



KANSAS CORPORATION COMMISSION 1070009
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 SLOW
 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 #: _____

<u>4/7/2011</u>	<u>4/11/2011</u>	<u>4/13/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-28876-00-00

Spot Description: _____
NE SW SE NW Sec. 5 Twp. 17 S. R. 22 East West
2116 Feet from North / South Line of Section
1865 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Miami
Lease Name: DONNER Well #: 12

Field Name: _____
Producing Formation: SQRIRREL

Elevation: Ground: 1088 Kelly Bushing: 1088

Total Depth: 730 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 21 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 0
feet depth to: 730 w/ 104 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 Garrico Date: 12/13/2011



1070009

Operator Name: L & P Enterprises, LLC Lease Name: DONNER Well #: 12
 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: GAMMA 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>661</td> <td></td> </tr> </table>	Name	Top	Datum	SQUIRREL	661	
Name	Top	Datum					
SQUIRREL	661						

CASING RECORD <input type="checkbox"/> New <input checked="" 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	716	50/50 POZ	104	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	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

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

pdck
#130

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 240499

Invoice Date: 04/19/2011 Terms: 0/0/30,n/30

Page 1

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

DONNER I-2
31809
NW 5-17-22 MI
04/13/2011
KS

Part Number	Description	Qty	Unit Price	Total
1118B	PREMIUM GEL / BENTONITE	275.00	.2000	55.00
1124	50/50 POZ CEMENT MIX	104.00	10.4500	1086.80
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.00	80.00
495 CASING FOOTAGE	716.00	.00	.00
T-106 WATER TRANSPORT (CEMENT)	1.00	112.00	112.00
548 MIN. BULK DELIVERY	.50	330.00	165.00

Parts: 1169.80 Freight: .00 Tax: 88.31 AR 2590.11
 Labor: .00 Misc: .00 Total: 2590.11
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

API # 15-121-2887600.00

TICKET NUMBER 31809
LOCATION Ottawa
FOREMAN Alan Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-13-11	4828	Donner F-2	NW 5	17	22	MI
CUSTOMER			TRUCK #			
H P Enterprises			516	Alan M	Safety	Meet
MAILING ADDRESS			49T	Casey K	CF	
29975 Indianapolis			505/1105	Harold B	1X/B	
CITY	STATE	ZIP CODE	548	Cecil P	CHP	
Paola	KS	66071				
JOB TYPE	long string	HOLE SIZE	5 1/8	HOLE DEPTH	4770	CASING SIZE & WEIGHT
						2 7/8
CASING DEPTH	3070	DRILL PIPE		TUBING		OTHER
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING
DISPLACEMENT		DISPLACEMENT PSI		MIX PSI		yes
REMARKS:	held crew meeting. Mixed & pumped 100# gel to flush hole followed by 104 sk 50150 p02 & 70 gel. Circulated cement. Flushed pump. Pumped plug to casing ID. Well held 800 PSI. Set float. Closed valve.					

Evans Energy, Ken

Alan Maden

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	716	casing footage		
5407	1/2 of min	ten miles		165.00
5501C	1	transport		112.00
1118B	275#	gel		55.00
1124	104	50150 p02		1086.80
4402	1	2 1/2 ply		28.00
				SALES TAX
				88.31
				ESTIMATED
				TOTAL
				2590.11

WO# 240499

Revin 5737

AUTHORIZATION [Signature] 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