



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1198968
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: _____

1198968

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
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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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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 # 266876

=====
Invoice Date: 03/27/2014 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

E. GORDON W-4
42697
NW 27-14-22
03-19-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	130.00	11.5000	1495.00
1118B	PREMIUM GEL / BENTONITE	418.00	.2200	91.96
1111	SODIUM CHLORIDE (GRANULA	273.00	.3900	106.47
1110A	KOL SEAL (50# BAG)	650.00	.4600	299.00
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-597.73

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
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	929.00	.00	.00

Amount Due 3950.05 if paid after 04/06/2014

Parts:	2021.93	Freight:	.00	Tax:	105.04	AR	3308.24
Labor:	.00	Misc:	.00	Total:	3308.24		
Sublt:	-597.73	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

266816

TICKET NUMBER 42697

LOCATION Ottawa, KS

FOREMAN Casen 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
3/19/14	3392	E. Gordon # W-4	W27	14	22	JO

CUSTOMER D + Z Exploration

MAILING ADDRESS
901 N. Elm St.

CITY St Elmo STATE IL ZIP CODE 62458

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Carleen	✓	Sally Meeting
666	Carl Moo	✓	
558	Mat Coc	✓	
370	Jas Ric	✓	

JOB TYPE log string HOLE SIZE 5 5/8" HOLE DEPTH 960' CASING SIZE & WEIGHT 2 7/8" EVE

CASING DEPTH 929' DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____

DISPLACEMENT 5.38 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 130 stks 5% salt cement w/ 2% gel, 5% salt, + 5 # Kalseal per stk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing ID w/ 5.38 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, shut in casing.

Handwritten signature/initials

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	929'	casing footage		_____ ✓
5407	minimum	tax mileage		368.00 ✓
5502c	2 hrs	80 Vac		200.00 ✓
1124	130 stks	5% salt cement	1495.00 ✓	
1118B	418 #	Premium Gel	91.96 ✓	
1111	273 #	salt	106.47 ✓	
1110A	650 #	Kalseal	299.00 ✓	
		materials subtotal	1992.43	
		-36%	597.73	
		subtotal		1394.70 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
			3800.93	
			597.73	
			7.375%	
		SALES TAX		105.04 ✓
		ESTIMATED TOTAL		3308.24 ✓

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: E. Gordon W-4
Lease Owner: D and E Ex

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

Commenced Spudding:
03/18/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
9	soil/clay	9
13	sand stone	22
25	shale	47
3	lime	50
15	shale	65
6	lime	71
5	shale	76
16	lime	92
10	shale	102
8	lime	110
9	sandy shale	119
17	lime	136
9	shale	145
7	sand and sandy shale	152
20	lime	172
9	shale	181
57	lime	238
20	shale	258
8	lime	266
19	shale	285
8	lime	293
4	shale	297
9	lime	206
34	shale	340
1	lime	3471
12	shale	353
24	lime	377
8	shale	385
24	lime	409
4	shale	413
5	lime	418
4	shale	422
6	lime	428
5	shale	433
11	sandy shale	444
97	shale	541
9	sandy shale	550
50	shale	600
7	lime	607
2	shale	609

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. W-4

Farm East Garden

KS
(State)

Johnson
(County)

27
(Section)

14
(Township)

22
(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
9	soil/clay	9	
13	sandstone	22	
25	shale	47	
3	Lime	50	
15	shale	65	
6	Lime	71	
5	shale	76	
16	Lime	92	
10	shale	102	Dark
✓	Lime	110	
9	sandy shale	119	
17	Lime	126	
9	shale	145	
7	sand & sandy shale	152	no oil
20	Lime	172	
9	shale	181	
57	Lime	238	
20	shale	258	
8	Lime	266	
19	shale	285	
8	Lime	293	
4	shale	297	
9	Lime	306	
34	shale	340	
1	Lime	341	
12	shale	353	
24	Lime	377	

Thickness of Strata	Formation	Total Depth	Remarks
		377	
8	shale	385	
24	Lime	409	
4	shale	413	
5	Lime	418	
4	shale	422	
6	Lime	428	Weather
5	shale	433	
11	sandy shale	444	
97	shale	541	
9	sandy shale	550	
50	shale	600	
7	Lime	607	
2	shale	609	
2	Lime	611	
5	shale	616	
9	Lime	625	
15	shale	640	
4	Lime	644	
8	shale	652	
2	Lime	654	
5	shale	659	
2	Lime	661	
41	shale	702	red bed - 667'
12	sand	714	grey, no oil
10	sandy shale	724	
44	shale	768	
5	Burken sand	773	little oil, no oil, porous sand

773

Thickness of Strata	Formation	Total Depth	Remarks
7	sandy shale	780	
13	shale	793	
3	Lime	796	
5	shale	801	
8	sand	809	grey, fine oil
34	shale	843	
7	Block sand	850	with Brown sand
37	shale	887	
2	sandy lime	889	crusy, 40% - 70% oil, at bleeding
2	sandy Lime	891	40% oil
2	sand	893	60% - 70% oil good bleeding
2	sand	895	50% - 90% oil
1	sand	896	75% oil
1	sand	897	20% - 30% oil } Laminated
2	Block sand	899	40 - 5% oil
10	sandy shale	909	
22	shale	931	
10	sand	941	white & grey sand, 10% oil
	shale		