

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1348133
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: _____

1348133



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: <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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
Well: Evans #4
Lease Owner:DE Exploration

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

Commenced Spudding:
1/23/17

WELL LOG

Thickness of Strata	Formation	Total Depth
0-28	Soil-Clay	28
26	Shale	54
22	Lime	76
7	Shale	83
9	Lime	92
6	Sandy Shale	98
18	Lime	116
18	Shale	134
6	Sand	140
26	Lime	166
8	Shale	174
6	Sandy Shale	180
16	Shale	196
12	Lime	208
22	Shale	230
9	Lime	239
7	Shale	246
11	Lime	257
14	Shale	271
6	Shale & Lime	277
6	Lime	283
4	Shale	287
6	Lime	293
33	Shale	326
2	Lime	328
9	Shale	337
26	Lime	363
6	Shale	369
23	Lime	392
3	Shale	395
4	Lime	399
4	Shale	403
7	Lime	410
28	Shale	438
10	Sand & Sandy Shale	448
132	Shale	580
4	Lime	584
4	Shale	588
2	Lime	590
11	Shale	601

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 14xh$

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. 4

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

Core

EVANS Farm: Johnson County
KS State, Well No. 4
Elevation 1021
Commenced Spuding 1-23 20 17
Finished Drilling 1-25 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, 4580 ft.
Distance from E line, 680 ft.
3 sacks 2 7/8 casing
13 hrs
1 core
5 5/8 borehole

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
8" Set _____ 8" Pulled _____
7 1/2" Set 21 6 1/2" Pulled _____
4" Set _____ 4" Pulled _____
2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
851.80		Seat nipple			
883.60		Baffle			
915.45		Flange			2 7/8
940	TD				

Thickness of Strata	Formation	Total Depth	Remarks
0-28	soil-clay	28	
26	shale	54	
22	Lime	76	
7	Shale	83	
9	Lime	92	
6	sandy shale	98	
18	Lime	116	
18	shale	134	redbed
6	sand	140	water
26	Lime	166	
8	shale	174	
6	sandy shale	180	
16	shale	196	
12	Lime	208	
22	shale	230	
9	Lime	239	
7	shale	246	
11	Lime	257	
14	shale	271	
6	shale & lime	277	
6	Lime	283	
4	shale	287	
6	Lime	293	
33	shale	326	
2	Lime	328	
9	shale	337	
26	Lime	363	

363

Thickness of Strata	Formation	Total Depth	Remarks
6	Shale	369	
23	Lime	392	
3	Shale	395	
4	Lime	399	
4	Shale	403	
7	Lime	410	Hertha
28	Shale	438	
10	sand & sandy shale	448	no oil
132	Shale	580	
4	Lime	584	
4	Shale	588	
2	Lime	590	
11	Shale	601	
7	Lime	608	
14	Shale	622	
3	Lime	625	
13	Shale	638	
2	Lime	640	
21	Shale	661	redbed
2	Lime	663	
2	Shale	665	
2	Lime	667	
69	Shale	736	
5	sand	741	gas oolite - laminated brown sand
115	Shale	856	
20	Coal	876	page 26
4	sandy shale	880	

Thickness of Strata	Formation	Total Depth	Remarks
	Core		
		856	
5	sand	861	solid - great saturation - perf
4	laminated sand	865	no O.I.
9	sandy shale	874	
2	shale	876	



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#

809423

Invoice Date: 01/27/17

Terms: Net 30

Page 1

D.E. EXPLORATION

P.O. BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

EVANS #4

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)	124.000	13.5000	60.000	669.60
CC5965	*Bentonite*	308.000	0.3000	60.000	36.96
CC5326	Sodium Chloride, Salt	250.000	1.0000	60.000	100.00
CC6077	Kolseal	620.000	0.5000	60.000	124.00
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	60.000	18.00

Subtotal 4,910.15

Discounted Amount 2,946.09

SubTotal After Discount 1,964.06

Amount Due 5,093.34 If paid after 02/26/17

Tax: 73.28

Total: 2,037.34



CONSOLIDATED
Oil Well Services, L.L.C.

7402 / 7300

TICKET NUMBER 50364

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 # 809423

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-25-17	2355	Evans #4	NE 1	15	21	JO
CUSTOMER D E Exploration						
MAILING ADDRESS P. O. Box 128						
CITY Wellsville		STATE KS	ZIP CODE 66092			
TRUCK #		DRIVER		TRUCK #		DRIVER
712		Fre Mad				
250 495		ATLANTA Har Boc.				
675		Kil Det				
548		Mik Haa				

JOB TYPE Longstring HOLE SIZE _____ HOLE DEPTH 940' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 915' DRILL PIPE 3" Baffle in Tubing @ 983 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 232' + Plug
 DISPLACEMENT 5.13 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold Safety meeting. Establish circulation Mix + Pump 100%
 Gel Flush. Mix + Pump 124 slcs Por Bleed IA Cement 2%
 Gel 5% Salt 5# Kal Seal/slc. 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 Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495 1500 ⁰⁰	✓
CE0002	25 mi	MILEAGE	495 17875 ⁰⁰	✓
CE0711	Minimum	Ten Miles Delivery	548 660 ⁰⁰	✓
WE0853	2 hrs	90 BBL Vac Truck	675 200 ⁰⁰	✓
		Sub Total	253875	
		Less 60%	- 152325	101550
1153 CC5840	124 slcs	Por Bleed IA Cement	1674 ⁰⁰	✓
CC5965	308 #	Bentonite Gel	924 ⁰⁰	✓
CC5326	250 #	Granulated Salt	250 ⁰⁰	✓
CC6077	620 #	Kal Seal	310 ⁰⁰	✓
CP8176	1	2 1/2" Rubber Plug	45 ⁰⁰	✓
		Sub Total	237140	
		Less 60%	- 142284	94856
		7.725%	SALES TAX	73.28
		ESTIMATED TOTAL	203734	

Revin 3797

AUTHORIZATION

Bryan Mally

TITLE

DATE

1/30/17

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