



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1217208
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: _____

1217208

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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Global Cementing LLC

18048 I-70 Road
Russell, KS 67665

Invoice

Date	Invoice #
6/17/2014	1362

Bill To
CULBREATH OIL & GAS CO INC 1532 S PEORIA AVE TULSA,OK 74120

P.O. No.	Terms	Project
EVANS#1-35	Net 30	

Quantity	Description	Rate	Amount
200	COMMON	15.50	3,100.00
7	CALCIUM	53.00	371.00
4	GEL	23.50	94.00
211	HANDLING	2.10	443.10
	BULK MILEAGE	523.28	523.28
	TRI-PLEX PUMP CHARGE FOR SURFACE	1,050.00	1,050.00
62	PUMP TRUCK MILEAGE	6.50	403.00
62	PICKUP	2.50	155.00
DEDUCT 15% FROM TOTAL IF PAID WITHIN 30 DAYS OF INVOICE			

Thank you for your business.

Phone #	Fax #	E-mail
785-324-2658	785-445-3526	

Total \$6,139.38



Global Cementing LLC

18048 I-70 Road
Russell, KS 67665

Invoice

Date	Invoice #
6/23/2014	1370

Bill To
CULBREATH OIL & GAS CO INC 1532 S PEORIA AVE TULSA,OK 74120

P.O. No.	Terms	Project
EVANS#1-35	Net 30	

Quantity	Description	Rate	Amount
123	COMMON	15.50	1,906.50
82	POZ	8.50	697.00
7	GEL	23.50	164.50
45	FLO-SEAL	2.00	90.00
212	HANDLING	2.10	445.20
	BULK MILEAGE	525.76	525.76
1	TRI-PLEX PUMP CHARGE FOR PLUG	1,200.00	1,200.00
62	PUMP TRUCK MILEAGE	6.50	403.00
62	PICKUP	2.50	155.00
1	8 5/8 WOOD PLUG	57.50	57.50
DEDUCT 15% FROM TOTAL IF PAID WITHIN 30 DAYS OF INVOICE			

Thank you for your business.

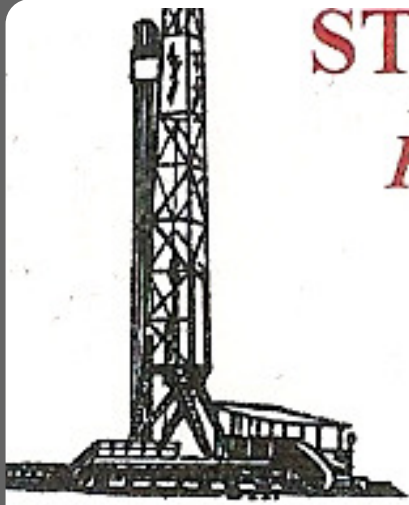
Phone #	Fax #	E-mail
785-324-2658	785-445-3526	

Total

\$5,644.46

STEVEN P. MURPHY, P.G.

Petroleum Geologist (KS #228)



Cell 620.639.3030

Fax 785.387.2400

RR#1, Box 69

Otis, Kansas 67565

geomurphy@gbta.net

Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: Evans #1-35
API: 15-179-21361-00-00

Location: Sheridan County

License Number: 34344

Spud Date: 6/17/2014

Region: Kansas

Drilling Completed: 6/23/2014

Surface Coordinates: 1980' FNL & 330' FWL (Approx. E/2 SE NE)
Section 35-T9S-R26W

Bottom Hole Coordinates: Same as above (Vertical well w/min deviation)

Ground Elevation (ft): 2595'

K.B. Elevation (ft): 2602'

Logged Interval (ft): 3550' To: TD

Total Depth (ft): LTD - 4147'

Formation: Topeka through BKC

Type of Drilling Fluid: Chemical

Printed by STRIP.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: Culbreath Oil & Gas, LLC
Address: 1532 S. Peoria Ave
Tulsa, OK 74120-6202

GEOLOGIST

Name: Steven P. Murphy, PG (KS License #228) & Anthony Luna
Company: Consulting Petroleum Geologist
Address: 3365 CR 390
Otis, KS 67565

