



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1250598
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: _____



1250598

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)*

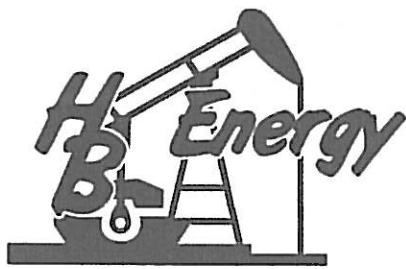
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: 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

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> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</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

Phone: (785) 979-9493
(913) 963-9127

Fax: (785) 883-2305

Well Log

DE & TZ LLC

Knabe Well #: I-25

Sec. 31 Twp. 14 Rng. 22

FSL: 3670 FEL: 280

API: 15-091-24413

Start: 03/26/15

End: 03/27/15

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
18	Soil & Clay	18	
6	Shale	24	Soft yellow & tan
27	Shale	51	
3	Lime	54	
4	Shale	58	
15	Lime	73	
7	Shale	80	
9	Lime	89	
7	Shale	96	
19	Lime	115	
13	Shale	128	Red bed
6	Sand	134	Grey, no water
25	Lime	159	
16	Shale	175	
5	Lime	180	
24	Shale	204	
4	Lime	208	
2	Shale	211	
18	Lime	229	
15	Shale	244	
8	Lime	252	
19	Shale	271	
8	Lime	279	
5	Shale	284	
5	Lime	289	
33	Shale	322	
2	Lime	324	
12	Shale	336	
7	Lime	343	
1	Shale	344	
12	Lime	356	
8	Shale	364	
25	Lime	389	

3	Shale	392	
5	Lime	397	
4	Shale	401	
6	Lime	407	Base of Kansas City / Hertha
32	Shale	439	
5	Broken Sand	444	90% shale, 10% grey sand
1	Sand	445	Grey, no odor
2	Silty Shale	447	
73	Shale	520	
3	Broken Sand	523	30% brown sand, 70% shale, ok bleed, little gas
57	Shale	580	
4	Lime	584	
3	Shale	587	
2	Lime	589	
3	Shale	592	
1	Coal	593	
5	Shale	598	
7	Lime	605	
15	Shale	620	
4	Lime	624	
5	Shale	629	
11	Lime	640	
21	Shale	661	Red bed
2	Lime	663	
4	Shale	667	
3	Lime	670	
5	Shale	675	
5	Silty Shale	680	
37	Shale	717	
1	Lime & Shells	718	
10	Shale	728	
1	Lime & Shells	729	
10	Shale	739	
1	Broken Sand	740	10% brown sand, 90% shale, light odor
11	Shale	751	
4	Broken Sand	755	Brown sand & shale, no oil, no gas
12	Silty Shale	767	
1	Coal	768	
32	Shale	800	
2	Silty Shale	802	
1	Oil Sand	803	Brown sand, good bleed, light gas odor
2	Silty Shale	805	
11	Shale	816	
4	Silty Shale	820	
2	Sand	822	White & grey, no oil, no gas
17	Shale	839	

1	Coal	840	
22	Shale	862	
3	Broken Sand	865	50% limey sand, 50% soft black oil sand, ok bleed
2	Silty Shale	867	
1	Broken Sand	868	40% black sand, 60% silty shale, light bleed
7	Oil Sand	875	Black sand, very soft, good bleed
2	Broken Sand	877	50% oil sand, 50% silty shale, ok bleed
3	Oil Sand	880	Soft oil sand, ok bleed
5	Silty Shale	885	
77	Shale	962	TD

Drilled an 11" hole to 45'

Drilled a 5 5/8" hole to 962'

03/25/15 set 45' of 7" surface casing, cemented with 14 sacks of cement.

03/26/15 chip sampled Bartlesville zone.

03/26/15 set 947' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp, 1 float-shoe, and baffle.

Baffle set at 915'.



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# 803810

Invoice Date: 03/31/15 Terms: C.O.D. Page 1

D.E. EXPLORATION

P.O. BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

KNABE I-25

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	947.000	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	115.000	11.5000	30.000	925.75
1118B	Premium Gel / Bentonite	243.000	0.2200	30.000	37.42
1111	Sodium Chloride (Granulated Salt)	222.000	0.3900	30.000	60.61
1110A	Kol Seal (50# BAG)	575.000	0.4600	30.000	185.15
4402	2 1/2 Rubber Plug	1.000	29.5000	0.000	29.50
1401	HE 100 Polymer	0.500	47.2500	0.000	23.63

Subtotal 3,559.17
 Discounted Amount 696.01
 SubTotal After Discount 2,863.16

Amount Due 3,690.45 If paid after 03/31/15

Tax: 93.08
 Total: 2,956.24



CONSOLIDATED
Oil Well Services, LLC

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

2513

Invoice # 903810 2447

TICKET NUMBER 50920
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-26-15	2353	Knabe T-25	NE 31	14	22	JD
CUSTOMER DE-T2 40 DE Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			730 Alamo Safety Meet			
CITY STATE ZIP CODE Wellsville KS 66092			368 Drl Mader			
			369 Mik Hog			
			804 Gar Mader			

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 962 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 947 DRILL PIPE _____ TUBING _____ OTHER 915 bp
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 5.32 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Weld new Ngs. Established rate. Mixed & pumped 1/2 gal polymer. Circulated into new pit. Mixed & pumped 150 # gel followed by 115 sk 50/50 cement plus 2% gel, 5% salt, & 5# kolseal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well hold 800 PSI. Set float.

H-B Mitchell Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	30	MILEAGE	368	126.00
5402	947'	Casing Footage	368	—
5407	min	van miles	804	368.00
5502C	2	80 vac	369	200.00
		equipment		179.00
		hess 10%		177.90
				1601.10
1124	115	50/50 cement	1322.50	
1118B	243 #	gel	53.46	
1111	222 #	salt	86.58	
1110A	575 #	Kolseal	264.50	
		material	1727.04	
		hess 30%	518.11	1208.93
4402	1	2 1/2 plug		29.00
1401	1/2 gal	polymer		23.63
			7.075	
		SALES TAX		93.08
		ESTIMATED TOTAL		2956.24
				3512.56

AUTHORIZATION [Signature] TITLE _____ DATE [Signature]

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.