



KANSAS CORPORATION COMMISSION 1092472
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 # 6078
Name: Evans Oil Inc.
Address 1: PO BOX 67
Address 2: _____
City: LEBO State: KS Zip: 66856 + 0067
Contact Person: Leland Jackson
Phone: (620) 256-6223
CONTRACTOR: License # 31519
Name: Jackson, Leland dba Lone Jack Oil Co.
Wellsite Geologist: N/A
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 #: _____

06/04/2012 06/05/2012 06/07/2012

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-011-23941-00-00

Spot Description: _____

SW SW NE NE Sec. 36 Twp. 23 S. R. 21 ☒ East ☐ West

4125 Feet from ☐ North / ☒ South Line of Section

1255 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Bourbon

Lease Name: Camp Well #: 9-OE

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 1002 Kelly Bushing: 0

Total Depth: 680 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 20 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 662

feet depth to: 0 w/ 85 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

- ☐ Letter of Confidentiality Received
Date: _____
☐ Confidential Release Date: _____
☐ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution
ALT ☐ I ☒ II ☐ III Approved by: Deanna Garrison Date: 09/06/2012



1092472

Operator Name: Evans Oil Inc. Lease Name: Camp Well #: 9-OE
 Sec. 36 Twp. 23 S. R. 21 ☒ East ☐ West County: Bourbon

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 ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☐ Yes ☒ No

Electric Log Submitted Electronically ☐ Yes ☐ No
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum
 Bartlesville 638 656

CASING RECORD ☐ New ☒ 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	6.25	18	20	Type II	5	N/A
Long String	5.625	2.875	6.5	662	Type II	85	N/A

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: ☐ Yes ☐ 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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DIEBOLT LUMBER AND SUPPLY INC.

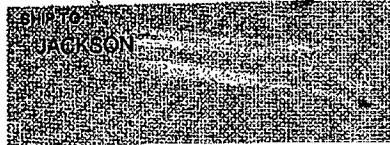
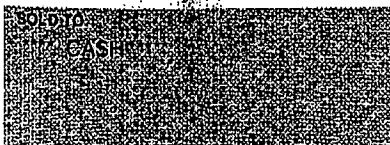
PAGE NO 1

2661 Nebraska Road
La Harpe, Kansas 66751
FAX: (620) 496-2226
PHONE: (620) 496-2222



POS NO	JOB NO	PURCHASE ORDER	REFERENCE	TERMS	CHECK	DATE/TIME
5	000			CASH/CHECK/BANKCARD	PME	6/4/12 8:33

TERMINAL: 552



SALESPERSON: PM PHIL EBERT
TAX: 001 KANSAS TAX

INVOICE: J31225

" OFFLINE "

LINE	SHIPPED	ORDERED	UNIT	SKU	DESCRIPTION	LOCATION	UNITS	PRICE	PER	EXTENSION
1		5	BG	94PC	94# TYPE I PORTLAND CEMENT	2	5	9.65	/BG	48.25 *
<p><i>Well #</i> <i>9-0E</i></p>										

** PAID IN FULL **

51.89

TAXABLE	48.25
NON-TAXABLE	0.00
SUBTOTAL	48.25

CHECK PAYMENT
CK# 4608

51.89

TAX AMOUNT	3.64
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TOTAL	51.89
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TOT WT: 470.00

