



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1250602  
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: \_\_\_\_\_



1250602

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)*

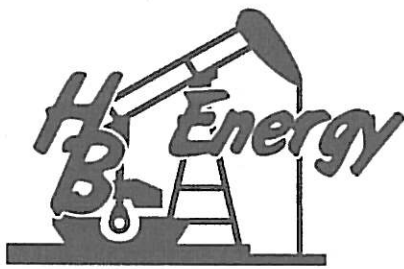
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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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-26

Sec. 31 Twp. 14 Rng. 22

FSL: 3250 FEL: 590

API: 15-091-24414

Start: 03/18/15

End: 03/23/15

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
10	Soil & Clay	10	
14	Sandstone	24	
1	Lime	25	
13	Sandstone	38	
48	Shale	86	
4	Lime	90	
3	Shale	93	
13	Lime	106	
9	Shale	115	
9	Lime	124	Makes water
3	Shale	127	
1	Lime	128	
2	Shale	130	
18	Lime	148	
14	Shale	162	Red bed
3	Lime	165	
4	Shale	169	
30	Lime	199	
14	Shale	213	
2	Lime	215	
11	Shale	226	
5	Lime	231	
10	Shale	241	
24	Lime	265	
15	Shale	280	
9	Lime	289	
17	Shale	306	
7	Lime	313	
44	Shale	357	
2	Lime	359	
9	Shale	368	
9	Lime	377	
2	Shale	379	

14	Lime	393	
6	Shale	399	
25	Lime	424	
3	Shale	427	
3	Lime	430	Base of Kansas City / Hertha
31	Shale	461	
4	Broken Sand	465	Grey sand & shale, no odor
5	Sand	470	Grey, no odor
71	Shale	541	
5	Silty Shale	546	
2	Broken Sand	548	90% shale, 10% brown sand, light bleed
56	Shale	604	
4	Lime	608	
4	Shale	612	
1	Lime	613	
9	Shale	622	
7	Lime	629	
16	Shale	645	
3	Lime	648	
13	Shale	661	
3	Lime	664	
22	Shale	686	Red bed
6	Lime	692	
8	Shale	700	
3	Broken Sand	703	90% shaley sand, 10% brown sand, light oil odor, minimal gas
4	Silty Shale	707	
35	Shale	742	
1	Lime & Shells	743	
11	Shale	754	
1	Lime & Shells	755	
9	Shale	764	
1	Broken Sand	765	Limey sand & shale, no show, no odor
2	Silty Shale	767	
25	Shale	792	
1	Coal	793	
2	Shale	795	
2	Lime	797	
31	Shale	828	
3	Silty Shale	831	
32	Shale	863	
1	Coal	864	
16	Shale	880	
1	Lime	881	
3	Shale	884	
2	Limey Sand	886	

Knabe I-26

1	Oil Sand	887	Brown, few thin lime seems, good bleed
1	Broken Sand	888	80% brown sand, 20% silty shale, good bleed
1	Broken Sand	889	White sand & shale, minimal bleed
1	Broken Sand	890	60% white sand, 40% brown sand, ok bleed
4	Oil Sand	894	Soft brown sand, good bleed
5	Broken Sand	899	70% black & brown sand, 25% laminated shale & white sand, good bleed
7	Silty Shale	906	
4	Shale	910	
1	Coal	911	
64	Shale	975	TD

Drilled an 11" hole to 45'  
 Drilled a 5 5/8" hole to 975'

03/18/15 set 45' of 7" surface casing, cemented with 18 sacks of cement.

03/23/15 chip sampled Bartlesville zone.

03/23/15 set 960' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp, 1 float-shoe, and baffle.  
 Baffle set at 932'.



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# 803785

Invoice Date: 03/30/15 Terms: C.O.D. Page 1

D.E. EXPLORATION

P.O. BOX 128  
 WELLSVILLE KS 66092  
 USA  
 7858834057

KNABE # I-26

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	960.000	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	124.000	11.5000	30.000	998.20
1118B	Premium Gel / Bentonite	308.000	0.2200	30.000	47.43
1111	Sodium Chloride (Granulated Salt)	260.000	0.3900	30.000	70.98
1110A	Kol Seal (50# BAG)	620.000	0.4600	30.000	199.64
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 3,712.49  
 Discounted Amount 742.01  
 SubTotal After Discount 2,970.48

Amount Due 3,860.40 If paid after 03/30/15

Tax: 104.76  
 Total: 3,075.24



**CONSOLIDATED**  
Oil Well Services, LLC

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

2489  
2424  
**INVOICE # 803785**

TICKET NUMBER 50819  
LOCATION Ottawa, KS  
FOREMAN Casey Kennedy

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/23/15	2355	Knabe # I-26	NE 31	14	22	FR
CUSTOMER DE + TZ c/o DE Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 128			729 / Cas Ken ✓ Safety Meeting			
CITY STATE ZIP CODE Wellsville KS 66092			467 / Kei Car ✓			
			548 / Dan Wha ✓			
			3109 / Mik Haa ✓			

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 975' CASING SIZE & WEIGHT 2 7/8" EUE  
 CASING DEPTH 960' DRILL PIPE \_\_\_\_\_ TUBING baffle - 932' OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 28'  
 DISPLACEMENT 5.39 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 1/2 gal Polymer, circulated for 1 hr to condition hole, mixed & pumped 100 # gel followed by 5 bbls fresh water, mixed & pumped 124 sks 5/50 Pozmix cement w/ 2% gel, 5% salt & 5 # Kalseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.39 bbls fresh water, pressured to 800 PSI, 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	960'	casing footage		
5407	minimum	ten Mileage	368.00	
5502C	2 hrs	80 Vac	200.00	
		trucks	1779.00	
		-10%	177.90	
		subtotal		1601.10
1124	124 sks	5/50 Pozmix cement	1426.00	
1118B	308 #	Gel	67.76	
1111	260 #	Salt	101.40	
1110A	620 #	Kalseal	285.20	
		materials	1880.36	
		-30%	564.11	
		subtotal		1316.25
4402	1	2 1/2" rubber plug		29.50
1401	1/2 gal	Polymer		23.63
		7.65%		104.76
		SALES TAX		104.76
		ESTIMATED TOTAL		3075.24

AUTHORIZATION Baran Zeller TITLE \_\_\_\_\_ DATE 3860.40

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.