



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1106780
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: _____



1106780

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: 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> _____ <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

January 04, 2013

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

Re: ACO1
API 15-111-20455-00-00
Babinger 6
SW/4 Sec.24-21S-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 # 252961

Invoice Date: 09/18/2012 Terms:

Page 1

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
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BABINGER #6
37899
24-21S-10E
09-16-12
KS

JSW

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
611 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 37899

LOCATION EUREKA

FOREMAN Kevin McCoy

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-111-20455

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-16-12	7842	Babinger #6	24	215	10E	Lyons, KS
CUSTOMER Trimble & MacLuskey OIL LLC			Gulick Drilg Co.			
MAILING ADDRESS P.O. Box 171						
CITY Gridley	STATE KS	ZIP CODE 66852				
TRUCK #						
DRIVER			TRUCK #		DRIVER	
520			John S.			
611			Joey K.			

JOB TYPE Langstring 0 HOLE SIZE 7 7/8 HOLE DEPTH 2660' KB CASING SIZE & WEIGHT 5 1/2 15.5# new
 CASING DEPTH 2649' G.L. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6* SLURRY VOL 41 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 63.2 BBL DISPLACEMENT PSI 800 ~~MARK~~ PSI 1200 Bump Plug RATE 5 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 PreFlush w/ 12 BBL water, 5 BBL water spacer. Mixed 125 sks THICK Set Cement w/ 5" Kol-Seal, 1" PhenoSeal /sk @ 13.6*/gal. Wash out Pump & Lines. Shut down. Release Latch down Plug. Displace Plug to Seat w/ 63.2 BBL Fresh water. FINAL Pumping Pressure 800 PSI. Bump Plug to 1200 PSI. Wait 2 mins. Release Pressure. Float Held. Good Circulation @ all times while Cementing. Rotated Casing while Displacing Plug. Job Complete. Rig down.

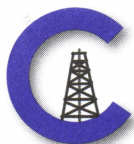
Centralizers # 1, 2, 3, 5, 10, 15 Basket on top of # 8
Plugged RAT Hole w/ 20 sks Cement

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
1126 A	145 sks	THICK Set Cement	19.20	2784.00
1110 A	725 *	Kol-Seal 5"/sk	-46 *	333.50
1107 A	145 *	PhenoSeal 1"/sk	1.29 *	187.05
1103	100 *	CAUSTIC SODA PreFlush	1.61 *	161.00
5407	7.98 TONS	TON MILEAGE BULK DELV.	M/C	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 1/2 AFU FLOAT Shoe	344.00	344.00
4454	1	5 1/2 LATCH DOWN Plug	254.00	254.00
5611	1	RENTAL on 5 1/2 Rotating HEAD	100.00	100.00
			Sub Total	6180.55
			SALES TAX 7.3%	334.31
			ESTIMATED TOTAL	6514.92

Ravin 3737

AUTHORIZATION [Signature] TITLE Toolpusher / Gulick Drilg DATE 9-16-12

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 # 252950

Invoice Date: 09/18/2012 Terms:

Page 1

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
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sw

BABINGER #6
37917
24-21S-10E
09-12-12
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
445 CEMENT PUMP (SURFACE)	1.00	825.00	825.00
445 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
667 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1621.60 Freight: .00 Tax: 118.38 AR 3034.98
 Labor: .00 Misc: .00 Total: 3034.98
 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



ENTERED

TICKET NUMBER 37917
 LOCATION Eureka
 FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-111-20455

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-12-12	7843	Babinger # 6	24	215	10E	Lyon
CUSTOMER Trimble + Macleskey Oil			Gulica Oil			
MAILING ADDRESS P.O. Box 121			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Gridley			445	Dave		
STATE KS			467	Chris B		
ZIP CODE 66852						

JOB TYPE surface HOLE SIZE 12 1/4" HOLE DEPTH 119' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 119' RA. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15" SLURRY VOL 22 bbl WATER gal/sk 6.5 CEMENT LEFT in CASING 15'
 DISPLACEMENT 6.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up to 8 5/8" casing. Break circulation w/ 5 bbl fresh water.
Mixed 90 sks class A cement w/ 3% cacl₂, 2% gel + 1/4" flake /sk @ 15" /gal.
Displace w/ 6.6 bbl fresh water. Shut casing in w/ good cement returns to surface.
Job complete. Rig down.

" Thank You "

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54615	1	PUMP CHARGE	825.00	825.00
5406	30	MILEAGE	4.00	120.00
11045	90 sks	class A cement	14.95	1345.50
1102	255"	3% cacl ₂	.74	188.70
1118B	170"	2% gel	.21	35.70
1107	22"	1/4" flake /sk	2.35	51.70
5407	4.23	tan mileage back tire	m/c	350.00
			Subtotal	2916.60
			SALES TAX 7.3%	118.38
			ESTIMATED TOTAL	3034.98

Ravin 9737

AUTHORIZATION M. J. [Signature] TITLE TP DATE 9-12-12

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.