X

Received By

Lone Jack Oil Company

Blue Mound, KS

1-913-756-2307 1-620-363-0492

Lease: Camp Operator: Evans Oil API # 15-011-23941-0000

Contractor: Lone Jack Oil Company Date Started: 6/04/12 Date Completed: 6/7/12

Total Depth: 680 feet Well # 9-OE Hole Size: 5 5/8

Surface Pipe: 20' 6 1/4 Surface Bit: 9 7/8 Sacks of Cement: 5

Depth of Seat Nipple: _____ Rag Packer At: _____

Length and Size of Casing: 662- 2 7/8 Sacks of Cement: 85

Legal Description: SW SW NE NE Sec: 36 Twp: 23S Range: 21E County: Bourbon

Thickness	Depth	Type of Formation	Core Thickness	Depth	Time
2	2	Top Soil	1	640-641	0:43 Oil Sand
2	4	Clay	2	641-642	0:49 Oil Sand
44	48	Lime	3	642-643	0:45 Oil Sand
4	52	Shale	4	643-644	0:51 Shaley Sand
3	55	Lime	5	644-645	1:15 Shaley Sand
2	57	Shale	6	645-646	1:07 Shaley Sand
24	81	Lime	7	646-647	0:57 Oil Sand
2	83	Shale	8	647-648	0:57 Oil Sand
6	89	Lime	9	648-649	0:58 Oil Sand
4	93	Shale	10	649-650	2:23 Lime
19	112	Lime	11	650-651	3:08 Lime
14	226	Shale	12	651-652	1:45 Lime
2	228	Lime	13	652-653	1:05 Black Sand
48	276	Shale	14	653-654	1:04 Black Sand
3	279	Lime	15	654-655	1:05 Black Sand
10	289	Shale w/Lime Streaks	16	655-656	2:01 Black Sand
7	296	Lime			
75	371	Shale			
16	387	Lime			
5	392	Shale			
6	398	Lime			
42	440	Shale			
5	445	Lime			
2	447	Shale			
11	458	Lime			
7	465	Shale			
5	470	Lime			
68	638	Shale			
2	640	Show of Oil (Good Bleed)			
16	656	Ran Core			
14	670	Black Sand			
10	680	Shale			
	680	TD			

Lone Jack Oil Company
509 East Walnut
Blue Mound, KS 66010

Invoice

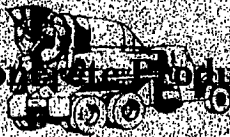
Date	Invoice #
6/9/2012	1465

Bill To
Osage Energy LLC 2100 West Virginia Road Colony, KS 66015

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Well 9-OE		
1	6/7/12, Well 9-OE, circulated 85 sacks of cement to surface, pumped plug, set float shoe.	700.00	700.00T
1	Water Truck	100.00	100.00T
1	2 7/8 Rubber Plug	16.45	16.45T
	Sales Tax	7.55%	61.64
Thank you for your business.		Total	\$878.09

Payless Concrete Products, Inc.



Concrete to be delivered to the nearest access point (see Figure 1) and then to the truck's own power. Due to delivery to owner's trucks, the contractor will not be held responsible for damage to the truck. The contractor assumes no responsibility for damage to the truck or its contents while in transit on roadways, driveways, buildings, trees, embankments, etc. The contractor assumes the risk. The maximum allowed time for unloading truck is 15 minutes. The contractor will be charged with the cost of unloading truck longer. This contract contains a limit of water content for strength or mix adjustment. We do not assume responsibility for strength test when water is added at customer's request.

Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

SHIP TO

03771
DSPACE ENERGY/2100W. VIRGINIA RD
DEL TO HWY#3 N. TO 65 HWY; E. 1MI
TO 35TH , N. 2/4- 1MI, W. 5D.
(1/2MI. PAST HS.)
COLONY, KS 66015

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% CAL	DRIVER/TRUCK	% AIR	PLANT/TRANSACTION #
07:52:01a	WELL	8.50 yd	8.50 yd	0.00	DM 34	0.00	
DATE		LOAD #	YARDS DEL	BATCH#	WATER/TRIM	SLUMP	TICKET NUMBER
06-07-12	o Date	1	8.50 yd				
	o Day	1	8.50 yd	20839	G/yd 0.0	4.00 in	31753

Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water. If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE IS A PERISHABLE COMMODITY AND BECOMES THE PROPERTY OF THE PURCHASER UPON LEAVING THE PLANT. ANY CHANGES OR CANCELLATION OF ORIGINAL INSTRUCTIONS MUST BE TELEPHONED TO THE OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including reasonable attorneys' fees, incurred in collecting on any sum due.

All accounts and cash within 90 days of maturity will bear interest at the rate of 3 1/4% per annum.

Not Responsible for Reaction, Accidents or Injury Due to Color Change. No Gain Allowed Unless Made in Time

Material Is Delivered

A \$25 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks.

[illegible]

X

GAL X

WEIGHMASTER

NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING
NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED
WHEN DELIVERING INSIDE CURB LINE

LOAD RECEIVED BY

X *Leah Brown*

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
8.50	WELL	WELL (10 SACKS PER UNIT)	8.50	51.00
8.00	TRUCKING	TRUCKING CHARGE	2.00	50.00
8.50	MIX & HAUL	MIXING & HAULING	8.50	25.00

UNIT)
Cand
well # 9-0E

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED
			1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER	1. TRUCK BROKE DOWN 2. ACCIDENT 3. CITATION 4. OTHER
LEFT PLANT	ARRIVED JOB	START UNLOADING		TIME DUE
6:05	6:46			
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME

SubTotal \$	746.00
Tax % 6.300	47.00
Total \$	793.00
Order \$	793.00
ADDITIONAL CHARGE 1	
ADDITIONAL CHARGE 2	
GRAND TOTAL	793.00