



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234398
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: _____

1234398

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)*

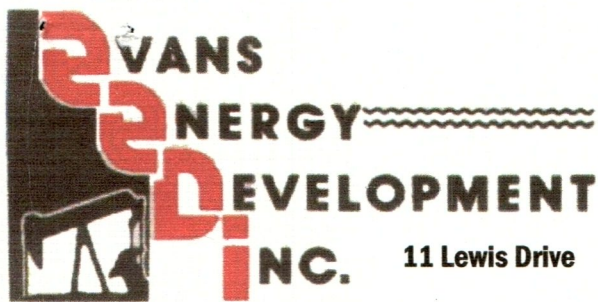
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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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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 & Z Exploration, Inc.

East Gordon # I-13

API # 15-091-24,312

November 4 - November 5, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
15	soil & clay	15
42	shale	57
5	lime	62
6	shale	68
16	lime	84
9	shale	93
9	lime	102
8	shale	110
19	lime	129
17	shale	146
18	lime	164
8	shale	172
60	lime	232
20	shale	252
7	lime	259
20	shale	279
8	lime	287
3	shale	290
9	lime	299
47	shale	346
25	lime	371
8	shale	379
20	lime	399
5	shale	404
18	lime	422 base of the Kansas City
173	shale	595
4	lime	599
2	shale	601
6	lime	607
5	shale	612
12	lime	624
13	shale	637
2	lime	639 hard
10	shale	649
2	lime	651
4	shale	655
3	lime	658
29	shale	687
2	lime	689

14	shale	703
2	lime	705
60	shale	765
3	badly broken sand	768 brown sand, grey shale
105	shale	873
1	lime	874
8	shale	882
1	lime	883 with oil sand
3	oil sand	886 good saturation and bleeding
3	broken sand	889 white silty sand and oil sand
1	lime	890 white
1	broken sand	891
33	shale	924
1	lime	925
55	shale	980 TD

Drilled a 9 7/8" hole to 22'

Drilled a 5 5/8" hole to 980'

Set 22' of 7" threaded and coupled surface casing cemented with 5 sacks of cement.

Set 948' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp



REMIT TO
 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

INOICE Invoice # 801921

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 Invoice Date: 11/18/2014 Terms: Net 30 Page 1
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D & Z EXPLORATION
 901 N. ELM ST.
 ST. ELMO IL 62458
 USA
 6188293274

E GORDON I-13

Part Number	Description	Qty	Unit Price	Discount(%)	Total
5401	Cement Pumper	1.00	1,085.00	0.00	1,085.00
5406	Mileage Charge	30.00	4.20	0.00	126.00
5402	Casing Footage	947.84	0.00	0.00	0.00
5407	Min. Bulk Delivery Charge	1.00	368.00	0.00	368.00
5502C	80 Vacuum Truck Cement	1.50	100.00	0.00	150.00
1124	Poz Cement Mix	136.00	11.50	30.00	1,094.80
1118B	Premium Gel / Bentonite	329.00	0.22	30.00	50.67
1111	Sodium Chloride (Granulated)	275.00	0.39	30.00	75.08
1110A	Kol Seal (50# BAG)	680.00	0.46	30.00	218.96
4402	2 1/2 Rubber Plug	1.00	29.50	0.00	29.50
Sub Total					3,814.93
Discounted Amount					616.93
SubTotal After Discount					3,198.01

Amount Due 3,968.77 if paid after 12/18/2014

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 Tax: 108.34
 Total: 3,306.35
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PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 50621
LOCATION Ottawa KS.
FOREMAN Fred Maden

INVOICE # 901921

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11.5.14	3392	E Gordon # I.13	NW 27	14	22	JO
CUSTOMER D & Z Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 910 N Elm St			712 / Fre Mad			
CITY STATE ZIP CODE St Elmo IL 62458			495 / Har Bee			
			675 / Kai Det			
			503 / Troltor			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 980 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 947.84 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.51B DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold Safety Meeting. Establish pump rate. Mix + Pump 100# Gel
Flush. Mix + Pump 3ks 50/50 Por Mix Cement 2% Gel 5% Salt
5# Kal Seal/sk. Cement to surface. Flush pump + lines clean.
Displace 2 1/2" rubber plug to casing TD. Pressure to 900# PSI.
Monitor pressure for 30 min MIT. Release pressure to set
float valve. Shut in casing.

Evans Energy Dev. Inc. - Scott. Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	30 mi	MILEAGE	495	126 ⁰⁰
5402	947.84	Casing Footage		NIC
5407	Minimum	Tow Miles		368 ⁰⁰
5500C	1 1/2 hr	60 BBL Vac Truck	675	150 ⁰⁰
1124	136 SKS	50/50 Por Mix Cement	1564 ⁰⁰	
1118B	329#	Premium Gel	72 ³⁵	
1111	275#	Granulated Salt	107 ²⁵	
1110A	680#	Kal Seal	312 ⁰⁰	
		Material less 30%	2056 ⁴³	
		Total	-616 ⁹³	
4402	1	2 1/2" Rubber Plug		1439 ⁵⁰
				295 ⁰⁰
			3168.77	
			7.375%	SALES TAX
				ESTIMATED TOTAL
				10834
				3306 ³⁵

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.