓
				ESTIMATED TOTAL 1806.59 ✓

completed

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 # 267391

Invoice Date: 04/16/2014 Terms: 0/30/10,n/30 Page 1

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

FREEMAN RI-22
47053
NW 11-23-16
04-12-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	152.00	11.5000	1748.00
1118B	PREMIUM GEL / BENTONITE	356.00	.2200	78.32
1111	SODIUM CHLORIDE (GRANULA	294.00	.3900	114.66
1110A	KOL SEAL (50# BAG)	760.00	.4600	349.60
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-687.17

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
495 CASING FOOTAGE	1053.00	.00	.00
503 TON MILEAGE DELIVERY	353.40	1.41	498.29
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00

Amount Due 4456.05 if paid after 04/26/2014

Parts:	2320.08	Freight:	.00	Tax:	100.42	AR	3726.62
Labor:	.00	Misc:	.00	Total:	3726.62		
Sublt:	-687.17	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

267391

TICKET NUMBER 47053
LOCATION Ottawa KS
FOREMAN Fred 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	
4.12.14	2355	Freeman # RZ-22	NW 11	23	16	CF	
CUSTOMER							
D E Exploration							
MAILING ADDRESS							
P.O. Box 128							
CITY		STATE	ZIP CODE				
Wellsville		KS	66092				
TRUCK #		DRIVER		TRUCK #		DRIVER	
712		FreMad					
495		Har Bec					
675		Ki Det					
503		Mat Loc					

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1062 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 1053 DRILL PIPE Baffle in TUBING @ 1022 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31 + Plug
 DISPLACEMENT 5.94 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish circulation. Mix + Pump
100# Gel Flush. Mix + Pump sks 50/50 for mix cement
2% Gel 5% Salt 5# Kol Seal/sk. Cement to surface. Flush pump + lines
clean. Displace 2 1/2" Rubber plug to baffle in casing. Pressure
to 800# PSI. Release pressure to set float valve. Shot in casing.

Finney Drilling. Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00 ✓
5406	50 mi	MILEAGE	495	210.00 ✓
5402	1053	Casing footage		N/C ✓
5407A	353.4	Ton Miles	558	498.29 ✓
5502C	2 hrs	80 BBL Vac Truck	675	200.00 ✓
1124	152 sks	50/50 Por Mix Cement	1748.00	✓
1115B	356#	Premium Col	78.33	✓
1111	297#	Granulated Salt	114.69	✓
1110A	760#	Kol Seal	349.60	✓
		Material	2290.58	
		Less 30%	687.17	
		Total Material		1603.41
4402	1	2 1/2" Rubber Plug		29.50 ✓
				4456.05
			6.15%	SALES TAX
				ESTIMATED TOTAL
				100.42 ✓
				3726.62 ✓

AUTHORIZATION [Signature] 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.