



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1250569
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: _____



1250569

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)*

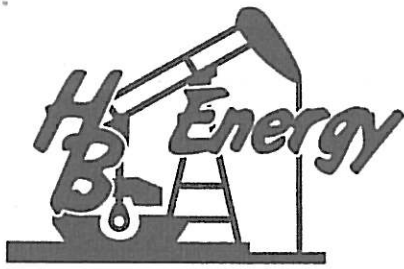
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Fueling American Prosperity™

Oil and Gas Well Drilling

3137 Virginia Rd, Wellsville KS 66092

Owners: Clay Hughes
Isaac Burbank

Well Log

DE & TZ LLC
Knabe Well #: 22
Sec. 31 Twp. 14 Rng. 22
FSL: 3250 FEL: 1020
API: 15-091-24408
Start: 04/01/15
End: 04/02/15

Phone: (785) 979-9493
(913) 963-9127
Fax: (785) 883-2305

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
5	Soil & Clay	5	
37	Sandstone	42	Red & grey, making little water
5	Limey Sandstone	47	White & grey, very hard
7	Sandstone	54	Making water
48	Shale	102	
3	Lime	105	
2	Shale	107	
17	Lime	124	
6	Shale	130	
9	Lime	139	
8	Shale	147	
12	Lime	159	
1	Shale	160	
6	Lime	166	
23	Shale	189	
26	Lime	215	
20	Shale	235	
10	Lime	245	
17	Shale	262	
21	Lime	283	Making some water
13	Shale	296	
10	Lime	306	
19	Shale	325	
6	Lime	331	
6	Shale	337	
6	Lime	343	
33	Shale	376	
2	Lime	378	
10	Shale	388	
8	Lime	396	
2	Shale	398	
17	Lime	415	
5	Shale	420	

24	Lime	444	
5	Shale	449	
3	Lime	452	
4	Shale	456	
7	Lime	463	Base of Kansas City / Hertha
24	Shale	487	
5	Broken Sand	492	Grey sand & shale, no odor, no oil
1	Sand	493	Hard limey sand, no show, no odor
10	Sand	503	Soft course grey sand, no odor, no oil
131	Shale	634	
5	Lime	639	
15	Shale	654	
4	Lime	658	
5	Broken Lime	663	
15	Shale	678	
2	Lime	680	Brown
12	Shale	692	
6	Lime	698	
26	Shale	724	Red bed
2	Lime	726	
8	Shale	734	
6	Silty Shale	740	
34	Shale	774	
1	Lime & Shells	775	
11	Shale	786	
1	Lime & Shells	787	
10	Shale	797	
6	Broken Sand	803	Light brown sand & shale, no oil, no gas
2	Silty Shale	805	
19	Shale	824	
1	Coal	825	
5	Shale	830	
1	Lime	831	
4	Shale	835	
4	Silty Shale	839	
2	Sand	841	White & green, no show
16	Shale	857	
2	Silty Shale	859	
1	Sand	860	White
2	Silty Shale	862	
34	Shale	896	
1	Coal	897	
25	Shale	922	Core point
2	Limey Sand	924	Black, good bleed
1	Lime	925	
5	Broken Sand	930	Black sand & shale, ok bleed

.5	Lime	930.5	
1	Broken Sand	931.5	Black sand & shale, light bleed
.5	Lime	932	
8	Silty shale	940	
52	Shale	995	TD

Drilled an 11" hole to 68'
Drilled a 5 5/8" hole to 995'

04/01/15 set 68' of 7" surface casing, cemented with 21 sacks of cement.

04/02/15 cored Bartlesville zone.

04/02/15 set 980' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp, 1 float-shoe, 1 seating nipple, and baffle.

Baffle set at 949'

Seating nipple set at 917.4'

Core Times

	<u>Minutes</u>	<u>Seconds</u>
922-923	4	36
923	4	25
924	1	20
925	4	16
926	2	20
927		53
928	1	11
929	1	14
930	1	50
931	1	50
932	3	21
933	2	47
934		48
935		56
936		51
937	2	01
938	1	42
939	1	59
940		30
941-942		42



REMIT TO
 Consolidated Oil Well Services, LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
 Chanute,KS 66720
 620/431-9210,1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 803938

Invoice Date: 04/09/15 Terms: C.O.D. Page 1

D.E. EXPLORATION
 P.O. BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

KNABE 22

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5401	Cement Pumper	1.000	1,085.0000	10.000	976.50
5406	Mileage Charge	30.000	4.2000	10.000	113.40
5402	Casing Footage	980.000	0.0000	0.000	0.00
5407	Min. Bulk Delivery Charge	1.000	368.0000	10.000	331.20
5502C	80 Vacuum Truck Cement	2.000	100.0000	10.000	180.00
1124	Poz Cement Mix	120.000	11.5000	30.000	966.00
1118B	Premium Gel / Bentonite	302.000	0.2200	30.000	46.51
1111	Sodium Chloride (Granulated Salt)	232.000	0.3900	30.000	63.34
1110A	Kol Seal (50# BAG)	600.000	0.4600	30.000	193.20
4402	2 1/2 Rubber Plug	1.000	29.5000	0.000	29.50

Subtotal 3,621.42
 Discounted Amount 721.78
 SubTotal After Discount 2,899.64

Amount Due 3,757.30 If paid after 04/09/15

Tax: 95.77
 Total: 2,995.42



CONSOLIDATED
Oil Well Services, LLC

2611
2544

Invoice # 803930

TICKET NUMBER 50923
LOCATION Ottawa
FOREMAN Alan Mader

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
4-2-15	2355	Knabe 22	NE 31	14	22	JD
CUSTOMER DE-72 % DE Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. box 128			730 / Ala Mader Safety Meet			
CITY STATE ZIP CODE			795 / Har Bee			
Wellsville KS 66092			675 / Kei Det			
JOB TYPE <u>long string</u>			809 / Gar Moo			
HOLE SIZE <u>3 3/8</u>			HOLE DEPTH <u>995</u>			
CASING DEPTH <u>980</u>			CASING SIZE & WEIGHT <u>2 7/8</u>			
SLURRY WEIGHT			OTHER <u>6' 949</u>			
DISPLACEMENT <u>5.5</u>			WATER gal/sk <u>200</u>			
DISPLACEMENT PSI <u>800</u>			CEMENT LEFT in CASING <u>yes</u>			
MIX PSI <u>200</u>			RATE <u>4 bpm</u>			

REMARKS: Held meeting. Established rate. Mixed & pumped 100 # gel followed by 120 sk 50/50 cement plus 2 bags 50% salt & 5# balseal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float.

A-B Mitchell Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00
5406	30	MILEAGE	495	126.00
5402	980'	Casing footage	495	—
5407	min	ton miles	884	368.00
5502L	2	80 vac	675	200.00
		equipment		1779.00
		less 10% -		1779.00
				1601.10
1124	120	50/50 cement	1380.00	
1118B	302 #	gel	66.44	
1111	232 #	salt	90.48	
1110A	600 #	150 seal	276.00	
		materials	1812.92	
		less 30%	543.88	1269.04
4402	1	2 1/2 plug		29.50
			2.375	SALES TAX 95.77
				ESTIMATED TOTAL 2995.42

AUTHORIZATION Bryan Miller TITLE _____ DATE 3/7/15

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.