



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1253600  
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: \_\_\_\_\_



1253600

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

<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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
ACD-1 WELL HISTORY  
DESCRIPTION OF WELL AND LEASE

Operator: License # 04567  
Name: Douglas G. Evans  
Address 618 Main, P.O. Box 128  
City/State/Zip Wellsville KS 66092

Purchaser: EOTT  
Operator Contact Person: Douglas G. Evans  
Phone (913) 883-4057

Contractor: Name: Evans Energy Dev. Inc  
License: 08509

Wellbit Geologist: \_\_\_\_\_

Designate Type of Completion  
 New Well  Re-Entry  Workover  
 Oil  SWD  SIOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, VSW, Expl., Cathodic, etc)

If Workover/Re-Entry, old well info as follows:  
Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_  
\_\_\_\_\_ Deepening \_\_\_\_\_ Re-perf. \_\_\_\_\_ Conv. to Inj/SWD  
\_\_\_\_\_ Plug Back \_\_\_\_\_ PSTD  
\_\_\_\_\_ Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_  
\_\_\_\_\_ Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_  
\_\_\_\_\_ Other (SWD or Inj?) \_\_\_\_\_ Docket No. \_\_\_\_\_  
2-19-97 2-25-97 4-30-97  
Spud Date Date Reached TD Completion Date

API NO. 15- 091-227470000  
County Johnson  
SE - SW - NE - NW Sec. 31 Twp. 14 Rge. 22  
4235 Feet from S/W (circle one) Line of Section  
3355 Feet from E/W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or SW (circle one)  
Lease Name Gillespie Well # 12  
Field Name Edgerton  
Producing Formation Bartlesville  
Elevation: Ground NA KB \_\_\_\_\_  
Total Depth 975 PSTD \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 20.2 F  
Multiple Stage Cementing Collar Used? Yes   
If yes, show depth set \_\_\_\_\_ F  
If Alternate II completion, cement circulated from 972  
feet depth to Surface w/ 175 sx ci  
Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)  
Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bl  
Dewatering method used \_\_\_\_\_  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name \_\_\_\_\_  
Lease Name \_\_\_\_\_ License No. \_\_\_\_\_  
\_\_\_\_\_ Quarter Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W  
County \_\_\_\_\_ Docket No. \_\_\_\_\_

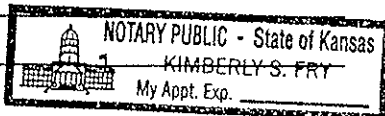
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well [Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature Douglas G. Evans  
Title Operator Date 5-23-97

Subscribed and sworn to before me this 23 day of May, 19 97.

Notary Public Kimberly S. Fry  
Date Commission Expires 11/12/2000



K.C.C. OFFICE USE ONLY  
F \_\_\_\_\_ Letter of Confidentiality Attached  
C \_\_\_\_\_ Wireline Log Received  
C \_\_\_\_\_ Geologist Report Received  
Distribution  
\_\_\_\_\_ KCC \_\_\_\_\_ SWD/Rep \_\_\_\_\_ KCPA  
\_\_\_\_\_ KGS \_\_\_\_\_ Plug \_\_\_\_\_ Other (Specify) \_\_\_\_\_

SIDE TWO

Operator Name Douglas G. Evans Lease Name Gillespie Well # 12  
 East County Johnson  
 Sec. 31 Twp. 14 Rge. 22  West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Kansas City	453	460
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Bartlesville	915	935
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
Surface	10 1/4	6 5/8		20.2	Portland	5	
Production	5 5/8	2 7/8		972.8	50/50POZ	175	

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		Depth
	2.14	913-920		5 bbl pad, 1 20/40 29 12/20	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		1"	20.2	NA				
Date of First, Resumed Production, SWD or Inj.			Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)					
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
	1			NA	1			

