



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1202295
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: _____

1202295

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 I-14
 Lease Owner:DE Exploration

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

Commenced Spudding:
 3/13/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
0-24	Soil-Clay	24
5	Lime	29
6	Sand	35
17	Lime	52
7	Shale	59
8	Lime	67
5	Shale	72
23	Lime	95
15	Shale	110
5	Sand	115
5	Sandy Shale	120
24	Lime	144
42	Shale	186
9	Lime	195
19	Shale	214
6	Lime	220
4	Shale	224
10	Lime	234
16	Shale	250
5	Shale	255
6	Lime	261
9	Shale	270
3	Lime	273
34	Shale	307
2	Lime	309
9	Shale	318
24	Lime	342
7	Shale	349
24	Lime	373
4	Shale	377
4	Lime	381
3	Shale	384
6	Lime	390
32	Shale	422
15	Sand	437
88	Shale	525
6	Shale	531
16	Shale	547
8	Sand	555
7	Shale	562

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. I-14

Farm Schroeder

KS Johnson
(State) (County)

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

For D.E. Exploration Inc
(Well Owner)

Town Oilfield Services, Inc.

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

Thickness of Strata	Formation	Total Depth	Remarks
0-24	soil - clay	24	
5	Lime	29	
6	sand	35	no oil
17	Lime	52	
7	shale	59	
8	Lime	67	
5	shale	72	
23	Lime	95	
15	shale	110	
5	sand	115	no oil
5	sandy shale	120	
24	Lime	144	
42	shale	186	
9	Lime	195	
19	shale	214	
6	Lime	220	
4	shale	224	
10	Lime	234	
16	shale	250	
5	green shale & Lime	255	
6	Lime	261	
9	shale	270	
3	Lime	273	
34	shale	307	
2	Lime	309	
9	shale	318	
24	Lime	342	

342

Thickness of Strata	Formation	Total Depth	Remarks
7	shale	349	
24	Lime	373	
4	shale	377	
4	Lime	381	
3	shale	384	
6	Lime	390	
32	shale	422	Hertha
15	sand	437	
88	shale	525	no Oil
6	shale & Lime	531	
16	shale	547	
8	sand	555	no Oil
7	shale	562	
4	Lime	566	
17	shale	583	
8	Lime	591	
16	sandy shale	607	
3	Lime	610	
10	shale	620	
5	Lime	625	
20	shale	645	
3	Lime	648	
2	shale	650	
3	Lime	653	
64	shale	717	
23	sand	740	
30	shale	770	gas



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 # 266631

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

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

SCHROEDER I-14
42692
SW 1-15-21
03-14-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	132.00	11.5000	1518.00
1118B	PREMIUM GEL / BENTONITE	422.00	.2200	92.84
1111	SODIUM CHLORIDE (GRANULA	277.00	.3900	108.03
1110A	KOL SEAL (50# BAG)	660.00	.4600	303.60
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
1401	HE 100 POLYMER	.50	47.2500	23.63

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-606.74

Description	Hours	Unit Price	Total
558 MIN. BULK DELIVERY	1.00	368.00	368.00
666 CEMENT PUMP	1.00	1085.00	1085.00
666 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
666 CASING FOOTAGE	922.00	.00	.00
675 80 BBL VACUUM TRUCK (CEMENT)	3.00	100.00	300.00

Amount Due 4107.68 if paid after 03/29/2014

Parts:	2075.60	Freight:	.00	Tax:	108.33	AR	3456.19
Labor:	.00	Misc:	.00	Total:	3456.19		
Sublt:	-606.74	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

266631

TICKET NUMBER 42692

LOCATION Ottawa, 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
3/14/14	2355	Schroeder # I-14	S0W1	15	21	JO

CUSTOMER <u>DE Exploration</u>		
MAILING ADDRESS <u>PO Box 128</u>		
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>66092</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Gas Ken	✓ Safety Meeting	
6666	Gar Moo	✓	
558	Mat Coc	✓	
675	Jas Ric	✓	

JOB TYPE <u>long string</u>	HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>990'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>
CASING DEPTH <u>922'</u>	DRILL PIPE	TUBING <u>baffle - 892'</u>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>30'</u>
DISPLACEMENT <u>5.10 bbls</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5 bpm</u>

REMARKS: held safety meeting, established circulation, mixed & pumped 1/2 gal Polymer, circulated for 1 hr to condition hole, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 132 sks 50/50 Pozmix cement w/ 2% gel, 5% salt, & 5 # Kolsaal per sk, cement to surface, pushed pump down, pumped 2 1/2" rubber plug to baffle with 5.10 bbls fresh water, pressured to 800 PSI, released pressure, shot in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5406	30 mi	MILEAGE		126.00 ✓
5402	922'	casing footage		
5407	minimum	ten mileage		368.00 ✓
5500C	3 hrs	80 Vac		300.00 ✓
1124	132 sks	50/50 Pozmix cement	1518.00	✓
1118B	422 #	Premium Gel	92.84	✓
1111	277 #	Salt	108.03	✓
1110A	660 #	Kolsaal	303.60	✓
		materials subtotal	2622.47	
		- 30%	-606.74	✓
		sub total		1415.73
4402	1	2 1/2" rubber plug		29.50 ✓
1401	1/2 gal	Polymer		23.63 ✓
		3954.60 - 606.74 =		3347.86
		7.375%		108.33 ✓
		SALES TAX		108.33 ✓
		ESTIMATED TOTAL		3456.19 ✓

Havin 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.