



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1202347
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: _____

1202347

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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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Johnson County, KS
 Well: White #5
 Lease Owner: D_Explo

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

Commenced Spudding:
 02/13/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
8	soil/clay	8
17	shale	25
5	lime	30
5	shale	35
15	lime	50
8	shale	58
8	lime	66
5	shale	71
20	lime	91
11	shale	102
13	sand	115
3	sandy shale	118
25	lime	143
44	shale	187
9	lime	196
17	shale	213
6	lime	219
5	shale	224
10	lime	234
19	shale	253
7	lime	260
9	shale	269
3	lime	272
33	shale	305
1	lime	306
10	shale	316
24	lime	340
110	shale	Aug-50
2	broken sandy lime	852
3	sand	855
3	san	858
1	sand	859
1	broken sand	860
2	broken sand	862
9	sand	871
3	sandy shale	874
86	shale	960-TD

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 x PSI x .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. 75

Farm White

KS Johnson
 (State) (County)

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

For D.F. Exploration
 (Well Owner)

Town Oilfield Services, Inc.

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

White Farm: Johnson County

KS State; Well No. #5

Elevation 1006

Commenced Spuding 2-13 20 14

Finished Drilling 2-17 20 14

Driller's Name Chad Weaver

Driller's Name

Driller's Name

Tool Dresser's Name Cole Holcom

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name TOS

5 15 21

(Section) (Township) (Range)

Distance from S line, 190 ft.

Distance from E line, 3405 ft.

3-5-15

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
8 5/8" Set 21' 8" Pulled _____
6 1/4" Set _____ 6 1/4" Pulled _____
4 1/2" Set 932.35 4" Pulled _____
2" Set _____ 2" Pulled _____

903.30 Baffle
960 TD

CASI

Feet

Table with multiple rows and columns for recording casing and tubing data, including a 'Feet' column and a grid for well depth measurements.

Thickness of Strata	Formation	Total Depth	Remarks
8	soil/clay	8	
17	shale	25	
5	Lime	30	
5	shale	35	
15	Lime	50	
8	shale	58	
8	Lime	66	
5	shale	71	
20	Lime	91	
11	shale	102	red bed
13	sand	115	no oil
3	sandy shale	118	
25	Lime	143	
44	shale	187	
9	Lime	196	
17	shale	213	
6	Lime	219	
5	shale	224	
10	Lime	234	
19	shale	253	
7	Lime	260	
9	shale	269	
3	Lime	272	
33	shale	305	
1	Lime	306	
10	shale	316	
24	Lime	340	

340			
Thickness of Strata	Formation	Total Depth	Remarks
7	shale	347	
24	Lime	371	
4	shale	375	
5	Lime	380	
3	shale	383	
5	Lime	388	
5	shale	393	Harder
14	sandy shale	407	
6	shale	413	
17	sand	430	(Gas - 30 psi in 5 min & 20 min) grey sand with some sand & shale, water,
5	sandy shale	435	
123	shale	558	
5	Lime	563	
4	shale	567	
2	Lime	569	
9	shale	578	
10	Lime	588	
12	shale	600	
2	Lime	602	
15	shale	617	
4	Lime	621	
22	shale	643	
7	Lime & shale	650	
68	shale	718	
10	sand	728	no oil, Brown sand (5-min Gas)
3	sand & sandy shale	731	
9	sandy shale	740	

740			
Thickness of Strata	Formation	Total Depth	Remarks
110	shale	850	with some lime seams
2	Broken sandy lime	852	5% - oil
3	sand	855	60% - 70% oil
3	sand	858	80% - solid, good bleeding
1	sand	859	50% oil
1	Broken sand	860	10% - 20% oil
2	Broken sand	862	2% oil
9	sand	871	no oil, heavy sand
3	sandy shale	874	
86	shale	900	TD



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 # 266008

Invoice Date: 02/18/2014 Terms: 0/0/30,n/30

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

WHITE #5
42641
SW 1-15-21
02-17-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	143.00	11.5000	1644.50
1118B	PREMIUM GEL / BENTONITE	440.00	.2200	96.80
1111	SODIUM CHLORIDE (GRANULA	300.00	.3900	117.00
1110A	KOL SEAL (50# BAG)	715.00	.4600	328.90
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
510 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	932.00	.00	.00

Parts: 2216.70 Freight: .00 Tax: 163.49 AR 4319.19
 Labor: .00 Misc: .00 Total: 4319.19
 Sublt: .00 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

266008

TICKET NUMBER 42641

LOCATION Attawa, 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
2/17/14	2355	White # 5	SW1	15	21	JO
CUSTOMER DE Exploration			TRUCK #			
MAILING ADDRESS PO Box 128			DRIVER		TRUCK #	
CITY Wellsville			DRIVER		TRUCK #	
STATE KS			DRIVER		TRUCK #	
ZIP CODE 66092			DRIVER		TRUCK #	
			DRIVER		TRUCK #	

JOB TYPE Logging HOLE SIZE 6 3/4" HOLE DEPTH 960' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 932' DRILL PIPE _____ TUBING baffle - 903' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 14.40 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel, mixed & pumped 8 bbl dye marker, mixed & pumped 143 stcs 50/50 Pozmix cement w/ 2% gel, 5% salt & 5 # Kalseal per stc, dye marker to surface, flushed pump clean, pumped 4 1/2" rubber plug to baffle w/ 14.40 bbls fresh water, pressured to 800 PSI, released pressure, washed up equipment. cement to surface.

[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	932'	Casing footage		_____ ✓
5407	minimum	Ton mileage		368.00 ✓
5502C	2 hrs	80 Vac		180.00 ✓
5502C	2 hrs	80 Vac		180.00 ✓
1124	143 stcs	50/50 Pozmix cement		1644.50 ✓
1118B	440 #	Premium Gel		96.80 ✓
1111	300 #	Salt		117.00 ✓
1110A	715 #	Kalseal		328.90 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
			completed	
			7.375%	SALES TAX
				ESTIMATED TOTAL
				163.49 ✓
				4319.19 ✓

Ravin 3737

AUTHORIZATION Bryan [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.