



KANSAS CORPORATION COMMISSION 1061509
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34483
Name: L & P Enterprises, LLC
Address 1: 29975 INDIANAPOLIS RD
Address 2: _____
City: PAOLA State: KS Zip: 66071 + _____
Contact Person: Kevin Wiseman
Phone: (913) 238-0404
CONTRACTOR: License # 8509
Name: Evans Energy Development, Inc.
Wellsite Geologist: none
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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
04/01/2011 04/07/2011 04/07/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-28829-00-00
Spot Description: _____
SE SE SW NW Sec. 5 Twp. 17 S. R. 22 East West
2322 Feet from North / South Line of Section
1263 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Miami
Lease Name: DONNER Well #: D4
Field Name: _____
Producing Formation: squirrel
Elevation: Ground: 1089 Kelly Bushing: 1090
Total Depth: 713 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 22 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 713
feet depth to: 0 w/ 118 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 50 bbls
Dewatering method used: Evaporated
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

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garbar Date: 12/13/2011



1061509

Operator Name: L & P Enterprises, LLC Lease Name: DONNER Well #: D4
 Sec. 5 Twp. 17 S. R. 22 East West County: Miami

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: gama ray neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>SQUIRREL</td> <td>657</td> <td>668</td> </tr> </table>	Name	Top	Datum	SQUIRREL	657	668
Name	Top	Datum					
SQUIRREL	657	668					

CASING RECORD <input checked="" 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
SURFACE	9.875	7	17	21	PORTLAND	6	
PRODUCTION	5.625	2.875	6.5	700	50/50 POZ	118	

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	-			
	-			

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	
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 (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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

md
#121

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8876
FAX 620/431-0012

INVOICE

Invoice # 240355

Invoice Date: 04/15/2011 Terms: 0/0/30,n/30

Page 1

L & P ENTERPRISES, LLC
29975 INDIANAPOLIS ROAD
PAOLA KS 66071
(913)238-0404

DONNER D-4
31829
NW 5-17-22 MI
04/07/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	118.00	10.4500	1233.10
1118B	PREMIUM GEL / BENTONITE	298.00	.2000	59.60
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
Description		Hours	Unit Price	Total
368	CEMENT PUMP	1.00	975.00	975.00
368	EQUIPMENT MILEAGE (ONE WAY)	20.00	4.00	80.00
368	CASING FOOTAGE	700.00	.00	.00
370	80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
548	MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1320.70 Freight: .00 Tax: 99.71 AR 3030.41
Labor: .00 Misc: .00 Total: 3030.41
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 31829
LOCATION Attawa KS
FOREMAN Fred Mader.

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/7/11	4828	Denner # D-4	NW 5	17	22	MI
CUSTOMER LSP Enterprises			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 29975 Indianapolis Rd			506	Fred	Safety	Mkg
CITY Paola			368	Ken	KH	
STATE KS			370	Arlen	AKM	
ZIP CODE 66071			548	Derek	DM	

JOB TYPE Long string HOLE SIZE 5 7/8" HOLE DEPTH 708' CASING SIZE & WEIGHT 2 7/8 8V
 CASING DEPTH 700' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 2 1/2" Plug
 DISPLACEMENT 4.07 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.07 BBL

REMARKS: Establish circulation mix Pump 100# Gel Flush
 Mix + Pump 118 SKS 50/50 Por Mix Cement 2 7/8 Gel.
 Cement to surface. Flush pump + lines clean.
 Displace 2 1/2" Rubber plug to casing TDW/ 4.07 BBL
 fresh water. Pressure to 700# PSI. Release
 pressure to set float valve. Shut in casing

Evans Energy Dev. Inc. (Kemp)

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	20	MILEAGE		80 ⁰⁰
5402	700'	Casing Footage		N/C
5407	Minimum	Ton Miles		330 ⁰⁰
5502C	2 1/2"	80 BBL Vac Truck		225 ⁰⁰
1124	118 SKS	50/50 Por Mix Cement		1233 ¹⁰
1118B	298#	Premium Gel.		59 ⁶⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
		WO# 240355		
			7.55%	SALES TAX 99 ²¹
				ESTIMATED TOTAL 3030 ⁴¹

AUTHORIZATION _____ 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.