Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1371184

Form ACO-1 November 2016 Form must be Typed Form must be Signed All blanks must be Filled

## WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from  North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:     SWD Permit #:	
SWD Permit #:      EOR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. R East West
Recompletion Date Recompletion Date Recompletion Date	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 Drill Stem Tests Received
Geologist Report / Mud Logs Received
UIC Distribution
ALT I II III Approved by: Date:

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Operator Name:			Lease Name:	Well #:				
Sec Twp	S. R	East West	County:					
INSTRUCTIONS: SH	now important tops	of formations penetrated.	Detail all cores. Report all fi	nal copies of drill stems tests giving interval tested, time tool				

**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 (Attach Additional Sheets)			Ye	Yes No			og Forma	ation (Top), Dep	oth and Datum	and Datum		
Samples Sent to	Geological S	urvev	∏ Y€	es No		Nam	е		Тор	Datum		
Cores Taken Electric Log Run Geolgist Report List All E. Logs F	/ Mud Logs		Ye	es No es No es No								
			Repo	CASING	RECORD conductor, surfa	Ne ace, inte		uction, etc.				
Purpose of St	tring S	Size Hole Drilled		ze Casing t (In O.D.)	Weigh Lbs. / F		Setting Depth	Type of Cemen		Type and Percent Additives		
	I	I		ADDITIONAL		G / SQL	JEEZE RECOF	RD		1		
Purpose: Depth Top Bottom			Type of Cement # :			sed						
Perforate Protect Ca Plug Back												
Plug Off Z												
1. Did you perform	a hydraulic frac	turing treatment of	on this w	vell?			Yes	No (If N	lo, skip questions 2 ar	nd 3)		
<ol> <li>Does the volum</li> <li>Was the hydrau</li> </ol>		-		-		-			lo, skip question 3) Io, fill out Page Three	of the ACO-1)		
Date of first Produ Injection:	iction/Injection o	r Resumed Produ	uction/	Producing Met								
Estimated Produc	tion	Oil Bbl		Flowing	Pumping		Gas Lift	Other (Explain).	Gas-Oil Ratio	Crowitz		
Per 24 Hours			5.	Gas	Mcf	Wat	er	Bbls.	Gas-Oli Ralio	Gravity		
DISP	OSITION OF GA	AS:		1	METHOD OF C	OMPLE	TION:			ON INTERVAL: Bottom		
				Dpen Hole Perf. Dually Comp. Commingled Top (Submit ACO-5) (Submit ACO-4)					Bollom			
(If vente	ed, Submit ACO-1	18.)				(0001111						
Shots Per Foot	Perforation Top	Perforatio Bottom		Bridge Plug Type	Bridge Plug Set At		A		t, Cementing Squeeze d Kind of Material Used,			

Packer At:

Size:

