



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1104138  
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: \_\_\_\_\_



1104138

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

December 07, 2012

Randall L. Trimble  
Trimble & Maclaskey Oil LLC  
110 SOUTH ST  
PO BOX 171  
GRIDLEY, KS 66852

Re: ACO1  
API 15-111-20454-00-00  
Rossillon 10  
NE/4 Sec.25-21S-10E  
Lyon 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,  
Randall L. Trimble



**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 # 252409**

=====  
Invoice Date: 08/28/2012 Terms: \_\_\_\_\_  
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Page 1

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



ROSSILLION #10  
37843  
25-21S-10E  
08-27-12  
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	145.00	19.2000	2784.00
1110A	KOL SEAL (50# BAG)	725.00	.4600	333.50
1107A	PHENOSEAL (M) 40# BAG)	145.00	1.2900	187.05
1103	CAUSTIC SODA	100.00	1.6100	161.00
4104	CEMENT BASKET 5 1/2"	1.00	229.0000	229.00
4130	CENTRALIZER 5 1/2"	6.00	48.0000	288.00
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
WASH- WASH OR SWIVEL HEAD	1.00	100.00	100.00
520 CEMENT PUMP	1.00	1030.00	1030.00
520 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
667 MIN. BULK DELIVERY	1.00	350.00	350.00

=====  
Parts: 4580.55 Freight: .00 Tax: 334.37 AR 6514.92  
Labor: .00 Misc: .00 Total: 6514.92  
Sublt: .00 Supplies: .00 Change: .00  
=====

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



**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED**

TICKET NUMBER 37843  
LOCATION Fulcrum  
FOREMAN Rick Ledford

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

API# 15-111-20454

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-27-12	7842	Rossillon # 10	25	215	106	Lyon
CUSTOMER Tribble Macklaw Oil LLC			Gulick Drilling			
MAILING ADDRESS P.O. Box 171						
CITY Gridley		STATE KS	ZIP CODE 66852			
TRUCK #		DRIVER		TRUCK #		DRIVER
520		John				
1067		Chris B.				

JOB TYPE L/S O HOLE SIZE 7 7/8" HOLE DEPTH 2460' CASING SIZE & WEIGHT 5 1/2" 15.5# neu  
 CASING DEPTH 2460' RA DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.6# SLURRY VOL 41.8M WATER gal/sk 9.0 CEMENT LEFT in CASING 0'  
 DISPLACEMENT 63 Bbl DISPLACEMENT PSI 800 MAX PSI 1300 bump plug RATE 5 1/2 bpm

REMARKS: Safety meeting. Rig up to 5 1/2" casing w/ rotating head. Break circulation w/ 5 Bbl fresh water. Pump 100# caustic soda pre-flush, 5 Bbl water spacer. Mixed 125 sacks thickset cement w/ 5# Kel-seal/sk + 1# pharoseal/sk @ 13.6#/gal. yield 1.85. Washout pump + lines, release latch down plug. Displace w/ 63 Bbl fresh water. Final pump pressure 900 PSI. Bump plug to 1300 PSI. Release pressure, fluid + plug held. Good circulation @ all times while cementing. Job complete. Rig down.

plugged cathode w/ 20 sacks  
center on 1, 2, 3, 5, 10, 15 basket on 8

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	30	MILEAGE	4.00	120.00
1126A	145 sacks	thickset cement	19.20	2784.00
1110A	725#	5# Kel-seal/sk	.46	333.50
1102A	145#	1# pharoseal/sk	1.29	187.05
1103	100#	caustic soda pre-flush	1.61	161.00
5407	7.98	tax mileage bulk tax	m/l	350.00
4104	1	5 1/2" cement basket	229.00	229.00
4130	6	5 1/2" x 7 7/8" centralizers	48.00	288.00
4159	1	5 7/8" API float shoe	349.00	349.00
4454	1	5 1/2" latch down plug	254.00	254.00
5611	1	center on 5 1/2" rotating head	100.00	100.00
			Subtotal	6180.55
			SALES TAX	334.31
			ESTIMATED TOTAL	6514.92

Revin 3737

252409

7.3%

AUTHORIZATION ML

TITLE TL

DATE 8-27-12

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 # 252329

Invoice Date: 08/27/2012 Terms:

Page 1

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

ROSSILLION #10  
37799  
25-21S-10E  
08-24-12  
KS



Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	90.00	14.9500	1345.50
1102	CALCIUM CHLORIDE (50#)	255.00	.7400	188.70
1118B	PREMIUM GEL / BENTONITE	170.00	.2100	35.70
1107	FLO-SEAL (25#)	22.00	2.3500	51.70
	Description	Hours	Unit Price	Total
485	CEMENT PUMP (SURFACE)	1.00	825.00	825.00
485	EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
667	MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1621.60 Freight: .00 Tax: 118.38 AR 2914.98  
Labor: .00 Misc: .00 Total: 2914.98  
Sublt: .00 Supplies: .00 Change: .00

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



**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED :**

TICKET NUMBER 37799  
LOCATION Eureka  
FOREMAN Steve Mead

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** APF 15-111-20454

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-24-12	7842	Rossillon #10	25	215	10E	Kron
CUSTOMER <u>Trimble + Madlasky Oil LLC</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 171</u>			<u>485</u>	<u>Alan M</u>		
CITY <u>Gridley</u>	STATE <u>Ks</u>	ZIP CODE <u>66852</u>	<u>667</u>	<u>Chris B</u>		

JOB TYPE Surface HOLE SIZE 12'4" HOLE DEPTH 119' CASING SIZE & WEIGHT 8 5/8"  
CASING DEPTH 116' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 15'  
DISPLACEMENT 6.6 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 8 5/8 casing Break circulation w/ Fresh water. Mix 90 sks Class A Cement w/ 3% Cocl2, 2% Gel + 1/4" F10-Cel per/sk. Displace with 6.6 bbls Fresh water. Shut well in. Good cement to surface. 6.6 bbls slurry to pit. Job complete Ripdown

*Thank you*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	-	MILEAGE	-	-
11045	90 sks	Class A Cement	14.95	1345.50
1102	255*	Cocl2 3%	.74	188.70
1118B	170*	Gel 2%	.21	35.70
1207	22*	1/4" F10-Seal per/sk	2.35	51.70
5407	4.23 Ton	Ton Mileage Bulk Truck	mic	350.00
			SubTotal	2796.60
			SALES TAX <u>8.5%</u>	118.38
			ESTIMATED TOTAL	2914.98

Ravin 3737

AUTHORIZATION [Signature]

TITLE TP

DATE 8-23-12

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.