



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1313203
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: _____

1313203

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
 Well: Knabe 14A
 Lease Owner: AltaVista

Town Oilfield Service, Inc.
 (913) 294-2125

Commenced Spudding:
 7/19/16

WELL LOG

Thickness of Strata	Formation	Total Depth
0-27	Soil-Clay	27
34	Shale	61
21	Lime	82
8	Shale	90
8	Lime	98
8	Shale	106
21	Lime	127
19	Sandy Shale	146
27	Lime	173
17	Shale	190
7	Lime	197
11	Shale	208
29	Lime	237
14	Shale	251
9	Lime	260
18	Shale	278
8	Lime	286
4	Shale	290
7	Lime	297
44	Shale	341
25	Lime	366
10	Shale	376
21	Lime	397
4	Shale	401
3	Lime	404
4	Shale	408
7	Lime	415
30	Shale	445
11	Sandy Shale	456
129	Shale	585
6	Lime	591
2	Shale	593
2	Lime	595
7	Shale	602
5	Lime	607
3	Shale	610
4	Sand	614
10	Shale	624
3	Lime	627
16	Shale	643

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 14 \times h$
D equals diameter in feet.
h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. 14A

Farm Knebe

KS
(State)

Johnson
(County)

31
(Section)

14
(Township)

22
(Range)

For DE & TZ LLC
(Well Owner)

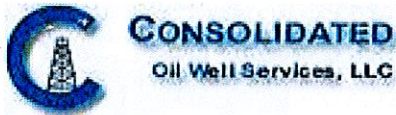
Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-27	soil - clay	27	
34	Shale	61	
21	Lime	82	
8	Shale	90	
8	Lime	98	
8	Shale	106	
21	Lime	127	
19	sandy shale	146	
27	LIME	173	
17	Shale	190	
7	Lime	197	
11	Shale	208	
29	Lime	237	
14	Shale	251	
9	Lime	260	
18	Shale	278	
8	Lime	286	
4	Shale	290	
7	Lime	297	
44	Shale	341	
25	Lime	366	
10	Shale	376	
21	Lime	397	
4	Shale	401	
3	Lime	404	
4	Shale	408	
7	Lime	415	Hertha

415

Thickness of Strata	Formation	Total Depth	Remarks
30	shale	445	
11	sandy shale	456	
129	shale	585	
6	Lime	591	
2	Shale	593	
2	Lime	595	
7	Shale	602	
5	Lime	607	
3	Shale	610	
4	sand	614	odor - slight slow
10	Shale	624	
3	Lime	627	
16	Shale	643	
2	Lime	645	
23	Shale	668	red bed
2	Lime	670	
73	shale	743	
7	sand	750	odor - slight slow
6	sandy shale	756	
15	shale	771	
4	Lime	775	
27	Shale	802	
6	sand	808	broken - slight slow
52	shale	860	
1	Lime	861	
3	shale	864	
5	sand	869	



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# 808123

Invoice Date: 07/22/16 Terms: Net 30 Page 1

D.E. EXPLORATION
 P.O. BOX 128 KNABE #14-A
 WELLSVILLE KS 66092
 USA
 7858834057

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	62.000	570.00
CE0002	Equipment Mileage Charge - Heavy Equipment	25.000	7.1500	62.000	67.93
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	62.000	250.80
WE0853	80 BBL Vacuum Truck (Cement Services)	1.000	100.0000	62.000	38.00
CC5840	Poz-Blend I A (50:50)	116.000	13.5000	62.000	595.08
CC5965	Bentonite	295.000	0.3000	62.000	33.63
CC5326	Sodium Chloride, Salt	234.000	1.0000	62.000	88.92
CC6077	Kolseal	580.000	0.5000	62.000	110.20
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	62.000	17.10

Subtotal 4,662.25
 Discounted Amount 2,890.60
 SubTotal After Discount 1,771.65

Amount Due 4,834.02 If paid after 08/21/16

Tax: 65.27
 Total: 1,836.93



CONSOLIDATED
Oil Well Services, LLC

6235
6040

TICKET NUMBER 50154
LOCATION Ottawa KS
FOREMAN Fred Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 88123

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-20-16	2355	Knabe # 14-A	NE 31	14	22	JO
CUSTOMER DEYTZ LLC % DE Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			712 / Fred Maden			
CITY STATE ZIP CODE Wellsville KS 66092			368 / Avl Mcd			
			675 / Kid Det			
			503 / Mik Mad			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 980 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 960 DRILL PIPE Baffle TUBING @ 930' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' + Plug
DISPLACEMENT 5.4 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 B P M

REMARKS: Hold Safety meeting. Establish pump rate. Mix & Pump 100* Gel Flush. Mix & Pump @ 116 SKS for Blend I A Cement 2% Gel 5" Kal Seal 5% Salt. Cement to surface. Flush pump & line clean. Displace 2 1/2" Rubber plug to baffle in casing. Pressure to 700* PSI. Release pressure to set flow valve. Shut in Casing.

TOS Drilling. (wes). Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	368	1500.00
CE0002	25mi	MILEAGE	368	178.75
CE0711	Minimum	Ten Miles Delivery	503	660.00
WE0853	1hr	50 BBL Vac Truck.	675	100.00
		Sub Total		2428.75
		less 62%	-1512.23	926.72
9207 CE5840	116 SKS	Por Blend I A Cement		1566.00
CE5965	295#	Bentonite Gel		88.50
CE5326	224#	Salt		234.00
CE6077	580#	Kal Seal		290.00
CE8176	1	2 1/2" Rubber Plug		45.00
		Sub Total		2223.50
		less 62%	-1378.87	844.92
		7.725%		65.27
		SALES TAX		65.27
		ESTIMATED TOTAL		1836.92
				(4834.02)

Revin 8737 AUTHORIZATION Bryan Maden 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.