

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1348113
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: _____

1348113



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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

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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Johnson County, KS
 Well: Evans #2
 Lease Owner: DE Exploration

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

Commenced Spudding:
 1/25/17

WELL LOG

Thickness of Strata	Formation	Total Depth
0-28	Soil-Clay	28
24	Shale	52
22	Lime	74
7	Shale	81
9	Lime	90
6	Sandy Shale	96
18	Lime	114
23	Shale	137
27	Lime	164
5	Shale	169
5	Sand & Sandy Shale	174
19	Shale	193
11	Lime	204
21	Shale	225
9	Lime	234
9	Shale	243
11	Lime	254
13	Shale	267
4	Shale & Lime	271
8	Lime	279
6	Shale	285
6	Lime	291
32	Shale	323
1	Lime	324
10	Shale	334
25	Lime	359
7	Shale	366
23	Lime	389
4	Shale	393
3	Lime	396
4	Shale	400
6	Lime	406
24	Shale	430
20	Sandy Shale	450
127	Shale	577
5	Lime	582
4	Shale	586
2	Lime	588
12	Shale	600
6	Lime	606

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 $BPH \times PSI \times .0004$

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. 2

Farm Evans

KS Johnson
(State) (County)

1 15 21
(Section) (Township) (Range)

For D. E. Exploration
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

CORE

Evans Farm: Johnson County

KS State; Well No. 2

Elevation 1018

Commenced Spuding 1-25 20 17

Finished Drilling 1-27 20 17

Driller's Name Wesley Dollard

Driller's Name

Driller's Name

Tool Dresser's Name Ryan Ward

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name TOS

1 15 21

(Section) (Township) (Range)

Distance from S line, 5020 ft.

Distance from E line, 680 ft.

3 sacks 2 7/8 casing

1 core

12 hrs

5 5/8 bore hole

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

7 7/8" Set 22 _____ 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
855.20				seat nipple	
887.10				Baffle	
918.65				Float	
940	TD			2 7/8	

Thickness of Strata	Formation	Total Depth	Remarks
0-28	soil-clay	28	
24	shale	52	
22	lime	74	
7	shale	81	
9	lime	90	
6	sandy shale	96	
18	lime	114	
23	shale	137	red bed
27	lime	164	
5	shale	169	
5	sand & sandy shale	174	no oil
19	shale	193	
11	lime	204	
21	shale	225	
9	lime	234	
9	shale	243	
11	lime	254	
13	shale	267	
4	shale & lime	271	
8	lime	279	
6	shale	285	
6	lime	291	
32	shale	323	
1	lime	324	
10	shale	334	
25	lime	359	
7	shale	366	

366

Thickness of Strata	Formation	Total Depth	Remarks
23	Lime	389	
4	Shale	393	
3	Lime	396	
4	Shale	400	
6	Lime	406	Hertha
24	Shale	430	
20	sandy shale	450	
127	shale	577	
5	Lime	582	
4	Shale	586	
2	Lime	588	
12	Shale	600	
6	Lime	606	
13	Shale	619	
4	Lime	623	
13	Shale	636	
2	Lime	638	
20	Shale	658	red bed
3	Lime	661	
2	Shale	663	
2	Lime	665	
69	Shale	734	
5	sand & sandy shale	739	gas odor
120	shale	859	
19	lime	878	page 6
10	sandy shale	888	
52	Shale	940	TD



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# 809435

Invoice Date: 01/31/17

Terms: Net 30

Page 1

D.E. EXPLORATION

P.O. BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

EVANS #2

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	60.000	600.00
CE0002	Equipment Mileage Charge - Heavy Equipment	25.000	7.1500	60.000	71.50
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	60.000	264.00
WE0853	80 BBL Vacuum Truck (Cement Services)	2.000	100.0000	60.000	80.00
CC5840	Poz-Blend I A (50:50)	120.000	13.5000	60.000	648.00
CC5965	*Bentonite*	302.000	0.3000	60.000	36.24
CC5326	Sodium Chloride, Salt	242.000	1.0000	60.000	96.80
CC6077	Kolseal	600.000	0.5000	60.000	120.00
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	60.000	18.00

Subtotal 4,836.35

Discounted Amount 2,901.81

SubTotal After Discount 1,934.54

Amount Due 5,013.84 If paid after 03/02/17

Tax: 71.00

Total: 2,005.54



CONSOLIDATED
Oil Well Services, LLC

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

7413
7311

TICKET NUMBER 50365

LOCATION Ottawa KS

FOREMAN Fred Mader

**FIELD TICKET & TREATMENT REPORT
CEMENT**

Invoice #809435

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-27-17	2355	Evans # 2	NE 1	15	28	20
CUSTOMER D E Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			712 / Fre Mad			
CITY STATE ZIP CODE Wellsville KS 66092			495 / Harbac			
			675 / Kai Det			
			548 / Alama			

JOB TYPE hangstring HOLE SIZE _____ HOLE DEPTH 940 CASING SIZE & WEIGHT 2 7/8 EUG
 CASING DEPTH 918 DRILL PIPE Baffle TUBING @ 887 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31' + Plug
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 48 PM

REMARKS: Hold safety meeting. Establish circulation. Mix + Pump 100# Gel Flush. Mix + Pump 120 SKS Por Blend IA Cement 2% Gel 5% Salt 5# Kal 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

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500.00
CE0002	2.5 mi.	MILEAGE	495	1237.50
CE0711	Minimum	Ton Miles Delivery	548	660.00
WE0853	2 hrs	80 BBL Vac Truck	675	200.00
				2538.75
		Less 60%		1015.50
CC5840	120 SKS	Por Blend IA Cement		1620.00
CC5965	302#	Bentomite Gel		90.60
CC5326	242#	Salt		242.00
CC6077	600#	Kal Seal		300.00
CP8176	1	2 1/2" Rubber Plug		45.00
				2297.60
		Less 60%		919.04
				772.50
		SALES TAX		71.00
		ESTIMATED TOTAL		2005.54

Revin 3737

AUTHORIZATION _____ TITLE _____ DATE (5013 84)

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.