



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1051962  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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       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
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

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
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1051962

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 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)*

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:  Yes  No

Date of First, Resumed Production, SWD or ENHR: \_\_\_\_\_ Producing Method:  
 Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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

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

INVOICE

Invoice # 239667

Invoice Date: 02/24/2011 Terms:

Page 1

TRIMBLE, IVAN  
P.O. BOX 102  
GRIDLEY KS 66852  
( ) -

STEVENSON #15D  
30186  
5-24S-14E  
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	150.00	11.9500	1792.50
1102	CALCIUM CHLORIDE (50#)	258.00	.7000	180.60
1118B	PREMIUM GEL / BENTONITE	516.00	.2000	103.20
1107A	PHENOSEAL (M) 40# BAG)	75.00	1.2200	91.50
1118B	PREMIUM GEL / BENTONITE	300.00	.2000	60.00
4130	CENTRALIZER 5 1/2"	3.00	48.0000	144.00
4253	TYPE A PACKER SHOE61/2X6	1.00	1584.0000	1584.00
4406	5 1/2" RUBBER PLUG	1.00	70.0000	70.00
1123	CITY WATER	5000.00	.0156	78.00

Description	Hours	Unit Price	Total
T-63 WATER TRANSPORT (CEMENT)	3.00	112.00	336.00
445 CEMENT PUMP	1.00	975.00	975.00
445 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
515 MIN. BULK DELIVERY	1.00	330.00	330.00

=====  
Parts: 4103.80 Freight: .00 Tax: 299.56 AR 6164.36  
Labor: .00 Misc: .00 Total: 6164.36  
Sublt: .00 Supplies: .00 Change: .00  
=====

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

ELDORADO, 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



**ENTERED**

TICKET NUMBER 30186

LOCATION Eureka

FOREMAN Steve Mead

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

API # 15-201-21126

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
2-21-11	8189	Stevenson #15D	5	2HS	14E	Woodson																
CUSTOMER Ivan Trimble - Randy Trimble			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>John</td> <td></td> <td></td> </tr> <tr> <td>515</td> <td>Kevin</td> <td></td> <td></td> </tr> <tr> <td>452/763</td> <td>Ed</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	John			515	Kevin			452/763	Ed		
TRUCK #	DRIVER	TRUCK #					DRIVER															
445	John																					
515	Kevin																					
452/763	Ed																					
MAILING ADDRESS P.O. Box 102																						
CITY Gridley																						
STATE KS																						
ZIP CODE 66852																						

JOB TYPE Long string HOLE SIZE 9 7/8 HOLE DEPTH 1043 CASING SIZE & WEIGHT 5 1/2 Used  
 CASING DEPTH 913 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0  
 DISPLACEMENT 22 1/2 DISPLACEMENT PSI 500\* MIX PSI Bump Plug 900\* RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 5 1/2 casing. Pump 5 bbls Fresh water set packer shoe at 1400\*. Had good circulation. Mix 300\* Gel Flush. Pump 7 bbls water spacer. Mix 150 sks 60/40 Pozmix Cement w/ 2% Cacl2 4% Gel 2 1/2 phenoseal per/sk. Wash out pump + lines. shutdown. Release Plug. Displace with 22 1/2 bbls Fresh water. Final pumping Pressure 500\* Bump Plug to 900\* wait 2 min. Release pressure. Plug held. Job complete Rig down.  
Had Good Circulation During Job Didn't Circulate Cement to surface)

*Thank you*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	30	MILEAGE	4.00	120.00
1131	150 sks	60/40 Pozmix Cement	11.95	1792.50
1102	258 #	Cacl2 2%	.70	180.60
1118B	516 #	Gel 4%	.20	103.20
1197A	75 #	Phenoseal 1/2 per/sk	1.22	91.50
1118B	300*	Gel Flush	.20	60.00
5407	6.45 tons	Ton mileage Bulk Truck	50/c	330.00
4130	3	5 1/2 Centralizer	48.00	144.00
4253	1	5 1/2 Type A Packer Shoe	1584.00	1584.00
4496	1	5 1/2 Top Rubber Plug	70.00	70.00
1123	5000 gallons	City Water	15.60	78.00
5501c	3 hrs	Water Transport	112.00	336.00
			Sub Total	5864.80
			SALES TAX	299.26
			ESTIMATED TOTAL	6164.36

Revin 3737

AUTHORIZATION Chris M Mc Guire 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.



**CONSOLIDATED**  
Oil Well Services, LLC

**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 • 1-800/467-8676  
FAX 620/431-0012

**INVOICE**

Invoice # 239551

Invoice Date: 02/14/2011 Terms:

Page 1

TRIMBLE & MACLASKEY OIL LLC  
BOX 171  
GRIDLEY KS 66852  
( ) -

STEVENSON 15-D  
30184  
02-11-11

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	40.00	14.2500	570.00
1102	CALCIUM CHLORIDE (50#)	110.00	.7000	77.00

Description	Hours	Unit Price	Total
445 CEMENT PUMP (SURFACE)	1.00	775.00	775.00
445 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
479 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts:	647.00	Freight:	.00	Tax:	47.23	AR	1919.23
Labor:	.00	Misc:	.00	Total:	1919.23		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_ Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 30184  
LOCATION Eureka  
FOREMAN Steve Mead

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												
2-11-11	7842	Stevenson #15-D	5	R45	14E	Woodson												
CUSTOMER Tremble & MacLuskey Oil LLC			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>Dave</td> <td></td> <td></td> </tr> <tr> <td>429</td> <td>Chris</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	Dave			429	Chris		
TRUCK #	DRIVER	TRUCK #					DRIVER											
445	Dave																	
429	Chris																	
MAILING ADDRESS Box 171																		
CITY Gridley	STATE KS	ZIP CODE 66852																

JOB TYPE Surface 0 HOLE SIZE 12 1/4 HOLE DEPTH 42' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 42' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 2 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 8 1/2" casing. Break circulation with Fresh Water  
Mix 40 sks Class A Cement w/ 3% Cactz. Displace with 2 bbls Fresh  
Water. Good cement Returns to surface. Shut well in.  
Job Complete Rig down

*Thank You*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	775.00	775.00
5406	30	MILEAGE	4.00	120.00
11045	40 sks	Class A Cement	14.25	570.00
1102	110 #	Cactz 3%	.70	77.00
5407		Ten Mileage Bulk Truck	330.00	330.00
			Sub Total	1872.00
			SALES TAX	41.23
			ESTIMATED TOTAL	1913.23

Ravin 3737

AUTHORIZATION Chris Mead TITLE Toolpusher

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.