



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1108238  
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: \_\_\_\_\_



1108238

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](mailto: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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Future Petroleum Company LLC
Well Name	West Maddix Unit 8
Doc ID	1108238

Tops

Name	Top	Datum
Admire	616	674
Stalnaker	1887	-597
Perry Lime	2095	-805
Hogshooter	2307	-1017
Layton	2340	-1050
Kansas City	2474	-1184
Cleveland	2659	-1369
MS Chert	3102	-1812
MS Lime	3111	-1821
Simpson	3580	-2290

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 16, 2013

Chris Haefele  
Future Petroleum Company LLC  
1455 W LOOP S  
PO BOX 540225  
HOUSTON, TX 77254-0225

Re: ACO1  
API 15-035-24484-00-00  
West Maddix Unit 8  
NE/4 Sec.03-33S-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,  
Chris Haefele



**CONSOLIDATED**  
Oil Well Services, LLC

20589

NOV 05 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 # 254179

Invoice Date: 10/31/2012 Terms: 0/0/30,n/30

Page 1

FUTURE PETROLEUM CO. LLC  
P.O. BOX 540225  
HOUSTON TX 77254  
(713) 993-0774

WEST MADDIX UNIT #8  
35334  
3-33S-5E  
10-29-12  
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	250.00	19.2000	4800.00
1110A	KOL SEAL (50# BAG)	2000.00	.4600	920.00
1144G	MUD FLUSH (SALE)	500.00	1.0500	525.00
4104	CEMENT BASKET 5 1/2"	3.00	229.0000	687.00
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
T-108 WATER TRANSPORT (CEMENT)	3.00	112.00	336.00
603 CEMENT PUMP	1.00	1030.00	1030.00
603 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
603 CASING FOOTAGE	1150.00	.22	253.00
681 MIN. BULK DELIVERY	1.00	350.00	350.00

WELL ID/FE # \_\_\_\_\_

CODE \_\_\_\_\_

IN OR R \_\_\_\_\_

APPROVAL *[Signature]*

Parts: 7818.00 Freight: .00 Tax: 531.62 AR 10498.62

Labor: .00 Misc: .00 Total: 10498.62

Sublt: .00 Supplies: .00 Change: .00

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

BARTLESVILLE, OK EL DORADO, KS EUREKA, KS PONCA CITY, OK OAKLEY, KS OTTAWA, KS THAYER, KS GILLETTE, WY  
 918/338-0808 316/322-7022 620/583-7664 580/762-2303 785/672-2227 785/242-4044 620/839-5269 307/686-4914



**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

OCT 25 2012

INVOICE

Invoice # 253899

Invoice Date: 10/23/2012

Page 1

Terms: 0/0/30,n/30

FUTURE PETROLEUM CO. LLC  
P.O. BOX 540225  
HOUSTON TX 77254  
(713) 993-0774

WEST MADDIX UNIT #8  
35327  
3-33S-5E  
10-20-12  
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	150.00	14.9500	2242.50
1118B	PREMIUM GEL / BENTONITE	300.00	.2100	63.00
1107	FLO-SEAL (25#)	75.00	2.3500	176.25
1102	CALCIUM CHLORIDE (50#)	400.00	.7400	296.00
4432	8 5/8" WOODEN PLUG	1.00	.0000	.00

Description	Hours	Unit Price	Total
446 CEMENT PUMP (SURFACE)	1.00	825.00	825.00
446 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
446 EQUIPMENT STAND-BY ON LOCATION	7.00	84.00	588.00
446 MIN. BULK DELIVERY	1.00	350.00	350.00
502 EQUIPMENT STAND-BY ON LOCATION	7.00	84.00	588.00
502 EQUIPMENT STAND-BY ON LOCATION	7.00	84.00	588.00
511 EQUIPMENT STAND-BY ON LOCATION	7.00	84.00	588.00

