

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1348139
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: _____

1348139



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
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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 # 6
Lease Owner: DE Exploration

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

Commenced Spudding:
1/31/17

WELL LOG

Thickness of Strata	Formation	Total Depth
0-31	Soil-Clay	31
25	Shale	56
21	Lime	77
6	Shale	83
10	Lime	93
5	Sandy Shale	98
18	Lime	116
14	Shale	130
9	Sand	139
2	Shale	141
25	Lime	166
6	Shale	172
5	Sandy Shale	177
21	Shale	198
12	Lime	210
19	Shale	229
9	Lime	238
8	Shale	246
11	Lime	257
19	Shale	276
6	Lime	282
7	Shale	289
6	Lime	295
32	Shale	327
1	Lime	328
10	Shale	338
27	Lime	365
5	Shale	370
22	Lime	392
4	Shale	396
5	Lime	401
3	Shale	404
6	Lime	410
26	Shale	436
14	Sand & Sandy Shale	450
131	Shale	581
5	Lime	586
3	Shale	589
2	Lime	591
11	Shale	602

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. 6

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

Evans Farm: Johnson County
KS State; Well No. 6

Elevation 1028

Commenced Spuding 1-31-20 17

Finished Drilling 2-1-20 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, 4140 ft.

Distance from E line, 680 ft.

3 sacks

10 hrs

5 3/8 bundle

2 7/8 casing

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

7" Set 22 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
855.10		scat ripple			
886.80		Baffle			
916.65		Fleat			
940 TD				2 7/8	

Thickness of Strata	Formation	Total Depth	Remarks
0-31	soil-clay	31	
25	Shale	56	
21	Lime	77	
6	Shale	83	
10	Lime	93	
5	sandy shale	98	
18	Lime	116	
14	Shale	130	
9	sand	139	redbed
2	shale	141	water
25	Lime	166	
6	Shale	172	
5	sandy shale	177	
21	Shale	198	
12	Lime	210	
19	Shale	229	
9	Lime	238	
8	Shale	246	
11	Lime	257	
19	Shale	276	
6	Lime	282	
7	Shale	289	
6	Lime	295	
32	Shale	327	
1	Lime	328	
10	Shale	338	
27	Lime	365	

365

Thickness of Strata	Formation	Total Depth	Remarks
5	shale	370	
22	Lime	392	
4	shale	396	
5	Lime	401	
3	shale	404	
6	Lime	410	Hertha
26	shale	436	
14	sand & sandy shale	450	no Oil
131	shale	581	
5	Lime	586	
3	shale	589	
2	Lime	591	
11	shale	602	
6	Lime	608	
14	shale	622	
4	Lime	626	
13	shale	639	
3	Lime	642	
21	shale	663	redbed
2	Lime	665	
2	shale	667	
1	Lime	668	
69	shale	737	
8	sand & sandy shale	745	no Oil
5	sandy shale	750	
108	shale	858	
1	Lime	859	

859

Thickness of Strata	Formation	Total Depth	Remarks
per 6	sand	865	mostly solid - great saturation
10	sandy shale	875	
37	shale	912	
4	lime	916	
24	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#

809512

Invoice Date: 02/07/17

Terms: Net 30

Page 1

D.E. EXPLORATION

P.O. BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

EVANS #6

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)	125.000	13.5000	60.000	675.00
CC5965	*Bentonite*	310.000	0.3000	60.000	37.20
CC5326	Sodium Chloride, Salt	252.000	1.0000	60.000	100.80
CC6077	Kolseal	625.000	0.5000	60.000	125.00
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	60.000	18.00

Subtotal 4,928.75

Discounted Amount 2,957.25

SubTotal After Discount 1,971.50

Amount Due 5,113.38 If paid after 03/09/17

Tax: 73.85

Total: 2,045.35



CONSOLIDATED
Oil Well Services, LLC

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

7464
7360

TICKET NUMBER 50382

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

INVOICE # 809512

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-1-17	2355	Evans 4 b	NE 1	15	21	JO
CUSTOMER D E Exploration			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P. O. Box 128			712	Fred Mad		
CITY Wellsville			495	Har Boc		
STATE KS			675	Ki Det		
ZIP CODE 66092			548	Avl Mad		

JOB TYPE Longstray HOLE SIZE 5 7/8 HOLE DEPTH 940 CASING SIZE & WEIGHT 2 7/8 EUC
 CASING DEPTH 9180 DRILL PIPE Baffle Tubing @ 866 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT 5.1 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold safety meeting. Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump 125 SKS Poz Blend IA Cement 270 Gel 5% Salt 5# Kol Seal/sk. Cement to surface. Flush pump + line clean. Displace 2 1/2" Rubber Plug to Baffle casing. Pressure to 800# 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 ⁰⁰
LE0002	25 mi	MILEAGE	495	17825
CE0711	Minimum	Ton Miles Delivery	548	660 ⁰⁰
WE0853	2 hrs	80 BBL Vac Truck	675	200 ⁰⁰
		Sub Total		253875
		Less 60%		101550
CC5840	125 sks	Poz Blend IA Cement		168750
CC5965	310 #	Bentonite Gel		93 ⁰⁰
CC5326	252 #	Salt		252 ⁰⁰
CC6077	625 #	Kol Seal		31250
CP5176	1	2 1/2" Rubber Plug		45 ⁰⁰
		Sub Total		2390 ⁰⁰
		Less 60%		
		7.720%		73 ⁰⁰
		SALES TAX		73 ⁰⁰
		ESTIMATED TOTAL		2045 ³⁵

Ravin 3737

AUTHORIZATION _____ TITLE _____ DATE (51132)

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.