



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1076946
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
-----------------------------------	-----------------	---

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: _____

1076946

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

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

March 21, 2012

Troy Phillips
Phillips Oil Properties Inc.
1822 S MEAD
WICHITA, KS 67211-4314

Re: ACO1
API 15-035-24457-00-00
Baker 5
NE/4 Sec.26-33S-05E
Cowley County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Troy Phillips



CONSOLIDATED
Oil Well Services, LLC

Copies To Teoy

REC'D JAN 17 2012

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 # 247035

Invoice Date: 01/13/2012 Terms: 0/0/30,n/30

Page 1

PHILLIP OIL PROPERTIES INC.
1822 S. MEAD
WICHITA KS 67211
() -

BAKER #5
34167
26-33-5E
01-03-12
KS

BA5

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	135.00	14.9500	2018.25
1102	CALCIUM CHLORIDE (50#)	320.00	.7400	236.80
1118B	PREMIUM GEL / BENTONITE	250.00	.2100	52.50
1107	FLO-SEAL (25#)	50.00	2.3500	117.50

Description	Hours	Unit Price	Total
446 CEMENT PUMP (SURFACE)	1.00	825.00	825.00
446 EQUIPMENT MILEAGE (ONE WAY)	51.00	4.00	204.00
502 TON MILEAGE DELIVERY	344.25	1.34	461.30

POSTED
2-7-12

Parts: 2425.05 Freight: .00 Tax: 164.90 AR 4080.25
Labor: .00 Misc: .00 Total: 4080.25
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATE
Oil Well Services, LLC

ENTERED

TICKET NUMBER 34167
LOCATION 180
FOREMAN Larry Thomas

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-035-24457-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-3-12	6293	Baker #5	26	33	SE	Cumley
CUSTOMER Phillips Oil Prop. Inc			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 1822 S MEAD			446	Bernard		
CITY STATE ZIP CODE Wichita KS 67211			502	Steve D		
			539	Larry S.		

JOB TYPE SP B HOLE SIZE 12 1/4 HOLE DEPTH 213 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 209 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 25 ft.
 DISPLACEMENT 13.31 DISPLACEMENT PSI 150 MIX PSI 0 RATE 4 1/2 bbls.
 REMARKS: Break Circulation - MPW 135 sks A + 30% CAC 2 + 2% Gel + 1/2 lb Poly - Displaced 12 bbls - Circulated Cement to Surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
54060	51	MILEAGE	4.00	204.00
11045	135	sks A	14.95	2018.25
1102	320	lbs CAC 2	.74	236.80
1118B	250	lbs Gel	.21	52.50
1107	50	lbs Poly Make	2.35	117.50
54074	51	Bulk Displacement @ 6.75 tons X	1.24	461.30
		Subtotal		3915.35
		SALES TAX		164.90
		ESTIMATED TOTAL		4080.25

Flavin 3737

AUTHORIZATION Duke Coulter

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

REC'D JAN 10 2012

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 # 247043

Invoice Date: 01/13/2012 Terms: 0/0/30,n/30

Page 1

PHILLIP OIL PROPERTIES INC.
1822 S. MEAD
WICHITA KS 67211
() -

BAKER #5
34142
26-33-5E
01-09-12
KS

Copies To Troy

Bas

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT <i>longstring</i>	200.00	19.2000	3840.00
1110A	KOL SEAL (50# BAG)	1000.00	.4600	460.00
4104	CEMENT BASKET 5 1/2"	4.00	229.0000	916.00
4130	CENTRALIZER 5 1/2"	10.00	48.0000	480.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	344.0000	344.00
4454	5 1/2" LATCH DOWN PLUG	1.00	254.0000	254.00

Description	Hours	Unit Price	Total
491 TON MILEAGE DELIVERY	561.00	1.34	751.74
491 CASING FOOTAGE	1050.00	.22	231.00
603 CEMENT PUMP	1.00	1030.00	1030.00
603 EQUIPMENT MILEAGE (ONE WAY)	51.00	4.00	204.00

POSTED
2-1-12

Parts:	6294.00	Freight:	.00	Tax:	427.99	AR	8938.73
Labor:	.00	Misc:	.00	Total:	8938.73		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Ap. # 15-038-24457-00-00

DATE <u>1-9-12</u>	CUSTOMER # <u>6293</u>	WELL NAME & NUMBER <u>Baker #5</u>	SECTION <u>26</u>	TOWNSHIP <u>33</u>	RANGE <u>SE</u>	COUNTY <u>Cowley</u>	
CUSTOMER <u>Phillips oil properties</u>			Sfty meating JB J.S JA	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>1822 S mead</u>				<u>603</u>	<u>Jeff</u>		
CITY <u>wichita</u>				<u>491</u>	<u>Joe</u>		
STATE <u>KS</u>	ZIP CODE <u>67211</u>			<u>511</u>	<u>Jacob</u>		

JOB TYPE Long string B HOLE SIZE 7 7/8 HOLE DEPTH 3550 CASING SIZE & WEIGHT 5 1/2 15.36 lb
CASING DEPTH 3550 DRILL PIPE N/A TUBING N/A OTHER _____
SLURRY WEIGHT 15 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 7ft shoe joint
DISPLACEMENT 84.49 DISPLACEMENT PSI 1200 MIX PSI 300 RATE 5 bpm

REMARKS: Sfty meating, Run pipe to 3550ft, circulated with drilling mud for 1hr, mixed 200 sks thick set 6X kol-Seal, displaced latchdown plug with 84.49 bbl water landing plug at 1200 psi Checked float, float held.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	51	MILEAGE	4.00	204.00
5407 A	51	X 11 ton mileage X	1.34	751.74
5402	1050 ft	footage	0.22	231.00
1126A	200	thick set	19.20	3840.00
1110 A	1000	kol-seal	0.46	460.00
4104	4	5 1/2 cement Basket	229.00	916.00
4130	10	5 1/2 centralizer	48.00	480.00
4159	1	5 1/2 AFLU float shoe	344.00	344.00
4454	1	5 1/2 latchdown plug	254.00	254.00
			Subtotal	8510.74
			SALES TAX	421.99
			ESTIMATED TOTAL	8938.13

Ravin 3737

AUTHORIZATION Troy Phillips

TITLE 041043

DATE _____