



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1202262
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: _____

1202262

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
 Well: Schroeder # 8
 Lease Owner: DE Exploration

Town Oilfield Service, Inc.
 (913) 837-8400

Commenced Spudding:
 3/10/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
25	Soil-Clay	25
15	Shale	40
25	Lime	65
7	Shale	72
9	Lime	81
5	Shale	86
20	Lime	106
11	Shale	117
11	Sand	128
5	Sandy Shale	133
24	Lime	157
43	Shale	200
9	Lime	209
19	Shale	228
5	Lime	233
4	Shale	237
11	Lime	248
19	Shale	267
7	Lime	274
10	Shale	284
3	Lime	287
33	Shale	320
1	Lime	321
11	Shale	332
24	Lime	356
7	Shale	363
24	Lime	387
4	Shale	391
4	Lime	395
3	Shale	398
6	Lime	404
5	Shale	409
29	Sandy Shale	438
10	Shale	448
4	Sandy Shale	452
124	Shale	576
5	Lime	581
4	Shale	585
2	Lime	587
9	Shale	596

Short Cuts

TANK CAPACITY

BBLS. (42 gal.) equals $D^2 \times .14 \times h$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals $BPH \times PSI \times .0004$

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. 8

Farm Schweeden

ks Johnson
(State) (County)

1 15 21
(Section) (Township) (Range)

For D.E. Exploration
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
25	oil clay	25	
15	shale	40	
25	Lime	65	
7	shale	72	with some shale seams
9	Lime	81	
5	shale	86	
20	Lime	106	
11	shale	117	
11	sand	128	
5	sandy shale	133	gray, no oil
24	Lime	157	
43	shale	200	
9	Lime	209	
19	shale	228	
5	Lime	233	
4	shale	237	
11	Lime	248	
19	shale	267	
7	Lime	274	
10	shale	284	
3	Lime	287	
33	shale	320	
1	Lime	321	
11	shale	332	
24	Lime	356	
7	shale	363	
24	Lime	387	

387			
Thickness of Strata	Formation	Total Depth	Remarks
4	shale	391	
4	lime	395	
3	shale	398	
6	lime	404	
5	shale	409	Harder
29	sandy shale	438	
10	sand	448	
4	sandy shale	452	
124	shale	576	
5	lime	581	
4	shale	585	
2	lime	587	
9	shale	596	
8	lime	604	
15	shale	619	
3	lime	622	
10	shale	632	
5	lime	637	
24	shale	661	
2	lime	663	
67	shale	730	
9	sand	739	little oil, no oil, brown sand
4	sandy shale	743	
112	shale	855	
2	sandy lime	857	oil, 50% - 60% oil bleeding
5	sand	862	75% oil, good bleeding
1	sand	863	40% - solid oil



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 # 266630

Invoice Date: 03/19/2014 Terms: 0/30/10,n/30

Page 1

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

SCHROEDER #8
42714
SW 6-15-22
03-12-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	122.00	11.5000	1403.00
1118B	PREMIUM GEL / BENTONITE	305.00	.2200	67.10
1111	SODIUM CHLORIDE (GRANULA	236.00	.3900	92.04
1110A	KOL SEAL (50# BAG)	610.00	.4600	280.60
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-552.82

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
495 CEMENT PUMP	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
495 CASING FOOTAGE	920.00	.00	.00
503 MIN. BULK DELIVERY	1.00	368.00	368.00

Amount Due 3789.32 if paid after 03/29/2014

Parts:	1872.24	Freight:	.00	Tax:	97.31	AR	3195.73
Labor:	.00	Misc:	.00	Total:	3195.73		
Sublt:	-552.82	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

240630

TICKET NUMBER 42714

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
3-12-14	2355	Schroeder # 8	SW 6	15	22	JO
CUSTOMER						
D E Exploration Inc						
MAILING ADDRESS						
P.O. Box 128						
CITY						
Wellsville		STATE	KS	ZIP CODE	66092	
TRUCK #						
712		DRIVER		TRUCK #		DRIVER
495		Har Ber				
369		Der Mas				
503		Ki Car				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 940' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 9200 DRILL PIPE Baffle in TUBING @ 888 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING .32' + Plug
 DISPLACEMENT 5.16 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 53 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump 100# Gel
Flush. Mix + Pump 122 SKS 50/50 Por 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. Shut in casing.

TOS Drilling: Chad.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰ ✓
5406	30mi	MILEAGE	495	126 ⁰⁰ ✓
5402	920'	Casing footage		N/C ✓
5407	Minimum	Ten Miles	503	368 ⁰⁰ ✓
5502C	2 hrs	80 BBL Vac Truck	369	200 ⁰⁰ ✓
1124	122 SKS	50/50 Por Mix Cement	1403 ⁰⁰	✓
1118B	305 #	Premium Gel	67 ¹⁰	✓
1111	236 #	Granulated Salt	92 ⁰⁴	✓
1110A	610 #	Kol Seal	280 ⁶⁰	✓
		Total Material	1842 ⁷⁴	
		- less 30%	- 552 ⁸²	✓
		Total		1289 ⁹²
4402	1	2 1/2" Rubber Plug		29 ⁵⁰ ✓
		3651.24 - 552.82 =		3098.42
		7.375	SALES TAX	97 ³¹ ✓
			ESTIMATED TOTAL	3195 ⁷³ ✓

Flavin 3737

AUTHORIZATION Bryan Mills

TITLE **completed**

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.