

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1348387
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: _____

1348387

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

Town Oilfield Service, Inc.

Commenced Spudding:

Well: Evans I-2

(913) 294-2125

2/10/17

Lease Owner:DE Exploration

WELL LOG

Thickness of Strata	Formation	Total Depth
0-25	Soil-Clay	25
29	Shale	54
22	Lime	76
7	Shale	83
10	Lime	93
4	Shale	97
18	Lime	115
22	Shale	137
29	Lime	166
6	Shale	172
5	Sandy Shale	177
20	Shale	197
12	Lime	209
20	Shale	229
9	Lime	238
9	Shale	247
10	Lime	257
19	Shale	276
7	Lime	283
4	Shale	287
7	Lime	294
32	Shale	326
2	Lime	328
9	Shale	337
26	Lime	363
7	Shale	370
22	Lime	392
4	Shale	396
4	Lime	400
4	Shale	404
6	Lime	410
30	Shale	440
8	Sand	448
136	Shale	584
4	Lime	588
4	Shale	592
2	Lime	594
9	Shale	603
7	Lime	610
14	Shale	624

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.

I-2

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. I-2
 Elevation 1022
 Commenced Spuding 2-10 20 17
 Finished Drilling 2-13 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, 4800 ft.
 Distance from E line, 890 ft.

3 sacks
 9 hrs
 5 7/8 borehole
 2 7/8 casing

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
 7 1/4" Set 20 6 1/4" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
920	-	Baffle			
951.70		Float		2	7/8
960	TD				

Thickness of Strata	Formation	Total Depth	Remarks
0-25	soil-clay	25	
29	shale	54	
22	Lime	76	
7	shale	83	
10	Lime	93	
4	shale	97	
18	Lime	115	
22	shale	137	red bed
29	Lime	166	
6	shale	172	
5	sandy shale	177	
20	shale	197	
12	Lime	209	
20	shale	229	
9	Lime	238	
9	shale	247	
10	Lime	257	
19	shale	276	
7	Lime	283	
4	shale	287	
7	Lime	294	
32	shale	326	
2	Lime	328	
9	shale	337	
26	Lime	363	
7	shale	370	
22	Lime	392	

392

Thickness of Strata	Formation	Total Depth	Remarks
4	Shale	396	
4	Lime	400	
4	Shale	404	
6	Lime	410	Hertha
30	Shale	440	
8	sand	448	grey - no oil
136	Shale	584	
4	Lime	588	
4	Shale	592	
2	Lime	594	
9	Shale	603	
7	Lime	610	
14	Shale	624	
3	Lime	627	
13	Shale	640	
2	Lime	642	
26	Shale	668	red bed
1	Lime	669	
69	Shale	738	
7	sand	745	broken - gas odor
14	Shale	859	
1	Lime sand	860	
perf 6	sand	866	mostly solid - good saturation
12	sandy shale	878	
82	Shale	960	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# 809594

Invoice Date: 02/14/17 Terms: Net 30 Page 1

D.E. EXPLORATION
 P.O. BOX 128 EVANS # I-2
 WELLSVILLE KS 66092
 USA
 7858834057

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)	2.500	100.0000	60.000	100.00
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
CC6128	Mud Flush - C	0.500	50.0000	60.000	10.00
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	60.000	18.00

Subtotal 5,003.75
 Discounted Amount 3,002.25
 SubTotal After Discount 2,001.50

Amount Due 5,190.31 If paid after 03/16/17

Tax: 74.62
 Total: 2,076.12



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

7548
7442

TICKET NUMBER 50394

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 801594

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-13-17	2355	Evans # I-2	1	15	01	JD
CUSTOMER			TRUCK #			
D E Exploration			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 128			DRIVER			
CITY			TRUCK #			
Wellsville			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66092			DRIVER			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 960' CASING SIZE & WEIGHT 2 7/8 EUF
 CASING DEPTH 959' DRILL PIPE Battler TUBING @ 920' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31' + Plug
 DISPLACEMENT 5.25 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 48 PM

REMARKS: Hold Safety meeting. Establish pump rate. Pump 1/2 Gal Mud Flush "C" + Circulate to condition hole. Mix + Pump 100# Gel Flush. Mix + Pump 2 sks Por Blend I-A Cement 2 7/8 Gal 5% Salt 5# Kol Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 7/8" Rubber plug to Battler in casing. Pressure to 800# PSI. Release pressure to set float valve.

TOS Drilling - Wesley Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	467	1500.00
CE0002	25 mi	MILEAGE	467	17625.00
CE0711	Minimum	Ton Miles Delivery	558	1060.00
WE0853	2 1/2 hrs	80 BBL Vac Truck	675	2500.00
		Sub Total		25887.50
		Less 60%		10355.00
11350 CE5540	125 sks	Por Blend I A Cement		16875.00
CE5965	310 #	Bentonite Gel		93.00
CE5324	252 #	Salt		252.00
CE6077	625 #	Kol Seal		312.50
CE6128	1/2 Gal	Mud Flush "C"		25.00
CP8174	1	2 1/2" Rubber Plug		45.00
		Sub Total		2415.00
		Less 60%		966.00
		7.725%	SALES TAX	74.63
			ESTIMATED TOTAL	2076.12

Ravin 3737

AUTHORIZATION Bryan Mills TITLE _____ DATE (5190.31)

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.