



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1096851
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: _____



1096851

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
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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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
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 10, 2012

Brady Pfeiffer
C. H. Todd, Inc.
1000 N TYLER STE 100
WICHITA, KS 67212-3276

Re: ACO1
API 15-187-21209-00-00
CHT Hume Bros 2-34
NW/4 Sec.34-29S-41W
Stanton 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,
Brady Pfeiffer



REMIT TO
S T A T E M E N T
 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

C.H. TODD, INC
 1000 N. TYLER, SUITE 100
 WICHITA KS 67212

Account No.
 8091

Statement
 Date
 08/31/2012

Terms
 0/0/30, N/30

Trans Date	Invoice	Type	Check #	Charges	Credits	Amount Due
08/31/12	252552	IN		21737.76		21737.76

YTD Finance Charges added to your account: .00
 Activity after 08/31/2012 will be reflected on your next statement.

UNPD F/C	CURRENT	31-60	61-90	OVER 90	NEW F/C	NEW BALANCE
.00	21737.76	.00	.00	.00	.00	21737.76

To avoid additional finance charges, pay by 09/30/2012



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 Houston, TX 77210-4346

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INVOICE

Invoice # 252552

=====
 Invoice Date: 08/31/2012 Terms: 10/10/30,n/30 Page 1

C.H. TODD, INC
 1000 N. TYLER, SUITE 100
 WICHITA KS 67212
 (316)721-2020

CHT HUME BROS
 37144
 347-29-41
 08-31-2012
 KS

Part Number	Description	Qty	Unit Price	Total
1127A	65/35 POZ MIX	650.00	15.2000	9880.00
1104S	CLASS "A" CEMENT (SALE)	150.00	17.6500	2647.50
1102	CALCIUM CHLORIDE (50#)	2121.00	.8900	1887.69
1118B	PREMIUM GEL / BENTONITE	3396.00	.2500	849.00
1107	FLO-SEAL (25#)	163.00	2.8200	459.66
4204	GUIDE SHOE 8 5/8"	1.00	499.0000	499.00
4229	INSERT FLAPPER VALVE 8 5	1.00	298.0000	298.00
4132	CENTRALIZER 8 5/8"	4.00	82.0000	328.00
4106	8 5/8" CEMENT BASKET	1.00	367.0000	367.00
4411	8 5/8" RUBBER PLUG (TOP)	1.00	135.0000	135.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-1735.09
9995-130	CEMENT EQUIPMENT DISCOUNT	-553.56

Description	Hours	Unit Price	Total
T-118 SINGLE PUMP	1.00	1695.00	1695.00
T-118 EQUIPMENT MILEAGE (ONE WAY)	60.00	5.00	300.00
566 TON MILEAGE DELIVERY	1.00	3540.60	3540.60

INV # 252552 DTD 8-31-12
 WELL 140.235 CODE _____
 AMT \$ 21737.76
 JIBBED _____

Amount Due 24153.07 if paid after 09/30/2012

Parts:	17350.85	Freight:	.00	Tax:	1139.96	AR	21737.76
Labor:	.00	Misc:	.00	Total:	21737.76		
Sublt:	-2288.65	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37144
LOCATION Oakley KS
FOREMAN Mikes Shaw
Walt Dinkel

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

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-31-12	8091	CHT Hume Bros	34	295	41W	Stanton
CUSTOMER <u>CH Todd</u>						
MAILING ADDRESS						
CITY						
STATE						
ZIP CODE						

TRUCK #	DRIVER	TRUCK #	DRIVER
45071R	Jim		
526	Bohhy S		
5287107	Cody R		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 1723' CASING SIZE & WEIGHT 8 5/8" 24#
CASING DEPTH 1722.97' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 12.8/14.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 42.73'
DISPLACEMENT 107565 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting and rig up Murbindrilling #2d Run casing Centralizers
on 1-4-20-37 Basket on 39 Run casing to bottom circulate casing
mix 650 sks 65/35 6% gel 36 calcium treated with 150 sks Comman
32 calcium 2% gel. Shut down released plug displaced 107565 water
80 psi lift plug and 1200 psi shut in R.g down

