



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234402
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: _____

1234402

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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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 # 801913

Invoice Date: 11/18/2014

Terms: Net 30

Page 1

D & Z EXPLORATION

E GORDON W-5

901 N. ELM ST.
 ST. ELMO IL 62458
 USA
 6188293274

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	944.65	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	133.00	11.50	30.00	1,070.65
1118B	Premium Gel / Bentonite	324.00	0.22	30.00	49.90
1111	Sodium Chloride (Granulated)	269.00	0.39	30.00	73.44
1110A	Kol Seal (50# BAG)	665.00	0.46	30.00	214.13
4402	2 1/2 Rubber Plug	1.00	29.50	0.00	29.50
Sub Total					3,770.09
Discounted Amount					603.48
SubTotal After Discount					3,166.62

Amount Due 3,920.62 if paid after 12/18/2014

Tax: 106.02
 Total: 3,272.64



CONSOLIDATED
Oil Well Services, LLC

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

801913
INVOICE #

TICKET NUMBER 50616
LOCATION Ottawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-4-14	3392	E Gordon # W-5	NE 27	14	22	JO
CUSTOMER DE 2 Exploration			TRUCK #			
MAILING ADDRESS 901 N Elm St			DRIVER		TRUCK #	
CITY St Elmo			DRIVER		TRUCK #	
STATE IL			DRIVER		TRUCK #	
ZIP CODE 62458			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 980 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 944.65 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.5 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 1 1/2 BPM

REMARKS: Hold Safety meeting. Establish pump rate. Mix Pump 100% Gel Flush. Mix Pump 133 sks 50/50 Poz Mix Cement 2% Gel 5% Salt 5# Kol Seal lsk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800# PSI. Monitor Pressure for 30 Min MIT. Release pressure to set float valve. Shut in casing.

Evans Energy Dev Inc - Scott.

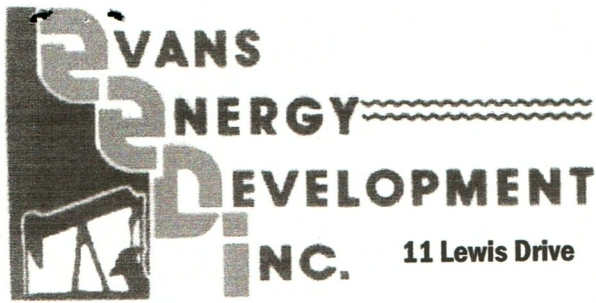
Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	666	1085.00
5406	30 mi	MILEAGE	666	126.00
5402	944.65	Casing footage		N/C
5407	Minimum	Ten Miles	503	368.00
5502C	1 1/2 hr	80 BBL Vac Truck	370	150.00
1124	133 sks	50/50 Poz Mix Cement	1529.50	
1118B	32.4#	Premium Gel	71.28	
1111	269#	Granulated Salt	104.91	
1110A	665#	Kol Seal	305.79	
		Material	2011.99	
		less 30%	-603.48	
		Total		1408.51
4402	1	2 1/2" Rubber Plug		29.50
			3920.62	
			7.375%	106.03
			ESTIMATED TOTAL	3272.64

lavin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

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.



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 #W5

API # 15-091-24,316

November 3 - November 4, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
4	sandstone	12
35	sandy shale	47
2	lime	49
17	shale	66
7	lime	73
5	shale	78
17	lime	95
9	shale	104
9	lime	113
7	shale	120
20	lime	140
15	shale	155
18	lime	173
8	shale	181
59	lime	240
20	shale	260
9	lime	269
20	shale	289
21	lime	310
45	shale	355
24	lime	379
8	shale	387
24	lime	411
4	shale	415
15	lime	430 base of the Kansas City
172	shale	602
10	lime	612
1	shale	613
2	lime	615
7	shale	622
7	lime	629
16	shale	645
4	lime	649
6	shale	655
4	lime	659
5	shale	664
1	lime	665

27	shale	692
2	lime	694
4	shale	698
1	lime	699
60	shale	759
1	lime & shells	760
10	shale	770
4	broken sand	774 light brown sand & grey shale
116	shale	890
10	oil sand	900 good saturation, good bleeding
2	broken sand	902 50% bleeding sand, 50% shale
50	shale	952
1	lime	953
27	shale	980 TD

Drilled a 9 7/8" hole to 22.7'

Drilled a 5 5/8" hole to 980'

Set 22.7' of 7" surface casing cemented with 5 sacks of cement.

Set 944.65' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp