



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1198802
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: _____

1198802

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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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 # 266684

Invoice Date: 03/20/2014 Terms: 0/30/10,n/30

Page 1

D & Z EXPLORATION
901 N. ELM ST.
P.O. BOX 159
ST. ELMO IL 62458
(618)829-3274

DONOVAN I-21
42721
NE 28-14-22
03-18-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	132.00	11.5000	1518.00
1118B	PREMIUM GEL / BENTONITE	322.00	.2200	70.84
1111	SODIUM CHLORIDE (GRANULA	255.00	.3900	99.45
1110A	KOL SEAL (50# BAG)	660.00	.4600	303.60
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-597.57

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
495 CASING FOOTAGE	919.50	.00	.00
558 MIN. BULK DELIVERY	1.00	368.00	368.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00

Amount Due 3949.46 if paid after 03/30/2014

Parts:	2021.39	Freight:	.00	Tax:	105.00	AR	3307.82
Labor:	.00	Misc:	.00	Total:	3307.82		
Sublt:	-597.57	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

2660684

TICKET NUMBER 42721

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
3-18-14	3392	Donovan I-21	NE 28	14	22	30
CUSTOMER D & Z Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 901 N. Elm St			712 Fre Mad			
CITY STATE ZIP CODE St Elmo IL 62458			795 Har Bec			
			675 Ki Det			
			558 Mat Coc			

JOB TYPE <u>Longstring</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>980'</u>	CASING SIZE & WEIGHT <u>2 3/8 EUE</u>
CASING DEPTH <u>919.5'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Plug</u>
DISPLACEMENT <u>5.34</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5 BPM</u>

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump 132 sks 50/50 Poz Mix Cement. 270 Gal 5% Salt 5# Kol Seal/sk. Cement to Surface. Flush pump + lines clean. Displace 2 1/2" Rubber Plug to casing TD. Pressure to 800# PSI. Hold + Monitor Pressure for 30 min. MIT. Release pressure to set float valve. Shut in casing.

TOS Drilling. Chad Weaver

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	919.5	Casing footage		N/C
5407	Minimum	Ton Miles	558	368 ⁰⁰
5502C	2 hr	80 BBL Vac truck	675	200 ⁰⁰
1124	132sks	50/50 Poz Mix Cement	1518 ⁰⁰	
1118B	322#	Premium Gel	70 ⁰⁰	
1111	255#	Granulated Salt	9945 ⁰⁰	
1110A	1660#	Kol Seal	30360 ⁰⁰	
		Material less -30%	19918 ⁰⁰	
		Sub Total	139432	139432
4402	1	2 1/2" Rubber Plug		25 ⁰⁰
		completed	3800.39	
		7.375%	SALES TAX	105 ⁰⁰
			ESTIMATED TOTAL	330782

Ravin 3737

AUTHORIZATION

Don Beckwith

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.

Johnson County, KS
Well:Donovan I-21
Lease Owner:D and Z

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

Commenced Spudding:
03/13/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
5	soil/clay	5
15	sand stone	20
48	shale	68
23	lime	91
9	shale	100
8	lime	108
9	sandy shale	117
18	lime	135
12	shale	147
8	sand and sandy shale	154
17	lime	171
9	shale	180
56	lime	236
21	shale	257
10	lime	267
17	shale	284
7	lime	291
5	shale	296
9	lime	305
34	shale	339
1	lime	340
11	shale	351
24	lime	375
8	shale	383
24	lime	407
4	shale	411
4	lime	415
5	shale	420
6	lime	426
6	shale	432
18	sandy shale	450
7	shale	457
21	sandy shale	478
62	shale	5240
7	sand	547
48	shale	595
11	lime	606
7	shale	613
5	lime	618
17	shale	635

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. 1-21

Farm Danovan

KS Johnson
(State) (County)

28 14 22
(Section) (Township) (Range)

For D+Z Exploration
(Well Owner)

Town Oilfield Services, Inc.

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

Thickness of Strata	Formation	Total Depth	Remarks
5	soil/clay	5	
15	sandstone	20	
48	shale	68	with some lime seams
23	Lime	91	
9	shale	100	
8	Lime	108	
9	sand, shale	117	
18	Lime	135	
12	shale	147	
8	sand & clay shale	154	
17	Lime	171	
9	shale	180	
56	Lime	236	
21	shale	257	
10	Lime	267	
17	shale	284	
7	Lime	291	
5	shale	296	
9	Lime	305	
34	shale	339	
1	Lime	340	
11	shale	351	
24	Lime	375	
8	shale	383	
24	Lime	407	
4	shale	411	
4	Lime	415	

415

Thickness of Strata	Formation	Total Depth	Remarks
5	shale	420	
6	Lime	426	
6	shale	432	
18	sandy shale	450	
7	shale	457	
21	sandy shale	478	
62	shale	540	
7	sand	547	
48	shale	595	grey, no oil
11	Lime	606	
7	shale	613	
5	Lime	618	
17	shale	635	
2	Lime	637	
6	shale	643	
6	Lime	649	
4	shale	653	
3	Lime	656	
102	shale	758	red bed - 660', with some Lime section
11	Buckan sand	769	little clay, no oil, Brown sand
4	sandy shale	773	
101	shale	874	
2	sandy Lime	876	no oil
1	sandy Lime	877	20% - 40% oil, slight blackish
1	sand	878	2% - 5% oil
1	sand	879	20% - 40% oil
2	sand	881	60% - 70% oil

