



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1255749
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: _____



1255749

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)*

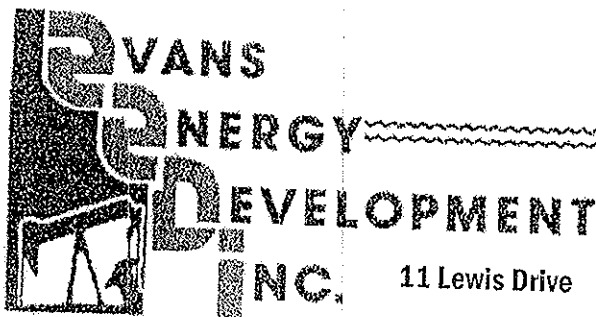
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____	PRODUCTION INTERVAL: _____ _____
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11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083
Fax: 913-557-9084

WELL LOG
L & P Enterprises, LLC
Donner #D30
API#15-121-31,015
May 13 - May 19, 2015

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
12	lime	20
11	shale	31
21	lime	52
2	shale	54
25	lime	79
11	shale	90
3	lime	93
75	shale	168
18	lime	186
30	shale	216
6	lime	222
39	shale	261
13	lime	274
14	shale	288
25	lime	313
9	shale	322
23	lime	345 oil show
3	shale	348
14	lime	362 base of the Kansas City
20	shale	382
8	sand	390 grey, no oil show
8	broken oil sand	398 brown, ok bleeding
73	shale	471
6	broken sand	477 brown & green, ok bleeding
26	shale	503
4	lime	507
22	shale	529
6	lime	535
8	shale	543
2	lime	545
24	shale	569
6	lime	575
15	shale	590
5	lime	595
12	shale	607
3	lime	610
13	shale	623
6	lime	629

4	shale	633
1	coal	634
10	shale	644
2	broken sand	676 brown & green, light bleeding
2.5	oil sand	678.5 brown, light bleeding seams
1	lime	649.5
1	oil sand	650.5 brown, light bleeding
12.5	broken sand	663 brown & green 70% oil sand
57	shale	720 30% shale, 60% bleeding sand
		720 TD

Drilled a 9 7/8" hole to 22.7'

Drilled a 5 5/8" hole to 720'

Set 22.7' of 7" surface casing threaded and coupled cemented with 5 sacks of cement

Set 710.9' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp

Core Times		
	<u>Minutes</u>	<u>Seconds</u>
647		30
648		33
649	1	42
650		27
651		30
652		34
653		32
654		30
655		32
656		29
657		30
658		34
659		43
660		44
661		47
662		45
663		44
664		43
665		47
666	1	27



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-457-8676

2931 / 2857

TICKET NUMBER 50997
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-19-15	4828	Danner # D-20	N16 S	17	22	Mi
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
L & P Enterprises LLC			712	Fred Mader		
MAILING ADDRESS			495	Herber		
29975 Indianapolis Rd			369	Mik Haas		
CITY	STATE	ZIP CODE	510	Kei Car		
Paola	KS	66071	CASING SIZE & WEIGHT <u>2 7/8 EUE</u>			
JOB TYPE <u>Longstring</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>750</u>	OTHER			
CASING DEPTH <u>760'</u>	DRILL PIPE	TUBING	CEMENT LEFT IN CASING <u>2 1/2' Ply</u>			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	RATE <u>4 BPM</u>			
DISPLACEMENT <u>4.07 BBL</u>	DISPLACEMENT PSI	MIX PSI				

REMARKS: Hold safety meeting. Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump 95 BKS 50/50 Poz Mix Cement 270 Gal 1/2" Phenol Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 7/8" Rubber plug to casing TD. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

Evans Energy Dev Inc. Travis

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	CE0450 1	PUMP CHARGE	495	1085.00
5406	CE0002 20 mi	MILEAGE	495	840.00
5402	CE0461 700'	Casing Footage		NK
5407	Maintenance CE0711	Ten Miles	510	368.00
5502C	NE 0853 1 1/2 hr	80 BBL Vac Truck		150.00
		Sub Total		1687.00
		Less 10%		-168.70
				1518.30
1124	CC.5840110 SKS	50/50 Poz Mix Cement		1265.00
1118B	CC.5965 285#	Premium Gel		62.25
1107A	CC.W19 55#	Pheno Seal		74.25
		Material		1401.50
		Less 30%		-420.45
				981.05
4402	CP8176 1	2 7/8" Rubber Plug		29.50
			7.65%	SALES TAX
				ESTIMATED TOTAL
				2606.50
				3227.96

Form 3737

AUTHORIZED SIGNATURE

TITLE

DATE

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.