LogTops (Datum)

Open-hole logging was performed by Pioneer Log-Tech. The following are formation tops w/associated datums:

Anhydrite Top - 2224 (+360)
Anhydrite Base - 2281 (+321)
Topeka - 3606 (-1004)
Heebner - 3820 (-1218)
Toronto -3841 (-1239)
Lansing - 3860 (-1258)
Muncie Creek - 3975 (-1373)
Stark - 4047 (-1445)
Base KC - 4089 (-1487)

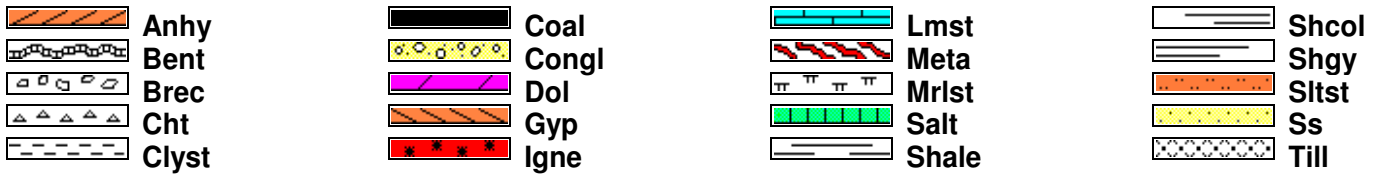
DSTs

No DST's were performed

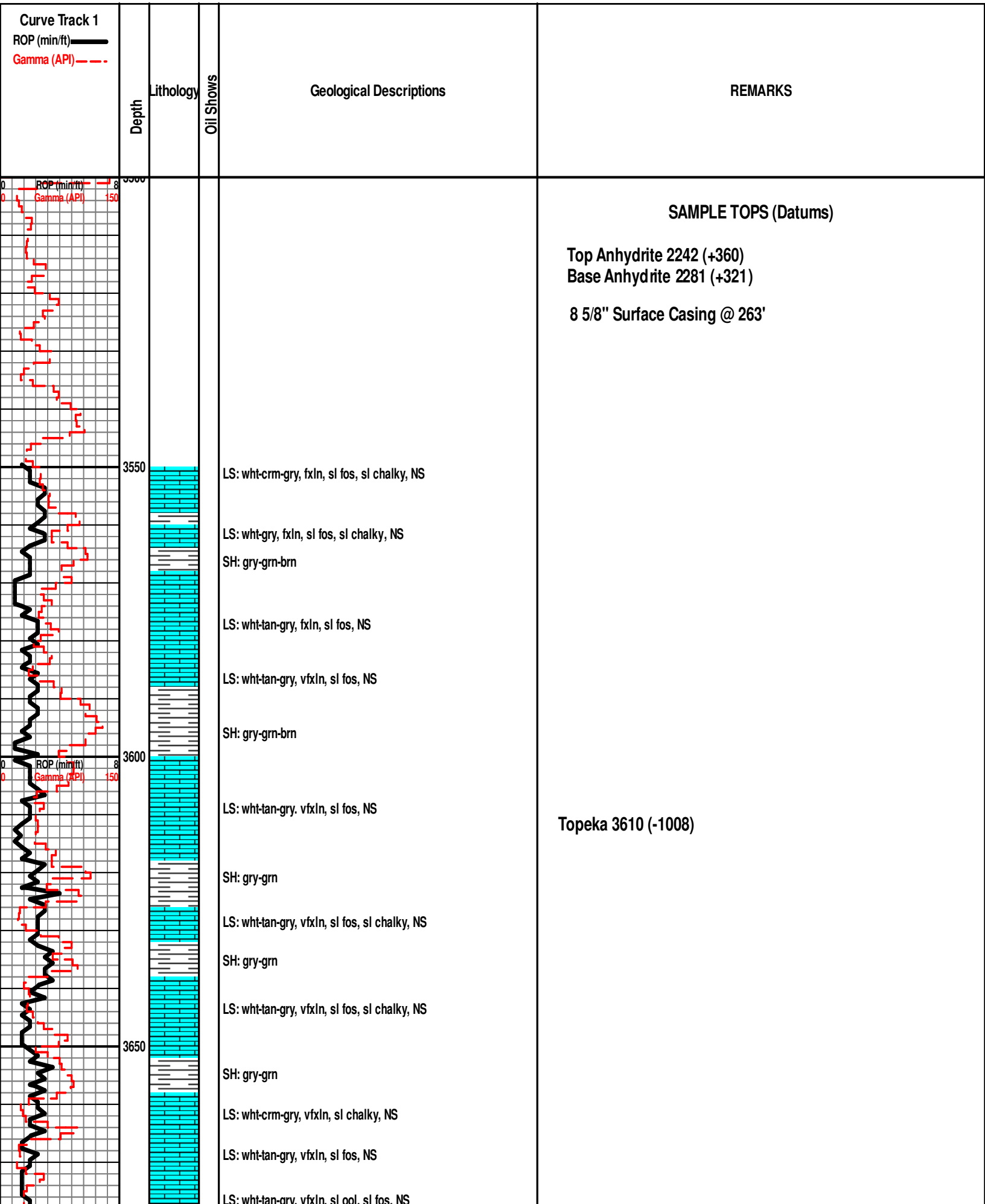
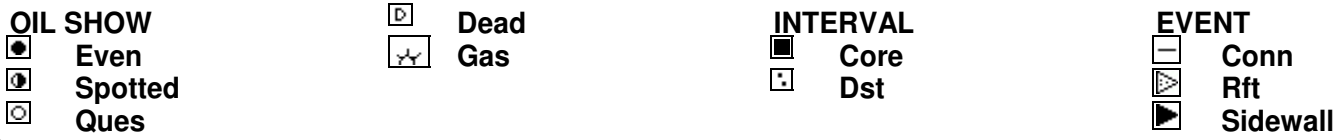
COMMENTS