WELL ID/DATE # \_\_\_\_\_

CODE \_\_\_\_\_

DR R \_\_\_\_\_

APPROVAL \_\_\_\_\_

Parts: 2777.75 Freight: .00 Tax: 188.89 AR 6085.64

Labor: .00 Misc: .00 Total: 6085.64

Sublt: .00 Supplies: .00 Change: .00

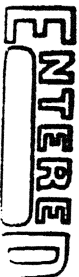
Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK EL DORADO, KS EUREKA, KS PONCA CITY, OK OAKLEY, KS OTTAWA, KS THAYER, KS GILLETTE, WY  
 918/338-0808 316/322-7022 620/583-7664 580/762-2303 785/672-2227 789/242-4044 620/839-5269 307/686-4914



**CONSOLIDATED**  
Oil Well Services, LLC



TICKET NUMBER 35334

LOCATION # 180 El Paso  
FOREMAN Jacob Storm

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

**FIELD TICKET & TREATMENT REPORT**

CEMENT Api 15-035-24484-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-29-12	2871	West Madix Unit #8	3	33 S	5E	Cowley
CUSTOMER	Future Peto					
MAILING ADDRESS	PO Box 540225					
CITY	STATE	ZIP CODE	Softy meeting			
Houston	TX	77254	TRUCK #	DRIVER	TRUCK #	DRIVER
			603	Jeff		
			681	Mark		
			511	Jacob		
			451 T108	Clay		

JOB TYPE Logstring B HOLE SIZE 7 3/8 HOLE DEPTH 3667 CASING SIZE & WEIGHT 5 1/2 15.5/LB  
 CASING DEPTH            DRILL PIPE N/A TUBING N/A OTHER             
 SLURRY WEIGHT 15 lb SLURRY VOL            WATER gal/sk            CEMENT LEFT IN CASING 41 PL Stoc  
 DISPLACEMENT 8653 DISPLACEMENT PSI 700 MIX PSI 300 RATE C.28 bpm

REMARKS: Softy meeting, Break circulation pump 500gal Dr 1100 with 10BRL water flush, mix 250 sks thickset 8 Kol-seal to 1516, displace with 8653bbl water landing plug at 1250 psi. checked float, float held.  
Job complete

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	45	MILEAGE	4.00	180.00
5402	1	min ball delivery	350.00	350.00
5501	3	footage	.22	253.00
1126A	250	Trans port	112.00	336.00
1110A	2000	Thick set	19.20	4800.00
1144G	500	Kol-Seal	.46	920.00
4104	3	Dv-1100	1.05	525.00
4130	3	5 1/2 Basket	229.00	687.00
4159	6	5 1/2 centralizer	48.00	288.00
4454	1	5 1/2 AFE float spec	344.00	344.00
	1	5 1/2 latch down plug	254.00	254.00
			SALES TAX	631.68
			ESTIMATED TOTAL	9967.20
			TOTAL	10498.68

AUTHORIZATION \_\_\_\_\_ 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



**ENTERED**

TICKET NUMBER **35327**

LOCATION # 180 ELDreda  
FOREMAN Jacob Storm

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

15-035-24484-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-20-12	2871	west madix unit #8	3	335	5E	Cowley
CUSTOMER	Future Petro		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS	P.O. BOX 540225		446	Josh		
CITY	STATE	ZIP CODE	502	Steve		
Houston	TX	77254	511	Jacob		

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 223 CASING SIZE & WEIGHT 85#  
 CASING DEPTH 221 DRILL PIPE N/A TUBING N/A OTHER 14 1/4 total displacement  
 SLURRY WEIGHT 14.5 lb SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 16ff  
 DISPLACEMENT 13.5 bbl DISPLACEMENT PSI 400 MIX PSI 200 RATE Shpm

REMARKS: Seafly meeting. Bracket circulation pump 10bbl water flash mix  
150 sks class A brace 24gal yellow poly per sks, displaced with 13.5 bbl  
water and water plug circulating 13 bbl of slury to surface strat in

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	45	MILEAGE	4.00	180.00
5407	1	min bulk delivery	350.00	350.00
11045	150	class A	14.95	2242.50
1118 B	300	gel	.21	63.00
1107	25	poly-flake	2.35	176.25
1102	400	calcium chloride	.24	296.00
5404	21	Personnel steady	84.00	1764.00
4432	1	8 1/8 wooden plug	80.00	N/C

SALES TAX 188.819  
 ESTIMATED TOTAL 6085.64

AUTHORIZATION [Signature] TITLE 353899 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.