

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1348144
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: _____

1348144

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
Well: Evans 7
Lease Owner:DE Exploration

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

Commenced Spudding:
1/27/17

WELL LOG

Thickness of Strata	Formation	Total Depth
0-31	Soil-Clay	31
23	Shale	54
20	Lime	74
7	Shale	81
9	Lime	90
6	Shale	96
18	Lime	114
12	Shale	126
11	Sand	137
25	Lime	162
6	Shale	168
5	Sandy Shale	173
20	Shale	193
11	Lime	204
22	Shale	226
9	Lime	235
8	Shale	243
10	Lime	253
14	Shale	267
6	Shale & Lime	273
5	Lime	278
6	Shale	284
6	Lime	290
33	Shale	323
2	Lime	325
9	Shale	334
25	Lime	359
6	Shale	365
23	Lime	388
4	Shale	392
3	Lime	395
3	Shale	398
8	Lime	406
24	Shale	430
11	Sand	441
10	Sandy Shale	451
126	Shale	577
5	Lime	582
3	Shale	585
3	Lime	588

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. 7

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

Thickness of Strata	Formation	Total Depth	Remarks
0-31	soil-clay	31	
23	shale	54	
20	Lime	74	
7	shale	81	
9	Lime	90	
6	shale	96	
18	Lime	114	
12	shale	126	
11	sand	137	red bed water
25	Lime	162	
6	shale	168	
5	sandy shale	173	
20	shale	193	
11	Lime	204	
22	shale	226	
9	Lime	235	
8	shale	243	
10	Lime	253	
14	shale	267	
6	shale & Lime	273	
5	Lime	278	
6	shale	284	
6	Lime	290	
33	shale	323	
2	Lime	325	
9	shale	334	
25	Lime	359	

359

Thickness of Strata	Formation	Total Depth	Remarks
6	Shale	365	
23	Lime	388	
4	Shale	392	
3	Lime	395	
3	Shale	398	
8	Lime	406	Hartha
24	Shale	430	
11	sand	441	grey - no oil
10	sandy shale	451	
126	Shale	577	
5	Lime	582	
3	Shale	585	
3	Lime	588	
8	Shale	596	
7	Lime	603	
14	Shale	617	
3	Lime	620	
13	Shale	633	
2	Lime	635	
22	Shale	657	
2	Lime	659	
2	Shale	661	
1	Lime	662	
70	Shale	732	
6	sand & sandy shale	738	no oil
5	sandy shale	743	
111	Shale	854	



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#

809482

Invoice Date: 01/31/17

Terms: Net 30

Page 1

D.E. EXPLORATION

P.O. BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

EVANS #7

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)	171.000	13.5000	60.000	923.40
CC5965	*Bentonite*	387.000	0.3000	60.000	46.44
CC5326	Sodium Chloride, Salt	345.000	1.0000	60.000	138.00
CC6077	Kolseal	855.000	0.5000	60.000	171.00
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	60.000	18.00

Subtotal 5,780.85

Discounted Amount 3,468.51

SubTotal After Discount 2,312.34

Amount Due 6,031.30 If paid after 03/02/17

Tax: 100.18

Total: 2,412.52



CONSOLIDATED
Oil Well Services, LLC

7433
7332

TICKET NUMBER 50381
LOCATION Ottawa KS
FOREMAN Fred Mader

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

**FIELD TICKET & TREATMENT REPORT
CEMENT**

Invoice # 809482

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-31-17	2355	Evans #7	NE 1	15	21	J0
CUSTOMER D E Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			712 / Fred Mader			
CITY STATE ZIP CODE Wellsville KS 66092			495 / Har Bac			
			675 / Kai Dat			
			548 / Man Mader			

JOB TYPE long string HOLE SIZE 6 7/8" HOLE DEPTH 960 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 913 DRILL PIPE Baffle in TUBING @ 8 5/8 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 5.13 DISPLACEMENT PSI _____ MIX PSI _____ RATE 40PM

REMARKS: Hold safety meeting. Establish pump rate. Mix + Pump 100#
Gel Flush. Mix + Pump 171 sks Por Blend IA Cement
2% Gel 5% Salt 5# Kol 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	25mi	MILEAGE	495	12375.00
CE0711	Minimum	Ten Miles Delivery	548	660.00
WE0853	2hrs	80 BBL Vac Truck	675	200.00
		Sub Total		2538.00
		Less 60%		1015.50
11192 CC5840	171 sks	Por Blend IA Cement		2308.50
CC5965	327#	Bentonite Gel		116.10
CC5326	345#	Salt		345.00
CC6077	855#	Kol Seal		427.50
CP8176	1	2 1/2" Rubber Plug		45.00
		Sub Total		3242.10
		Less 60%		1296.84
		7.725%	SALES TAX	100.15
			ESTIMATED TOTAL	2412.52

AUTHORIZATION _____ TITLE _____ DATE (6021.30)

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.