



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1250608
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: _____



1250608

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)*

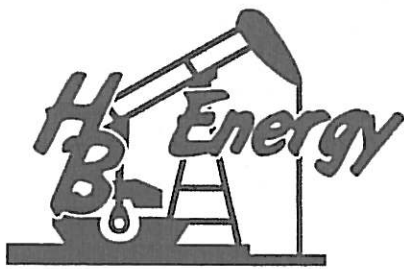
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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"/> 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

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

Fax: (785) 883-2305

Well Log

DE & TZ LLC

Knabe Well #: I-28

Sec. 31 Twp. 14 Rng. 22

FSL: 2870 FEL: 170

API: 15-091-24416

Start: 03/23/15

End: 03/24/15

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
30	Soil & Clay	30	
40	Shale	70	
3	Lime	73	
7	Shale	80	
15	Lime	95	
7	Shale	102	
9	Lime	111	Making fresh water
6	Shale	117	
14	Lime	131	
21	Shale	152	
27	Lime	179	Making a lot of water, slightly salty
17	Shale	196	
13	Lime	209	
18	Shale	227	
20	Lime	247	
14	Shale	261	
9	Lime	270	
16	Shale	286	
7	Lime	293	
4	Shale	297	
7	Lime	304	
33	Shale	337	
2	Lime	339	
10	Shale	349	
26	Lime	375	
10	Shale	385	
20	Lime	405	Light oil show
4	Shale	409	
3	Lime	412	
4	Shale	416	
6	Lime	422	Base of Kansas City / Hertha
29	Shale	451	
3	Broken Sand	454	Grey sand and shale, no show

4	Sand	458	Grey, no show
71	Shale	529	
4	Broken Sand	533	60% brown sand, 40% shale, ok bleed
59	Shale	592	
4	Lime	596	
4	Shale	600	
1	Lime	601	
5	Shale	606	
1	Coal	607	
6	Shale	613	
6	Lime	619	
15	Shale	634	
3	Lime	637	
11	Shale	648	
2	Lime	650	
1	Shale	651	
2	Lime	653	
14	Shale	667	Red bed
1	Coal	668	
3	Shale	671	
1	Lime	672	
4	Shale	676	
2	Lime	678	
8	Shale	686	
6	Silty Shale	692	
65	Shale	757	
4	Broken sand	761	Brown sand & shale, no oil
10	Shale	771	
3	Lime	774	
30	Shale	804	
2	Silty Shale	806	
1	Oil Sand	807	Brown, good bleed
1	Broken Sand	808	Brown sand & shale, good bleed
2	Silty Shale	810	
55	Shale	865	
1	Limey Sand	866	White lime & black sand, ok bleed
1	Oil Sand	867	Black, good bleed
2	Grey Sand	869	No show
5	Oil Sand	874	Black, good bleed, few thin white sand seems
1	Silty Shale	875	
2	Broken Sand	877	80% black oil sand, 20% silty shale, good bleed
2	Silty Shale	879	
2	Broken Sand	881	Laminated shale, very thin bleeding seems, light bleed
2	Silty shale	883	
73	Shale	956	TD

Drilled an 11" hole to 45'
Drilled a 5 5/8" hole to 956'

03/23/15 set 45' of 7" surface casing, cemented with 14 sacks of cement.

03/24/15 chip sampled Bartlesville zone.

03/24/15 set 941' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp,
1 float-shoe, and baffle.

Baffle set at 912'.



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# 803787

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-28

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	941.000	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	131.000	11.5000	30.000	1,054.55
1118B	Premium Gel / Bentonite	320.000	0.2200	30.000	49.28
1111	Sodium Chloride (Granulated Salt)	264.000	0.3900	30.000	72.07
1110A	Kol Seal (50# BAG)	655.000	0.4600	30.000	210.91
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 3,813.29
 Discounted Amount 772.25
 SubTotal After Discount 3,041.04

Amount Due 3,963.31 If paid after 03/30/15

Tax: 106.20
 Total: 3,147.24



CONSOLIDATED
Oil Well Services, LLC

Invoice #80378 ²⁴⁹¹/₂₄₂₄

TICKET NUMBER 50899
LOCATION Ottawa KS
FOREMAN Fred 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
3-24-15	3244	Kuabo # I-28	NE 31	14	22	JO
CUSTOMER DE+JZ LLC % DE Exploration			TRUCK #			
MAILING ADDRESS P.O. Box 128			DRIVER			
CITY Wellsville			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66092			TRUCK #			
			DRIVER			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 956 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 941 DRILL PIPE Baffle in TUBING @ 912 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 29' + Plug
DISPLACEMENT 5.3 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold Safety meeting. Establish pump rate. Pump 1/2 Gal HE-100 Polymer. Circulate well to condition hole. Mix & Pump 100# Gel Flush. Mix & Pump 131 SKS 50/50 Poz Mix Cement 270 Gal 5% Salt 5# Kol Seal /sk. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to baffle in casing. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

H B Energy

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5406	1	PUMP CHARGE	495	1085.00
5406	30 mi	MILEAGE	495	126.00
5402	941	Casing Footage	N/C	
5407	Mileage	Ten Miles	548	368.00
5502C	2 hrs	80 BBL Vac Truck	675	200.00
		Sub Total		1779.00
		Less - 10%		-177.90
				1601.10
18 #24	131 SKS	50/50 Poz Mix Cement	1506.50	
116B	320#	Premium Gel	70.40	
1111	264#	Granulated Salt	102.96	
1110A	655#	Kol Seal	301.30	
		Material	1981.16	
		Less 30%	-594.35	
		Total		1386.81
4402	1	2 1/2" Rubber Plug		29.50
1401	1/2 Gal	HE-100 Polymer		23.63
		7.375%	SALES TAX	106.20
			ESTIMATED TOTAL	3147.24

Revin 3737

AUTHORIZATION Jim Tracy TITLE _____ DATE 3/24/15

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.