

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1348389
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: _____

1348389

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:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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
Well: Evans I-6
Lease Owner:DE Exploration

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

Commenced Spudding:
2/13/17

WELL LOG

Thickness of Strata	Formation	Total Depth
0-27	Soil-Clay	27
21	Shale	48
21	Lime	69
7	Shale	76
9	Lime	85
5	Shale	90
19	Lime	109
23	Shale	132
26	Lime	158
29	Shale	187
12	Lime	199
22	Shale	221
9	Lime	230
8	Shale	238
10	Lime	248
18	Shale	266
8	Lime	274
5	Shale	279
6	Lime	285
32	Shale	317
1	Lime	318
10	Shale	328
26	Lime	354
6	Shale	360
23	Lime	383
4	Shale	387
3	Lime	390
5	Shale	395
6	Lime	401
26	Shale	427
10	Lime	437
135	Shale	572
4	Lime	576
4	Shale	580
2	Lime	582
9	Shale	591
6	Lime	597
16	Shale	613
3	Lime	616
13	Shale	629

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 $SPM \times d$

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

* Need these to figure belt length

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

746 WATTS equal 1 HP

Log Book

Well No. I-6

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
0-27	soil - clay	27	
21	shale	48	
21	Lime	69	
7	shale	76	
9	Lime	85	
5	shale	90	
19	Lime	109	
23	shale	132	redbed
26	Lime	158	
29	shale	187	
12	Lime	199	
22	shale	221	
9	Lime	230	
8	shale	238	
10	Lime	248	
18	shale	266	
8	Lime	274	
5	shale	279	
6	Lime	285	
32	shale	317	
1	Lime	318	
10	shale	328	
26	Lime	354	
6	shale	360	
23	Lime	383	
4	shale	387	
3	Lime	390	

390

Thickness of Strata	Formation	Total Depth	Remarks
5	Shale	395	
6	Lime	401	Hertha
26	Shale	427	
10	sand	437	no oil
135	shale	572	
4	Lime	576	
4	shale	580	
2	Lime	582	
9	shale	591	
6	Lime	597	
16	shale	613	
3	Lime	616	
13	shale	629	
3	Lime	632	
24	shale	656	redbed
2	Lime	658	
69	shale	727	
6	sand	733	gas odor - broken
114	shale	847	
1	sandy Lime	848	no oil
perf 6	sand	854	broken - good saturation
14	sandy shale	868	
72	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# 809608

Invoice Date: 02/15/17

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)	2.500	100.0000	60.000	100.00
CC5840	Poz-Blend I A (50:50)	116.000	13.5000	60.000	626.40
CC5965	*Bentonite*	295.000	0.3000	60.000	35.40
CC5326	Sodium Chloride, Salt	234.000	1.0000	60.000	93.60
CC6077	Kolseal	580.000	0.5000	60.000	116.00
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 4,837.25

Discounted Amount 2,902.35

SubTotal After Discount 1,934.90

Amount Due 5,010.95 If paid after 03/17/17

Tax: 69.48

Total: 2,004.38



CONSOLIDATED
Oil Well Services, LLC

7556
7455

TICKET NUMBER 50396
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 #809608

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2.14.17	2355	Evans # I.6	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				
495		Har Bec				
369		Mik Naa				
558		Arl McD				

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 940 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 916 DRILL PIPE Baffle in TUBING @ 887 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31' 2 Plug
DISPLACEMENT 5.15 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.6 PPM

REMARKS: Hold Safety Meeting. Establish pump rate. Pump 1/2 Gal Mud
Flush "C". Circulate to condition hole. Mix + Pump 100#
Cool Flush. Mix + Pump 116 sks Por Blend I A Cement 2 7/8 Gal
5% salt 5# Kal 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.

Tos 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 hrs	80 BBL Vac Truck	369	250.00
Sub Total				2588.25
Less 60%				1035.50
CC5840	116 sks	Por Blend I A Cement		1566.00
CC5965	295#	Bentonite Gel		88.50
CC5326	234#	Salt		224.00
CC6077	580#	Kal Seal		290.00
CC6128	1/2 Gal	Mud Flush C		25.00
EP8176	1	2 1/2" Rubber Plug		45.00
Sub Total				2248.50
Less 60%				899.40
			7.725%	SALES TAX 69.48
				ESTIMATED TOTAL 2004.30

11382

Ravin 3737

AUTHORIZATION Bryan Miller TITLE _____ DATE (5010 95)

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.