



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1202278
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: _____

1202278

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS Town Oilfield Service, Inc.
 Well: Schroeder 16 (913) 837-8400
 Lease Owner: DEExploration

Commenced Spuding:
 03/12/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
38	soil/shale	38
6	lime	44
6	shale	50
15	lime	65
8	shale	73
9	lime	82
4	shale	86
23	lime	109
24	shale/red bed	135
22	lime	157
42	shale	199
10	lime	209
18	shale	227
6	lime	233
2	shale	235
14	lime	249
19	shale	28
6	lime	274
8	shale	282
6	lime	288
32	shale	32
2	lime	322
10	shale	332
25	lime	357
7	shale	364
22	lime	386
4	shale	390
5	lime	395
3	shale	398
7	lime	405
29	shale	434
8	sand shale	442
135	shale	577
4	lime	581
6	shale	587
2	lime	589
6	shale	598
3	lime	601
20	shale	621
2	lime	623

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. 16

Farm Schroeder

KS JO
(State) (County)

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

For DE Ex.
(Well Owner)

Town Oilfield Services, Inc.

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

Thickness of Strata	Formation	Total Depth	Remarks
38	Soil / Shale	38	
6	Lime	44	
6	Shale	50	
15	Lime	65	
8	Shale	73	
9	Lime	82	
4	Shale	86	
23	Lime	109	
24	Shale / Red bed	135	
22	Lime	157	
42	Shale	199	
10	Lime	209	
18	Shale	227	
6	Lime	233	
2	Shale	235	
14	Lime	249	
19	Shale	268	
6	Lime	274	
8	Shale	282	
6	Lime	288	
32	Shale	320	
2	Lime	322	
10	Shale	332	
25	Lime	357	
7	Shale	364	
22	Lime	386	
4	Shale	390	

390

Thickness of Strata	Formation	Total Depth	Remarks
5	Lime	395	ICC
3	Shale	398	
7	Lime	405	Hertna
29	Shale	434	
8	Sandy Shale	442	Cassy
135	Shale	577	
4	Lime	581	
6	Shale	587	
2	Lime	589	
9	Shale	598	
3	Lime	601	
20	Shale	621	
2	Lime	623	
10	Shale	633	
3	Lime	636	
223	Shale	859	Streaks of Lime.
9	Sand	868	Good bleed. 70% + oil.
1	Lime	869	
71	Shale	940	TD - Red bed



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 # 266633

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 #16
42703
SW 1-15-21
03-13-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	127.00	11.5000	1460.50
1118B	PREMIUM GEL / BENTONITE	313.00	.2200	68.86
1111	SODIUM CHLORIDE (GRANULA	245.00	.3900	95.55
1110A	KOL SEAL (50# BAG)	635.00	.4600	292.10
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-575.10

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1085.00	1085.00
368 EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	.00
368 CASING FOOTAGE	919.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00
510 MIN. BULK DELIVERY	1.00	368.00	368.00

Amount Due 3693.07 if paid after 03/29/2014

Parts:	1946.51	Freight:	.00	Tax:	101.15	AR	3075.56
Labor:	.00	Misc:	.00	Total:	3075.56		
Sublt:	-575.10	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

266633

TICKET NUMBER 42703

LOCATION Ottawa

FOREMAN Alan 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
3-13-14	2355	Schroeder 16	SW 1	15	21	IO
CUSTOMER D.E. Exploration			TRUCK #			
MAILING ADDRESS P.O. Box 128			DRIVER			
CITY Wellsville			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66792			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 5 1/8 HOLE DEPTH 940 CASING SIZE & WEIGHT 2.73
 CASING DEPTH 919 DRILL PIPE _____ TUBING _____ OTHER bottle 838
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
 DISPLACEMENT _____ DISPLACEMENT PSI 200 MIX PSI 200 RATE 4.6 gpm

REMARKS: Hold meeting. Established rate. Mixed & pumped 100 # gel followed by 127 ck 50/50 cement plus 20% gel, 3 # salt, 3 # Kolseal per sack. Circulated cement flushed pump. Pumped plus to bottle well held 500 PSI. Set float. Closed valve.

TDS, wes

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406		MILEAGE	368	
5402	919	casing footage	368	
5407	mi	100 miles	510	368.00
5302L	1 1/2	800 gal	369	150.00
1124	127 #	50/50 cement	1460.50	
1118B	313 #	gel	68.86	
1111	245 #	salt	95.55	
1112A	635 #	Kolseal	292.10	
		material sub	1917.01	
		loss 30%	575.10	1344.91
1402	1	2 1/2 ply		29.50
			3549.51-575.10 =	2974.41
			7.375 SALES TAX	101.15
			ESTIMATED TOTAL	3075.56

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.