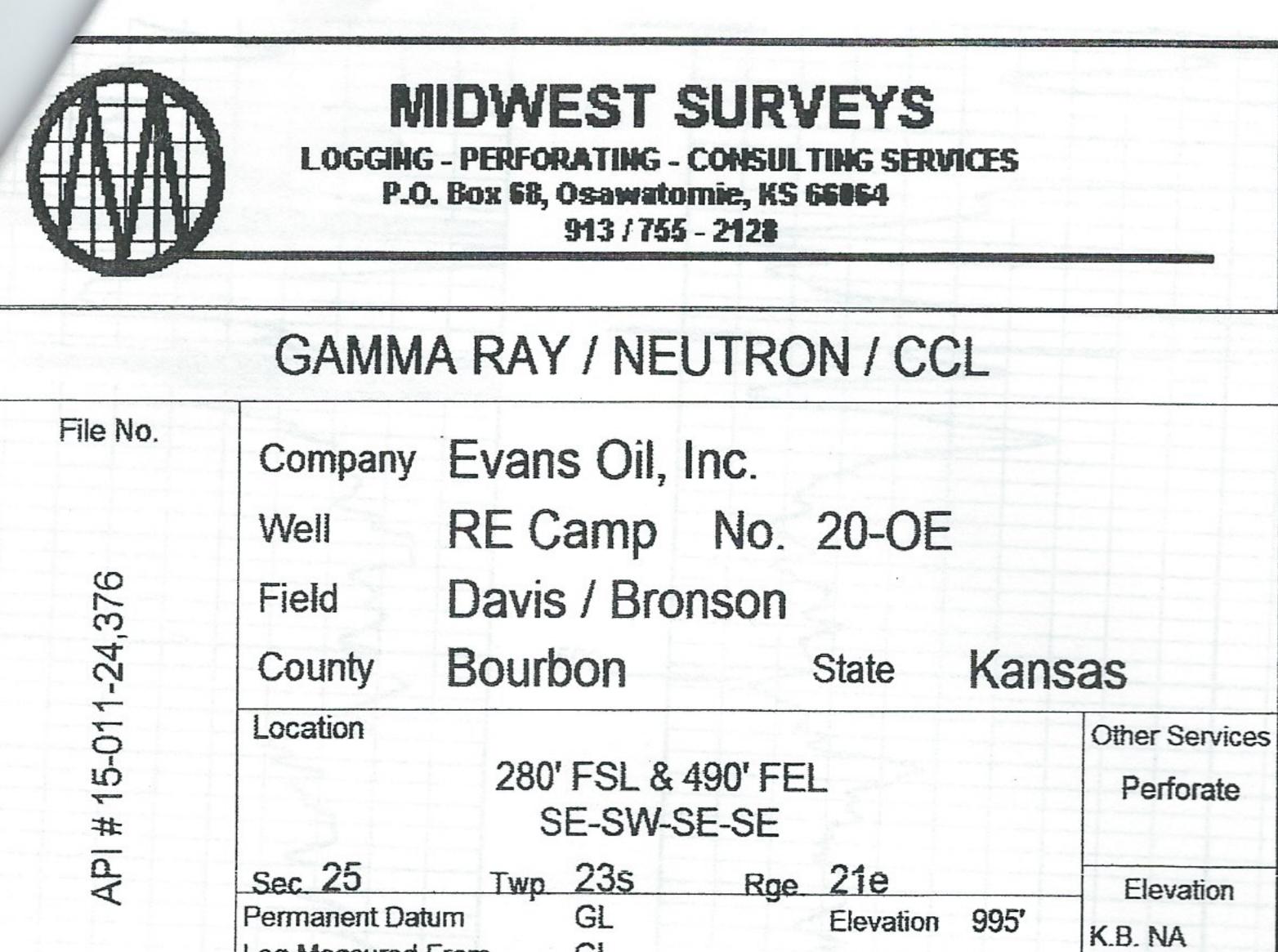
Set At:

TUBING RECORD:

Form	ACO1 - Well Completion
Operator	Evans Oil Inc.
Well Name	RE CAMP 20-OE
Doc ID	1371184

## Casing

	Size Hole Drilled	Size Casing Set	U U	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	12	21	portland	5	0
Production	5.625	2.875	6	660	portland	85	0



		Log Measure Drilling Meas	D.I.MA						
Date			0	3-10-201	7				
Run Num	nber			One					
Depth Dr	riller			670.0		- Al			+-+
Depth Lo	ogger		657.0						
Bottom L	ogged Inten	ral		656.0		1	Ser		
Top Log	op Log Interval			20.0 Full					
Fluid Lev	rel		670.0       657.0         657.0       656.0         20.0       7         Full       7         Water       7         NA       7         NA       7         0.0       7         104       Osawatomie         Gary Windisch       7         Matt Bowen       7         ECORD       CASING RECORD						
Type Flui	id			670.0     657.0       656.0     20.0       Full     7       Water     7       NA     7       NA     7       0.0     7       0.0     04       Osawatomie     7       Gary Windisch     7       Matt Bowen     70       SIZE     WGT.       FROM     70       20.0     7.00"       17.0#     0.0       20.0     7.00"				1	
Density /	Viscosity	Strange and a second		657.0       656.0         20.0       9         Full       9         Water       9         NA       9         NA       9         NA       9         0.0       9         Matt Bowen       9         VRD       CASING RECORD         TO       SIZE       WGT.         FROM       TO					
Salinity -	PPM CI		NA						
Max Rec	orded Temp		NA NA						
Estimate	d Cement To	p	NA						
Equipmer	nt No. Loc	ation	104	Osawa	tomie	and the second second			
Recorded	d By		Ga	ry Windis	sch	and the second			
Witnesse	ed By		N	latt Bowe	n	States	4		
RUN	BO	DRE-HOLE F	RECORD	ORD CASING RECORD					
No.	BIT	FROM		ТО	SIZE	WGT.	FROM		TO
One	9.875"	0.0		20.0	7.00"	17.0#	0.0		20.0
Two	5.625"	20.0	6	70.0	2.875"	6.5#	0.0		660.0
						2 minut	+		
			are of		The second				

