



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1234364  
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: \_\_\_\_\_

1234364

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Johnson County, KS  
Well: Donovan I-51  
Lease Owner: D Z

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

Commenced Spudding:  
10/30/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
4	Soil-Clay	4
3	Shale	7
18	Sandstone	25
35	Shale	60
7	Lime	67
4	Shale	71
18	Lime	89
6	Shale	95
15	Lime	110
3	Shale	113
17	Lime	130
18	Shale	148
17	Lime	165
10	Shale	175
57	Lime	232
20	Shale	252
9	Lime	261
21	Shale	282
6	Lime	288
3	Shale	291
14	Lime	305
29	Shale	334
1	Lime	335
9	Shale	344
30	Lime	374
6	Shale	380
22	Lime	402
4	Shale	406
4	Lime	410
5	Shale	415
8	Lime	423
171	Shale	594
6	Lime	602
11	Shale	611
5	Lime	616
19	Shale	635
3	Lime	638
9	Shale	647
4	Lime	651
3	Shale	654



# 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. I-51

Farm Donavan

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







402

Thickness of Strata	Formation	Total Depth	Remarks
4	shale	406	
4	lime	410	
5	shale	415	
8	lime	423	HP, the
171	shale	594	
6	lime	600	
11	shale	611	
5	lime	616	
19	shale	635	
3	lime	638	
9	shale	647	
4	lime	651	
3	shale	654	
2	lime	656	
104	shale	760	
2	grey sand	762	
2	broken sand	764	lite bleed good saturation
6	grey sand	770	
112	shale	882	
4	broken sand	886	lite bleed good saturation
8	oil sand	894	very good bleed great saturation
4	sandy shale	898	
82	shale	980	TD



**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 # 272310

=====  
 Invoice Date: 10/31/2014      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 S1  
 50611  
 NE28-14-22  
 10-31-14  
 KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	126.00	11.5000	1449.00
1118B	PREMIUM GEL / BENTONITE	412.00	.2200	90.64
1111	SODIUM CHLORIDE (GRANULA	265.00	.3900	103.35
1110A	KOL SEAL (50# BAG)	630.00	.4600	289.80
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-579.84

Description	Hours	Unit Price	Total
370 MIN. BULK DELIVERY	1.00	368.00	368.00
558 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
666 CEMENT PUMP	1.00	1085.00	1085.00
666 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
666 CASING FOOTAGE	943.00	.00	.00

Amount Due 3886.00 if paid after 11/10/2014

Parts:	1962.29	Freight:	.00	Tax:	101.95	AR	3263.40
Labor:	.00	Misc:	.00	Total:	3263.40		
Sublt:	-579.84	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_ Date \_\_\_\_\_



272310

692 (651)

TICKET NUMBER 50611  
 LOCATION Ottawa, 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			
10/31/14	3392	Donovan # S1	NE 28	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		Costen		✓		Sally Leaking	
		1066		Kei Car		✓			
		558		BUBER		✓			
		370		Mike Fox		✓			

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 980' CASING SIZE & WEIGHT 2 7/8" EUE  
 CASING DEPTH 943' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 5.46 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4.5 bpm

REMARKS: hold safety, making, established circulation, mixed & pumped 200# Premium Gel followed by 10 bbls fresh water, mixed & pumped 126 lbs 50/50 Pozmix cement w/ 2% gel, 5% salt, & 5# Kalseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 5.46 bbls fresh water, pressured to 800 PSI, well hold pressure for 30 min MIT released pressure, shut in casing.

*[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	943'	casing footage		— ✓
5407	minimum	ton mileage		368.00 ✓
5502C	2 hrs	80 Vac		200.00 ✓
1124	126 lbs	50/50 Pozmix cement	1449.00 ✓	
1118B	412 #	Premium Gel	90.64 ✓	
1111	265 #	Salt	103.35 ✓	
1110A	630 #	Kalseal	289.80 ✓	
		materials	1932.79 ✓	
		-30%	579.84 ✓	
		subtotal		1352.95 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
			3886.01	
		7.375%	SALES TAX	101.95 ✓
			ESTIMATED TOTAL	3263.40 ✓

Ravin 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.