



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1219094
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: _____

1219094

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)*

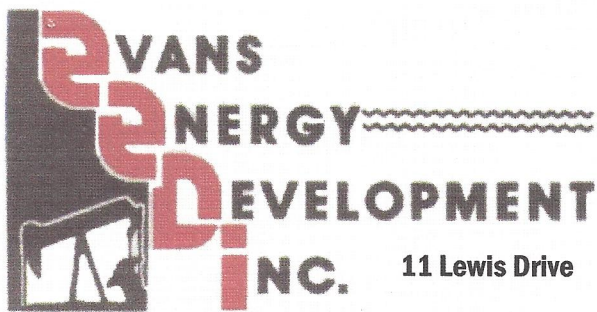
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

D.A. Energy LLC

Brown #DK-27

API # 15-121-30,349

May 23 - May 27, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
14	lime	20
104	shale	124
19	lime	143
9	shale	152
2	lime	154
13	shale	167
3	lime	170
44	shale	214
10	lime	224
4	shale	228
2	lime	230
9	shale	239
27	lime	266
10	shale	276
21	lime	297
3	shale	300 black
14	lime	314 base of the Kansas City
26	shale	340
4	silty shale	344
4	sand	348 hard green sand, no odor
69	shale	417
2	limey sand	419 green, no show /odor
27	shale	446
1	lime, limey sand	447 no show
3	limey sand	450 brown, no show
1.5	shale & lime	451.5 green
6.5	limey sand	458 light bleeding
1	lime	459 light scattered bleeding
1.5	limey sand	460.5 fair bleeding
8.5	shale	469
8	lime	477 no oil
6	lime	483 light bleeding, very little porosity
3	lime	486 no oil
24	shale	510 TD

Drilled a 9 7/8" hole to 20.8'

Drilled a 5 5/8" hole to 510'

Set 20.8' of 7" surface casing threaded and coupled cemented with 6 sacks of cement.

Set 500.95' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
446		58
447		56
448		59
449	1	32
450	2	45
451	1	23
452	1	11
453		36
454		45
455	2	14
456	1	17
457	1	13
458		34
459		32
460		33
461		36
462		33
463		28



CONSOLIDATED
Oil Well Services, LLC

268490

TICKET NUMBER 47204
LOCATION Ottawa, KS
FOREMAN Casery Kennedy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE <u>9/27/14</u>	CUSTOMER #	WELL NAME & NUMBER <u>Brown # DK-27</u>	SECTION <u>SW20</u>	TOWNSHIP <u>17</u>	RANGE <u>22</u>	COUNTY <u>MI</u>
CUSTOMER <u>DA Energy LLC</u>			TRUCK #			
MAILING ADDRESS <u>PO Box 821</u>			<u>729</u>	<u>Casken</u>	<input checked="" type="checkbox"/>	<u>Safety Meeting</u>
CITY <u>Lee's Summit</u>	STATE <u>MO</u>	ZIP CODE <u>64063</u>	<u>6066</u>	<u>Gac Moo</u>	<input checked="" type="checkbox"/>	
JOB TYPE <u>long string</u>	HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH <u>510'</u>	<u>598</u>	<u>Keitar</u>	<input checked="" type="checkbox"/>	
CASING DEPTH <u>501'</u>	DRILL PIPE	TUBING	<u>370</u>	<u>Joe Ric</u>	<input checked="" type="checkbox"/>	
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CASING SIZE & WEIGHT <u>2 7/8" EVE</u>			
DISPLACEMENT <u>2.9 bbls</u>	DISPLACEMENT PSI	MIX PSI	CEMENT LEFT in CASING			
REMARKS:			RATE <u>4 bpm</u>			

held safety meeting, established circulation, mixed & pumped 800 # Premium Gel to below by 10 bbls fresh water, mixed & pumped 75 lbs 5% Pozmix cement w/ 5% gel per sk, cement to surface finished pump down, pumped 2 1/2" rubber plug to casing TD w/ 2.9 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

(Handwritten signature)

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	25 mi	MILEAGE		1085.00
5402	501'	casing footage		105.00
5407	minimum	ten mileage		
5502c	2 hrs	80 vac		368.00
				200.00
1124	75 lbs	5% Pozmix cement	862.50	
118B	220 #	Premium Gel	49.72	
		materials	912.22	
		-30%	273.66	
		subtotal		638.55
4402	1	2 1/2" rubber plug		27.50
		Paid on location		
		Check # 1058 - \$2477.16	2771.76	
		7.65%	SALES TAX	51.10
			ESTIMATED TOTAL	2477.16

Revin 3737

AUTHORIZATION *(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.