

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1348388
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: _____

1348388

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> <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-4

(913) 294-2125

2/9/17

Lease Owner:DE Exploration

WELL LOG

Thickness of Strata	Formation	Total Depth
0-35	Soil-Clay	35
16	Shale	51
22	Lime	73
6	Shale	79
10	Lime	89
5	Shale	94
18	Lime	112
18	Shale	130
6	Lime	136
26	Shale	162
31	Lime	193
12	Shale	205
22	Lime	227
8	Shale	235
7	Lime	242
10	Shale	252
19	Lime	271
7	Shale	278
5	Lime	283
7	Shale	290
33	Lime	323
2	Shale	325
9	Lime	334
25	Shale	359
8	Lime	367
22	Shale	389
3	Lime	392
3	Lime	395
5	Shale	400
6	Lime	406
32	Shale	438
6	Sand	444
132	Shale	576
5	Lime	581
3	Shale	584
2	Lime	586
11	Shale	597
7	Lime	604
14	Shale	618
3	Lime	621

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 - $\text{RPM} \times d$ over $\text{SPM} \times R$

d - $\text{SPM} \times R \times D$ over RPM

SPM - $\text{RPM} \times D$ over $R \times d$

R - $\text{RPM} \times D$ over $\text{SPM} \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{\text{WATTS}}{\text{VOLTS}} = \text{AMPS}$

746 WATTS equal 1 HP

Log Book

Well No. I-4

Farm Evans

KS
(State)

Johnson
(County)

1
(Section)

15
(Township)

21
(Range)

For D.E. Exploration
(Well Owner)

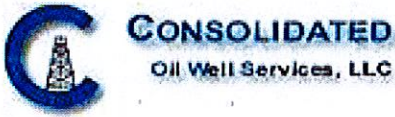
Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-35	soil-clay	35	
16	shale	51	
22	Lime	73	
6	Shale	79	
10	Lime	89	
5	Shale	94	
18	Lime	112	
18	Shale	130	
6	sand	136	redbed water
26	Lime	162	
31	Shale	193	
12	Lime	205	
22	Shale	227	
8	Lime	235	
7	Shale	242	
10	Lime	252	
19	shale	271	
7	Lime	278	
5	shale	283	
7	Lime	290	
33	Shale	323	
2	Lime	325	
9	Shale	334	
25	Lime	359	
8	Shale	367	
22	Lime	389	
3	Shale	392	

392

Thickness of Strata	Formation	Total Depth	Remarks
3	Lime	395	
5	Shale	400	
6	Lime	406	Hertha
32	Shale	438	
6	sand	444	grey - no Oil
132	Shale	576	
5	Lime	581	
3	Shale	584	
2	Lime	586	
11	Shale	597	
7	Lime	604	
14	Shale	618	
3	Lime	621	
14	Shale	635	
2	Lime	637	
23	Shale	660	red bed
1	Lime	661	
3	Shale	664	
1	Lime	665	
68	Shale	733	
5	sand	738	broken - gas odor
117	Shale	855	
1	sandy Lime	856	broken oil
perf 5	sand	861	solid - good saturation
13	sandy shale	874	
66	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# 809581

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

D.E. EXPLORATION

P.O. BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

EVANS #14

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)	119.000	13.5000	60.000	642.60
CC5965	*Bentonite*	300.000	0.3000	60.000	36.00
CC5326	Sodium Chloride, Salt	240.000	1.0000	60.000	96.00
CC6077	Kolseal	595.000	0.5000	60.000	119.00
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 4,892.75
 Discounted Amount 2,935.65
 SubTotal After Discount 1,957.10

Amount Due 5,070.73 If paid after 03/16/17

Tax: 71.19
 Total: 2,028.29



CONSOLIDATED
Oil Well Services, LLC

7534
7430

TICKET NUMBER 50393

LOCATION Oklahoma

FOREMAN Fred Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 809581

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
2-10-17	2355	Evans # 14	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		Fred Maden					
495		Har Bee					
267		Mik Hoa					
558		Art Mad					

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 940 CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 917 DRILL PIPE Baffle TUBING 3 5/8 OTHER -
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 3' + Plug
 DISPLACEMENT 5.85 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 40 BPM

REMARKS: Hold Safety Meeting. Establish pump rate. Pump 1/2 Gal Mud Flush + Circulate to Condition hole. Mix & Pump 100# Gel Flush, Mix & Pump 119 SKS Per Blend I-A Cement 270 Gal 570 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.

Town Oilwell Services Drilling.

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	178.25
CE0711	Minimum	Ten Miles Delivery	558	660.00
WE0853	2 1/2 hr	60 B3L Vac Truck	369	250.00
			Sub Total	2588.25
			Less 60%	1035.50
11340 CE5840	119 SKS	Per Blend I-A Cement		1606.50
CC 5965	300#	Barite Gel		90.00
CC 5326	240#	Salt		240.00
CC 6077	595#	Kol Seal		297.50
CC 6125	1/2 Gal	Mud Flush C		25.00
CP 5176	1	2 1/2" Rubber Plug		45.00
			Sub Total	2304.00
			Less 60%	921.60
			7.785	SALES TAX
				ESTIMATED
				TOTAL
				71.19
				2028.29
				(5070.23)

Ravin 3737

AUTHORIZATION Bryan Mills

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.