

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1348391
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: _____

1348391



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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
Well: Evans I-7
Lease Owner: DE Exploration

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

Commenced Spudding:
2/14/17

WELL LOG

Thickness of Strata	Formation	Total Depth
0-36	Soil-Clay	36
22	Shale	58
21	Lime	79
7	Shale	86
9	Lime	95
5	Shale	100
18	Lime	118
15	Shale	133
8	Sand	141
26	Lime	167
32	Shale	199
12	Lime	211
21	Shale	232
9	Lime	241
8	Shale	249
10	Lime	259
18	Shale	277
8	Lime	285
5	Shale	290
6	Lime	296
33	Shale	329
2	Lime	331
8	Shale	339
27	Lime	366
5	Shale	371
24	Lime	395
3	Shale	398
4	Lime	402
3	Shale	405
7	Lime	412
30	Shale	442
10	Sand & Sandy Shale	452
130	Shale	582
4	Lime	586
4	Shale	590
4	Lime	594
8	Shale	602
8	Lime	610
13	Shale	623
4	Lime	627

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 14xh$

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-7

Farm Evans

KS Johnson
(State) (County)

1 15 21
(Section) (Township) (Range)

For D.E. Exploration
(Well Owner)

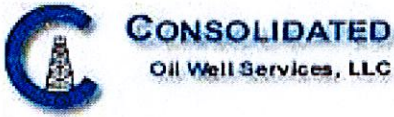
Town Oilfield Services, Inc.

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

Thickness of Strata	Formation	Total Depth	Remarks
0-36	Soil-clay	36	
22	Shale	58	
21	Lime	79	
7	Shale	86	
9	Lime	95	
5	Shale	100	
18	Lime	118	
15	Shale	133	
8	sand	141	redbed water
26	Lime	167	
32	Shale	199	
12	Lime	211	
21	Shale	232	
9	Lime	241	
8	Shale	249	
10	Lime	259	
18	Shale	277	
8	Lime	285	
5	Shale	290	
6	Lime	296	
33	Shale	329	
2	Lime	331	
8	Shale	339	
27	Lime	366	
5	Shale	371	
24	Lime	395	
3	Shale	398	

398

Thickness of Strata	Formation	Total Depth	Remarks
4	Lime	402	
3	Shale	405	
7	Lime	412	Heifha
30	Shale	442	
10	sand & sandy shale	452	no oil
130	Shale	582	
4	Lime	586	
4	Shale	590	
4	Lime	594	
8	Shale	602	
8	Lime	610	
13	Shale	623	
4	Lime	627	
11	Shale	638	
4	Lime	642	
20	Shale	662	redbed
2	Lime	664	
3	Shale	667	
2	Lime	669	
68	Shale	737	
5	sand	742	broken - gas odor
115	Shale	857	
1	sandy lime	858	
perf 6	sand	864	broken - good saturation
12	sandy shale	876	
84	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#

809641

Invoice Date: 02/21/17

Terms: Net 30

Page 1

D.E. EXPLORATION

P.O. BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

EVANS #I-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)	2.500	100.0000	60.000	100.00
CC5840	Poz-Blend I A (50:50)	140.000	13.5000	60.000	756.00
CC5965	*Bentonite*	335.000	0.3000	60.000	40.20
CC5326	Sodium Chloride, Salt	282.000	1.0000	60.000	112.80
CC6077	Kolseal	700.000	0.5000	60.000	140.00
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	60.000	18.00
CC6128	Mud Flush - C	0.500	50.0000	60.000	10.00

Subtotal 5,281.25

Discounted Amount 3,168.75

SubTotal After Discount 2,112.50

Amount Due 5,489.25 If paid after 03/23/17

Tax: 83.20

Total: 2,195.70



CONSOLIDATED
Oil Well Services, LLC

7588 / 7487

TICKET NUMBER 50401
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 #809641

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-17-17	2355	Evans # I-7	NE 1	15	21	Jo
CUSTOMER D E Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			712 - Fre Maden			
CITY STATE ZIP CODE Wellsville KS 66092			495 - Har Bee			
			675 - Kol Seal			
			558 - Milk Haq			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 960 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 952 DRILL PIPE Baffle INTUBING @ 920 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32'
DISPLACEMENT 5.35B DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Hold Safety Meeting. Establish pump Rate. Pump 1/2 Gal
Mod Flush "C". Circulate to condition well. Mix + Pump
100# Gel Flush. Mix + Pump 140 SKS For Blend IA Cement
270 Gal 5% Salt 5# Kol Seal / SK. Cement to surface. Flush
pump + lines clean. Displace 2 1/2" Rubber plug to casing Baffle.
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	17875 ⁰⁰
CE0711	Minimum	Ton Miles Delivery	558	66000 ⁰⁰
WE0853	2 1/2 hr	90 BBL Vac Truck	675	25000 ⁰⁰
		Sub Total		258875 ⁰⁰
		Less 60%		103550 ⁰⁰
CC5840	140 SKS	Por Blend IA Cement		189000 ⁰⁰
CC5965	335#	Bentonite Gel		10050 ⁰⁰
CC5326	282#	Salt		26210 ⁰⁰
CC6077	700#	Kol Seal		35700 ⁰⁰
CP8174	1	2 1/2" Rubber Plug		4500 ⁰⁰
CC6128	1/2 Gal	Mud Flush "C"		2500 ⁰⁰
		Sub Total		269250 ⁰⁰
		7.725%	SALES TAX	8320 ⁰⁰
			ESTIMATED TOTAL	219570 ⁰⁰

Ravin 3737

AUTHORIZATION Bryan Mills TITLE _____ DATE 5-4-89 25

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.