

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1348129  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1348129

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
--	---

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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---



Johnson County, KS  
Well: Evans # 3  
Lease Owner:DE Exploration

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

Commenced Spudding:  
2/7/17

WELL LOG

Thickness of Strata	Formation	Total Depth
0-34	Soil-Clay	34
12	Shale	46
22	Lime	68
7	Shale	75
10	Lime	85
4	Sandy Shale	89
18	Lime	107
18	Shale	125
8	Sand	133
25	Lime	158
29	Shale	189
12	Lime	201
21	Shale	222
9	Lime	231
8	Shale	239
11	Lime	250
17	Shale	267
8	Lime	275
4	Shale	279
7	Lime	286
33	Shale	319
1	Lime	320
10	Shale	330
25	Lime	355
7	Shale	362
22	Lime	384
4	Shale	388
4	Lime	392
4	Shale	396
6	Lime	402
31	Shale	433
6	Sand	439
135	Shale	574
4	Lime	578
4	Shale	582
2	Lime	584
10	Shale	594
7	Lime	601
14	Shale	615
4	Lime	619



# 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. 3

Farm EVANS

KS

(State)

Johnson

(County)

1

(Section)

15

(Township)

21

(Range)

For D. E. Exploration

(Well Owner)

## Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400



Thickness of Strata	Formation	Total Depth	Remarks
0-34	soil-clay	34	
12	Shale	46	
22	Lime	68	
7	Shale	75	
10	Lime	85	
4	sandy shale	89	
18	Lime	107	
18	Shale	125	redbed
8	sand	133	water
25	Lime	158	
29	shale	189	
12	Lime	201	
21	Shale	222	
9	Lime	231	
8	Shale	239	
11	Lime	250	
17	Shale	267	
8	Lime	275	
4	shale	279	
7	Lime	286	
33	Shale	319	
1	Lime	320	
10	shale	330	
25	Lime	355	
7	Shale	362	
22	Lime	384	
4	Shale	388	



# Well #3

388

Thickness of Strata	Formation	Total Depth	Remarks
4	Lime	392	
4	Shale	396	
6	Lime	402	Hertha
31	Shale	433	
6	sand	439	no oil
135	Shale	574	
4	Lime	578	
4	Shale	582	
2	Lime	584	
10	Shale	594	
7	Lime	601	
14	Shale	615	
4	Lime	619	
14	Shale	633	
1	Lime	634	
22	Shale	656	redbed
3	Lime	659	
2	Shale	661	
3	Lime	664	
67	Shale	731	
7	sand	738	broken - gas odor
112	Shale	850	
1	sandy lime	851	no oil
perf 7	sand	858	mostly solid - good saturation
15	sandy shale	873	
67	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#

809556

Invoice Date: 02/10/17

Terms: Net 30

Page 1

D.E. EXPLORATION

P.O. BOX 128  
 WELLSVILLE KS 66092  
 USA  
 7858834057

EVANS #3

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)	118.000	13.5000	60.000	637.20
CC5965	*Bentonite*	298.000	0.3000	60.000	35.76
CC5326	Sodium Chloride, Salt	238.000	1.0000	60.000	95.20
CC6077	Kolseal	590.000	0.5000	60.000	118.00
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	60.000	18.00

Subtotal 4,799.15

Discounted Amount 2,879.49

SubTotal After Discount 1,919.66

Amount Due 4,973.77 If paid after 03/12/17

Tax: 69.85

Total: 1,989.51



**CONSOLIDATED**  
Oil Well Services, LLC

7510 / 7400

TICKET NUMBER 50389

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 # 809556**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-8-17	2355	Evans # 3	NE 1	15	21	JO
CUSTOMER D E Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			712 Fred Mad			
CITY STATE ZIP CODE Wellsville KS 66092			495 Har Bec			
			369 Mik Hag			
			558 Arl Mad			

JOB TYPE log string HOLE SIZE 5 7/8 HOLE DEPTH 940 CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 940 DRILL PIPE Baffle in TUBING @ 879 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 31' x Plug  
 DISPLACEMENT 5.11 BAL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 BPM

REMARKS: Hold Safety meeting. Establish pump rate. Mix + Pump 100\*  
Get Flush. Mix + Pump 115' sks For Blend I A Cement 220 Gal  
5% Salt 5" Kol Seal/sk. Cement to surface. Flush pump + line  
clean. Displace 2 1/2" Rubber plug to Baffle in Casing. Pressure  
to 500\* PSI. Release pressure to set float valve.

TOS Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500 <sup>00</sup>
CE0002	2.5 mi	MILEAGE	495	1787 <sup>50</sup>
CE0711	Minimum	Ten miles Delivery		660 <sup>00</sup>
WE0653	2 hrs	80 BAL Vac Truck		200 <sup>00</sup>
		Sub Total		2538 <sup>25</sup>
		less 60%		1015 <sup>50</sup>
11295 CC5840	118 sks	Por Blend I A Cement		1593 <sup>00</sup>
CC5965	298 #	Bentonite Gel		89 <sup>00</sup>
CC5826	238 #	Salt		238 <sup>00</sup>
CC6077	590	Kol Seal		295 <sup>00</sup>
CP8176	1	2 1/2" Rubber Plug		45 <sup>00</sup>
		Sub Total		2260 <sup>40</sup>
		less 60%		904 <sup>16</sup>
		7.725%		69 <sup>85</sup>
		SALES TAX		69 <sup>85</sup>
		ESTIMATED TOTAL		1989 <sup>51</sup>
				(4973 <sup>27</sup> )

Revin 3737

AUTHORIZATION Benson Willy

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.