



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1088786
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: _____

1088786

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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)*

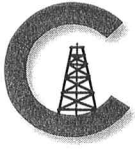
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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> _____	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

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

INVOICE

Invoice # 250159

Invoice Date: 05/29/2012 Terms: 0/0/30,n/30

Page 1

KAHAN & ASSOCIATES INC
P.O. BOX 700780
TULSA OK 74170
(918)492-9797

S. SABIN #1
34398
11-23-4
05-24-12
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	225.00	14.9500	3363.75
1102	CALCIUM CHLORIDE (50#)	560.00	.7400	414.40
1107	FLO-SEAL (25#)	50.00	2.3500	117.50
1118B	PREMIUM GEL / BENTONITE	450.00	.2100	94.50
Description		Hours	Unit Price	Total
442	CEMENT PUMP (SURFACE)	1.00	825.00	825.00
442	EQUIPMENT MILEAGE (ONE WAY)	50.00	4.00	200.00
446	EQUIPMENT STAND-BY ON LOCATION	.00	84.00	.00
491	TON MILEAGE DELIVERY	528.50	1.34	708.19
491	EQUIPMENT STAND-BY ON LOCATION	.00	84.00	.00

Approved
6-4-12

Parts:	3990.15	Freight:	.00	Tax:	291.28	AR	6014.62
Labor:	.00	Misc:	.00	Total:	6014.62		
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



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 34398
LOCATION # 180 Eldorado
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT Api 15-155-21578-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-24-12	4514	Ssabin #1	11	23	4	Reno

CUSTOMER
Kahan and Associates

MAILING ADDRESS
P.O. Box 700780

CITY STATE ZIP CODE
Tulsa OK 73096

Safety meeting
Jas
J.D
JR

TRUCK #	DRIVER	TRUCK #	DRIVER
446	Jerid		
491	Joc		
511	Jacob		

JOB TYPE Surface B HOLE SIZE 17 1/2 HOLE DEPTH 262 CASING SIZE & WEIGHT 13 3/8

CASING DEPTH 243 DRILL PIPE TUBING OTHER

SLURRY WEIGHT 14.5 SLURRY VOL WATER gal/sk CEMENT LEFT in CASING 12 ft

DISPLACEMENT 38.17 DISPLACEMENT PSI MIX PSI RATE 5bpm

REMARKS: Safety meeting, Break circulation, pump 10bbl flask, mixed 2255Ks class A 3%cc 3%gel, 1/4 lb poly, displaced with 36.5bbl water circulating cement to surface Shutin

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	50	MILEAGE	4.00	200.00
5407A	~50	X 10.57 ton mileage	X 1.34	708.19
11045	225	class A	14.95	3363.75
1102	560	calcium chloride	.74	414.40
1107	50	poly-flake	2.35	117.50
1118 B	450	gel	.21	94.50
5404	4 hr x 3 men	Personnel stand by on location	84.00	N/C
			Subtotal	5723.34
			SALES TAX	291.28
			ESTIMATED TOTAL	6014.62

Ravin 3737

AUTHORIZATION Purt Dudley TITLE 250159

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 # 250158

Invoice Date: 05/29/2012 Terms: 0/0/30,n/30

Page 1

KAHAN & ASSOCIATES INC
P.O. BOX 700780
TULSA OK 74170
(918)492-9797

S. SABIN #1
34332
11-23-4
05-25-12
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	200.00	14.9500	2990.00
1102	CALCIUM CHLORIDE (50#)	480.00	.7400	355.20
1107	FLO-SEAL (25#)	200.00	2.3500	470.00
1118B	PREMIUM GEL / BENTONITE	600.00	.2100	126.00
4106	8 5/8" CEMENT BASKET	1.00	320.0000	320.00
4411	8 5/8" RUBBER PLUG (TOP)	1.00	108.0000	108.00
Description	Hours	Unit Price	Total	
442 TON MILEAGE DELIVERY	587.50	1.34	787.25	
446 CEMENT PUMP (SURFACE)	1.00	825.00	825.00	
446 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.00	200.00	

RECEIVED
MAY - 4 2012
KAHAN & ASSOCIATES

Approved
6-4-12
msa

Parts:	4369.20	Freight:	.00	Tax:	318.95	AR	6500.40
Labor:	.00	Misc:	.00	Total:	6500.40		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



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 # 250365

Invoice Date: 06/12/2012 Terms: 0/0/30,n/30

Page 1

KAHAN & ASSOCIATES INC
P.O. BOX 700780
TULSA OK 74170
(918)492-9797

S. SABIN #1
34336
11-23S-4W
06-01-12
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	200.00	19.2000	3840.00
1110A	KOL SEAL (50# BAG)	1000.00	.4600	460.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	344.0000	344.00
4130	CENTRALIZER 5 1/2"	10.00	48.0000	480.00
4406	5 1/2" RUBBER PLUG	1.00	70.0000	70.00
4104	CEMENT BASKET 5 1/2"	1.00	229.0000	229.00

Description	Hours	Unit Price	Total
491 TON MILEAGE DELIVERY	550.00	1.34	737.00
603 CEMENT PUMP	1.00	1030.00	1030.00
603 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.00	200.00
603 CASING FOOTAGE	1300.00	.22	286.00

Approved
6/18/12
CS

RECEIVED
JUN 15 2012
KAHAN & ASSOCIATES

Parts:	5423.00	Freight:	.00	Tax:	395.88	AR	8071.88
Labor:	.00	Misc:	.00	Total:	8071.88		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 34336
LOCATION # 180 Eldorado
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT

Api 15-185-21579-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-1-12	4514	S. Sabin #1	11	23S	4w	Reno
CUSTOMER Kahan and associates			TRUCK # DRIVER TRUCK # DRIVER 603 Jeff 491 Joe 511 Jacob			
MAILING ADDRESS Po Box 700780						
CITY Tulsa	STATE OK	ZIP CODE 74170				
SAFETY MEETING JS JR						

JOB TYPE Longstring B HOLE SIZE 7 7/8 HOLE DEPTH 3817 CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH 3812 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15 16 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 1ft
 DISPLACEMENT 90.70 DISPLACEMENT PSI 1000 MIX PSI 300 RATE 9 bpm

REMARKS: Safety meeting, Break circulation, circulate for 1hr,
mix 200SKS thickset 5% kol seal displaced with 90.70 bbl water
landing plug at 1500 psi. checked float float held, plugged Rathok
with 35 SKS thickset anti mouse hole with 25 SKS thickset,

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	50	MILEAGE	4.00	200.00
5407A	50	X 11 ton mileage X	14.34	737.00
5402	1300	footage	.22	286.00
1126A	200	thick set	19.20	3840.00
1110A	1000	Kol-seal	1.46	460.00
4159	1	5 1/2 float shoe	344.00	344.00
4130	10	centralizer 5 1/2	48.00	480.00
4406	1	5 1/2 Rubber plug	70.00	70.00
4104	1	5 1/2 Basket	229.00	229.00
			Subtotal	7676.00
			SALES TAX	395.88
			ESTIMATED TOTAL	8071.88

250365

Ravin 3737

AUTHORIZATION Curt Farley 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

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
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 30, 2012

David M. Wilson
Kahan and Associates, Inc
PO BOX 700780
TULSA, OK 74170-0780

Re: ACO1
API 15-155-21578-00-00
S. Sabin 1
SW/4 Sec.11-23S-04W
Reno 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,
David M. Wilson