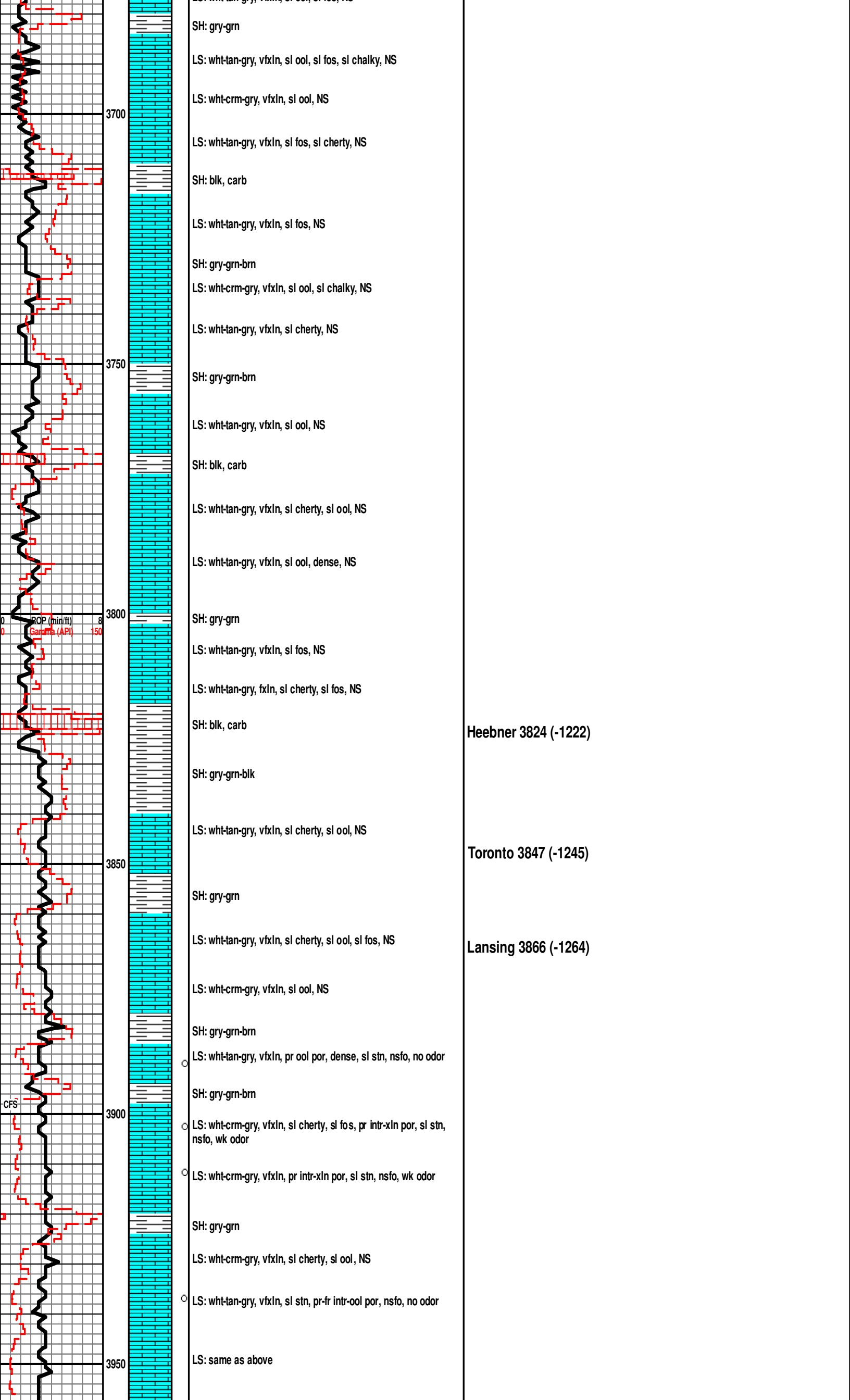
Based on sample & log analysis it was determined that this well is non-commercial and should be plugged & abandoned.