Disposition of Gas:  Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled

METHOD OF COMPLETION Production Interval

CONSOLIDATED INDUSTRIAL SERVICES, INC.  
 211 W. 14TH STREET, CHANUTE, KS 66720  
 316-431-9210 OR 800-467-8676

TICKET NUMBER

LOCATION *Chanute*

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
<i>2-25-97</i>	<i>2551</i>	<i>12 Gilkris</i>	<i>31</i>	<i>14</i>	<i>22</i>	<i>30</i>		
CHARGE TO <i>Doug Evans '97'</i>				OWNER				
MAILING ADDRESS <i>P.O. Box 128</i>				OPERATOR <i>Doug Evans</i>				
CITY & STATE <i>Wellsville, Ks 66092</i>				CONTRACTOR <i>Evans Energy</i>				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
<i>5401</i>	<i>One</i>	PUMP CHARGE <i>Cement One Well</i>		<i>450.<sup>00</sup></i>
<i>5402</i>	<i>474'</i>	<i>Casing Footage</i>	<i>.10</i>	<i>47.<sup>00</sup></i>
		HYDRAULIC HORSE POWER		
<i>4402</i>	<i>One</i>	<i>2 3/8" Rubber Plug</i>		<i>14.<sup>00</sup></i>
<i>1118</i>	<i>350</i>	<i>Premium Gel</i>	<i>10.<sup>00</sup></i>	<i>30.<sup>00</sup></i>
			<i>Tax 6.4%</i>	<i>81.<sup>32</sup></i>
		STAND BY TIME		
		MILEAGE		
		WATER TRANSPORTS		
		VACUUM TRUCKS <i>Rig H2O</i>		<i>N/C</i>
		FRAC SAND		
<i>1124</i>	<i>17550</i>	CEMENT <i>50 Ppc Mix</i>	<i>7.<sup>00</sup></i>	<i>1225.<sup>00</sup></i>
		NITROGEN		
<i>5407</i>	<i>223.1</i>	TON-MILES <i>50 miles</i>	<i>.75</i>	<i>167.<sup>00</sup></i>
			ESTIMATED TOTAL	<i>2014.<sup>62</sup></i>

NSCO #15097

CUSTOMER or AGENTS SIGNATURE

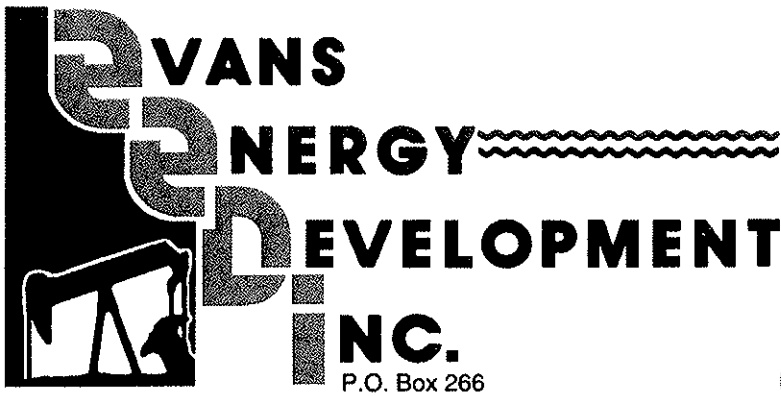
CIS FOREMAN

*Jim Green*

CUSTOMER or AGENT (PLEASE PRINT)

DATE

*154420*



Oil & Gas Well Drilling  
 Water Wells  
 Geo-Loop Installation

P.O. Box 266

Paola, Kansas 66071

(913) 294-9083

WELL LOG  
 Gillespie - #12  
 Rainbow Oil Company  
 API #15-091-11,7470000  
 February 19 - February 25, 1997

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
4	soil & clay	4
8	sandstone	12
16	shale	28
18	sandstone	46
2	sand, lime & pebbles	48
50	shale	98
4	lime	102
6	shale	108
16	lime	124
7	shale	131
9	lime	140
7	shale	147
21	lime	168
24	shale	192
21	lime	213
19	shale	232
10	lime	242
18	shale	260
20	lime	280
13	shale	293
8	lime	301
22	shale	323
5	lime	328
6	shale	334
6	lime	340
44	shale	384
25	lime	409
9	shale	418
23	lime	441
4	shale	445
5	lime	450
3	shale	453
7	lime	460-base of the Kansas City
171	shale	631
5	lime	636

4	shale	640
2	lime	642
9	shale	651
6	lime	657
2	sand	659-brown, oil show
13	shale	672
4	lime	676
15	shale	691
3	lime	694
19	shale	713
2	lime	715
4	shale	719
1	lime	720
2	shale	722-black
1	lime	723
45	shale	768
1	lime	769
11	shale	780
1	lime & shells	781
9	shale	790
5	sand	795-brown, no show
3	broken sand	798-brown and grey sand, no show
20	shale	818
2	coal	820
93.5	shale	913.5
.5	lime	914
3.9	sand	917.7
3.8	broken sand	921.5-oil sand & shale laminated
53.5	shale	975-T.D.

Drilled a 10 1/4" hole to 20.2'.

Drilled a 5 5/8" hole to 975'.

Set 20.2' of used 7" surface casing cemented with 5 sacks Portland Cement.

Set the top of the seating nipple at 909.2'. Set a total of 972.8' of used 2 7/8" 8 round upset tubing including 3 centralizers, 1 seating nipple, 1 coupling, 1 float shoe, 1 clamp.

Bartlesville Core Times

	<u>Min.</u>	<u>Sec.</u>
915	1	- 35
916	1	- 20
917	1	- 30
918	1	- 10
919	1	- 10
920	1	- 05
921	1	- 15
922	1	- 30
923	1	- 35
924	1	- 40
925	1	- 55
926	1	- 35
927	1	- 45
928	1	- 30
929	1	- 35
930	2	- 00
931	2	- 05
932	2	- 10
933	2	- 00
934	2	- 15
935	1	- 35