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	1695. ⁰⁰	1695. ⁰⁰
5466	60	MILEAGE	5. ⁰⁰	300. ⁰⁰
5407A	35.33 tons	Ton m. base delivery	1.67	3540. ⁶⁰
1127A	650 sks	65/35 pure mix coman	15.20	9880. ⁰⁰
11045	150 sks	Comman class A	17.65	2647. ⁵⁰
1102	2121 #	Calcium chloride	.89	1887.69
111PB	3396 #	Benton. kn gel	.25	849. ⁰⁰
1107	163 #	Flu seal	2.82	459.66
4204	1	8 5/8 Guide shoe	499. ⁰⁰	499. ⁰⁰
4229	1	AFU INSERT 8 5/8"	298. ⁰⁰	298. ⁰⁰
4132	4	8 5/8" Centralizers	82. ⁰⁰	328. ⁰⁰
4106	1	8 5/8" Basket	367. ⁰⁰	367. ⁰⁰
4411	1	8 5/8" Rubber Plug	135. ⁰⁰	135. ⁰⁰
		Subtotal		22886.45
		loss 10% discount		-2288.65
		Subtotal		20597. ⁸⁰
		SALES TAX		1139.96
		ESTIMATED TOTAL		21737.76

completed

Ravin 3737

AUTHORIZATION Kelly Wilson 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.

252552



PAGE	CUST NO	INVOICE DATE
1 of 2	1000728	09/06/2012
INVOICE NUMBER		
1717 - 90996433		

Liberal (620) 624-2277
 B C. H. TODD INC
 I 1000 N TYLER RD STE 100
 L WICHITA
 L KS US 67212
 T
 O **ATTN:** ACCOUNTS PAYABLE

J LEASE NAME CHT Hume #2-34
O LOCATION
B COUNTY Stanton
S STATE KS
I JOB DESCRIPTION Cement-New Well Casing/Pi
T JOB CONTACT
E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40508283	37726		Net - 30 days	10/06/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 09/06/2012 to 09/06/2012				
0040508283				
171703757A Cement-New Well Casing/Pi 09/06/2012				
5 1/2" DV LS				
A-Con' Blend	400.00	EA	13.27	5,307.87 T
AA2 Cement	150.00	EA	12.98	1,947.64 T
Premium Plus Cement	100.00	EA	11.63	1,162.88 T
Salt	830.00	EA	0.36	296.07 T
Gypsum	705.00	EA	0.54	377.22 T
C-15	85.00	EA	8.92	758.01 T
Gilsonite	750.00	EA	0.48	358.49 T
C-41P	36.00	EA	2.85	102.73 T
Calcium Chloride	1,316.00	EA	0.75	985.81 T
Celloflake	125.00	EA	2.64	329.96 T
C-51	76.00	EA	17.84	1,355.50 T
"Auto Fill Float Shoe 5 1/2" (Red)"	1.00	EA	481.56	481.56
"5 1/2" Latch Down Plug & Assembly (Red)	1.00	EA	606.41	606.41
"Cmt Basket, Canvas 5 1/2"	2.00	EA	681.32	1,362.64
Antelope 5 1/2 X 7 7/8 Turbo	18.00	EA	53.51	963.12
"Two Stage Cement Collar, 5 1/2" (Red)"	1.00	EA	4,351.88	4,351.88
Cmt Scratchers Rotating Type	20.00	EA	35.67	713.42
Super Flush II	500.00	EA	1.09	545.77 T
Casing Swivel Rental	1.00	EA	142.68	142.68
Heavy Equipment Mileage	255.00	MI	4.99	1,273.46
Blending & Mixing Service Charge	650.00	BAG	1.00	649.21
"Proppant & Bulk Del. Chgs., per ton mil	2,596.75	EA	1.14	2,964.13
Depth Charge; 5001-6000'	1.00	EA	2,054.66	2,054.66
Additional Stage Charge	1.00	EA	1,540.99	1,540.99

Customer CH TODD	Lease No.	Date 9/6/12
Lease CHT HOME	Well # 2-34	Service Receipt
Casing 5 1/2	Depth	County Stanton
Job Type D.V.	Formation	State Ks
		Legal Description 34-29-41

Pipe Data		Perforating Data		Cement Data
Casing size 5 1/2	Tubing size D.V.	Shots/Ft		Lead 50sx A-Con @ 11.4#
Depth 5498'	Depth 3525'	From	To	150sx AA-2@ 14.8#
Volume 126.5	Volume 41.78	From	To	Tail in 350sx A-Con @ 11.4
Max Press 2000	Max Press 2000	From	To	50sx P.P. @ 14.8#
Well Connection P.C.	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

