

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1374401
OIL & GAS CONSERVATION DIVISION

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 # _____

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD
 Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date
Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

1374401

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 TCores aken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <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 <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Name</td> <td style="width: 20%;">Top</td> <td style="width: 20%;">Datum</td> </tr> </table>	Name	Top	Datum
Name	Top	Datum		

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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top _____ Bottom _____
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

L & P Enterprises, LLC

Donner # I-15

API#15-121-31,384

October 13 - October 14, 2017

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
16	shale	24
47	limestone	71
89	shale	160
20	lime	180
28	shale	208
7	lime	215
34	shale	249
20	lime	269
9	shale	278
27	lime	305 oil show
10	shale	315
21	lime	336 oil show
3	shale	339
14	lime	353 base of the Kansas City
20	shale	373
28	sand	401 oil show
44	shale	445
6	sand	451 oil show
54	shale	505
6	lime	511
8	shale	519
4	lime	523
21	shale	544
7	lime	551
15	shale	566
3	lime	569
31	shale	600
5	lime	605
6	shale	611
3	lime	614
34	sandy shale	648
1	oil sand	649 brown, 100% bleeding
3	broken sand	652 brown & green, 90% bleeding sand
1	shale	653
6	broken sand	659 brown & green, 40% bleeding
53	shale	712 TD

Drilled a 9 7/8" hole to 22.45'

Drilled a 5 5/8" hole to 712'

Set 22.45' of 7" surface casing cemented with 5 sacks of cement

Set 702' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp



PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-487-8676

9244
9134

TICKET NUMBER 53883

LOCATION Ottawa

FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-14-17	4828	Donner L-15	NW 5	T7	R23	M:
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
L & P Enterprises			730	Alan Maden	368	Safety Meeting
MAILING ADDRESS			675	Ke: Det		
29975 Indianapolis Rd			804	M:K Hagan		
CITY	STATE	ZIP CODE				
Paola	Ks	66071				
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
Long Stroke	5 5/8	712	2 7/8			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
702						
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING			
			yes			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
4.1	800	200	4 bpm			

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 88 sk Poz Blend I-A plus 29 gal of 1/8# Phenoxal per sack. Circulated cement. Flushed pump. Pumped plugs to casing ID. Well held 800 PSI for 30 minute M.I.T. Set float.

Evans Energy driller

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
LE0450	1	PUMP CHARGE	368	1500.00
LE0002	20	MILEAGE	368	142.00
CE0711	1	minimum ton	804	660.00
WR D853	2	80USL	675	200.00
		Sub		2528.00
		Lebs	50#	1251.50
				1251.50
14751 LE0520	88 sk	Poz Blend I-A		1188.00
LE5965	248 #	gel		794.00
LE6079	44 #	Phenoxal		594.00
CP8176	1	2 7/8 plug		45.00
		Sub		1366.00
		Lebs 50#		683.40
				683.40
		B70		54.27
		SALES TAX		54.27
		ESTIMATED TOTAL		1989.57
		DATE:		10/17/17

Rev 9737

AUTHORIZATION No Rep

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.