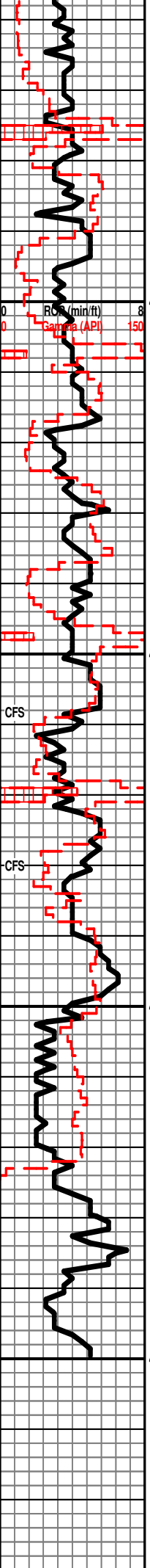
ROCK TYPES



OTHER SYMBOLS







LS: wht-tan-gry, vfxln, sl cherty, sl ool, NS
 LS: same as above
 SH: blk, carb
 LS: wht-tan-gry, vfxln, sl cherty, sl ool, NS
 SH: gry-grn-brn
 LS: wht-crm-gry, vfxln, fr intr-ool por, sl stn, nsfo, no odor
 SH: gry-grn-brn
 LS: wht-tan-gry, vfxln, sl fos, pr intr-ool por, dense, sl stn, nsfo, no odor
 SH: gry-grn-brn
 LS: wht-tan-gry, vfxln, sl fos, pr intr-ool por, dense, sl stn, nsfo, wk odor
 SH: blk
 LS: wht-tan-gry, vfxln, pr intr-ool por, dense, tarry/flaky, sl stn, nsfo, no odor
 SH: blk
 LS: wht-tan-gry, vfxln, sl ool, sl fos, NS
 SH: gry-grn-brn
 LS: wht-tan-gry, vfxln, sl cherty, sl ool, NS
 SH: gry-grn-brn
 LS: wht-tan-gry, vfxln, sl cherty, sl ool, NS
 SH: gry-grn-brn
 LS: wht-tan-gry, vfxln, sl cherty, sl fos, NS
 SH: gry-grn-brn, wash red
 LTD - 4147'
 RTD - 4150'

Muncie Creek 3985 (-1383)

Stark 4058 (-1456)

BKC 4102 (-1500)

Survey @ TD - 3/4 degree