1/5

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:30					on loc
22:37	3300				Test Lines
22:41	370		5	5	H2O
22:42	350		12	5	Superflush
22:45	360		5	5	H2O
22:45	280		0	4	5t mix A-Con @ 11.4#
22:50	150		24	4	on tail @ 14.8#
23:01	Ø		40.33	Ø	Finished Mixing
23:04					Drop Plug, Washup
23:15	Ø		0	6	Start Disp
23:25	150		46	6	on mud
23:39	1680		126.5	Ø	plug down
					Rel Psi (Held), Drop Bomb
01:00	400-270		20	5	Open D.V. Tool - (Circ 3hrs)
03:03					Plug RTM
03:20	310		0	6	Start mixing A-con @ 11.4
03:44	160		165	5	on tail @ 14.8#
03:50	Ø		12	-	Finished Mixing
04:01	Ø		0	6	Start Disp
04:20	1800		82	Ø	Plug Down Tool Closed
04:22	Ø				Release Psi release
					Job Complete

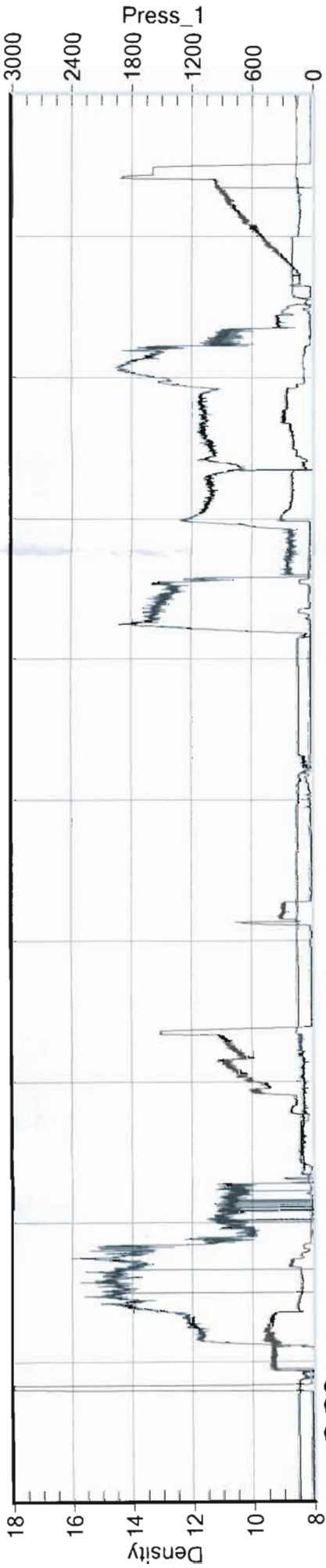
Service Units	95586	37233776	1982719566	3046337242
Driver Names	Chinz	R. Okls	J. Garcia	S. Chavez

Dave Polley
Customer Representative

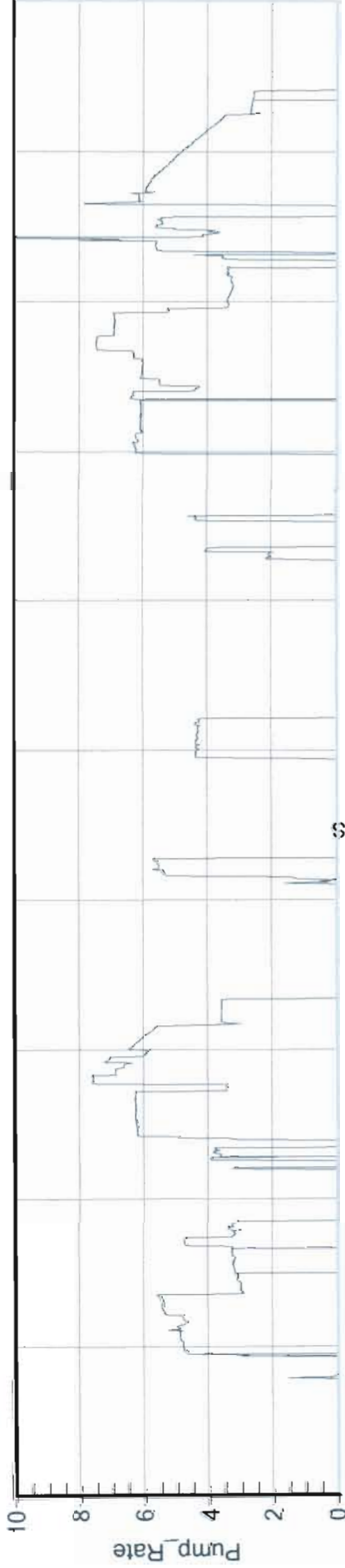
Jenny Bennett
Station Manager

Chack Hinz
Cementer

8.57



0.00



8.78

