



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1109576
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: _____



1109576

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> _____ <input type="checkbox"/> Other <i>(Specify)</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 25, 2013

Troy Phillips
Phillips Oil Properties Inc.
1822 S MEAD
WICHITA, KS 67211-4314

Re: ACO1
API 15-035-00225-00-01
Pauly 2
NE/4 Sec.10-30S-03E
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,
Troy Phillips



CONSOLIDATED
Oil Well Services, LLC

RECD CAN 2 1 013
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 # 255908

=====
Invoice Date: 01/17/2013 Terms: 0/0/30,n/30 Page 1
=====

PHILLIP OIL PROPERTIES INC.
1822 S. MEAD
WICHITA KS 67211
() -

PAULY #2 SWD
35453
10-30S-3E
01-08-13
KS

Pa 2

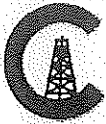
Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	200.00	12.5500	2510.00
1118B	PREMIUM GEL / BENTONITE	1600.00	.2100	336.00
1110A	KOL SEAL (50# BAG)	1000.00	.4600	460.00
1102	CALCIUM CHLORIDE (50#)	500.00	.7400	370.00
	Description	Hours	Unit Price	Total
467	CEMENT PUMP	1.00	1030.00	1030.00
467	TON MILEAGE DELIVERY	357.00	1.34	478.38

POSTED
BY CR DATE 1/22/13

=====
Parts: 3676.00 Freight: .00 Tax: 249.97 AR 5434.35
Labor: .00 Misc: .00 Total: 5434.35
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 35453

LOCATION 180

FOREMAN Larry Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT API - 15-035-00225-00-01

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-8-13	6293	Pauly #2 SWD	10	30S	3E	Clayton
CUSTOMER Phillips Oil Prop						
MAILING ADDRESS 1822 S. Mend						
CITY Wichita		STATE KS	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
539	LARRY S	461-117	Clayton
467	BOB M.	(nk)	
681	MARK		
692	TRACY	(nk)	

JOB TYPE Prod 0 HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2 11.6 lb
 CASING DEPTH 2339 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.5 SLURRY VOL 66.8 WATER gal/sk _____ CEMENT LEFT in CASING 3 ft.
 DISPLACEMENT 13.16 DISPLACEMENT PSI 550 MIX PSI 0 RATE 5.5 bbl

REMARKS: Second stage PV tool 857 ft. - opened at 1000 lbs -
closed at 100 lbs

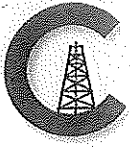
Mixed 200 sks 60/40 LWC weight + 2% CACL2 + 5/16 KOT seal
Displaced plug with 130 lbs - plug at 1400 lbs -
circulated cement to surface!

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
		MILEAGE		W/A
1131	200	sks 60/40 Poz-mix	12.55	2510.00
1183	1600	lbs G&D	.21	336.00
1104	1000	lbs KOT-seal	.46	460.00
1102	500	lbs CACL2	.74	370.00
5407A	34	Bulk <u>Pauly</u> x 10.5 bbls	1.34	478.38
		<u>Subtotal</u>		<u>5184.38</u>
		SALES TAX		<u>249.91</u>
		ESTIMATED TOTAL		<u>5434.35</u>

Revin 3737

AUTHORIZATION [Signature] 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

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 # 255907

Invoice Date: 01/17/2013 Terms: 0/0/30,n/30

Page 1

PHILLIP OIL PROPERTIES INC.
1822 S. MEAD
WICHITA KS 67211
() -

PAULY #2 SWD
35452
10-30S-3E
01-08-13
KS

Copies to Troy

Pa 2

Part Number	Description	Qty	Unit Price	Total
1126A	<u>THICK SET CEMENT</u>	250.00	19.2000	4800.00
1110A	KOL SEAL (50# BAG)	1750.00	.4600	805.00
1123	CITY WATER	9500.00	.0165	156.75
4254	TYPE B BASKET SHOE 4 1/2	1.00	1035.0000	1035.00
4276	DV TOOL SIZE 4 1/2" (STA	1.00	2760.0000	2760.00
4103	CEMENT BASKET 4 1/2"	6.00	218.0000	1308.00
4129	CENTRALIZER 4 1/2"	6.00	42.0000	252.00
4311	4 1/2" WELD ON CASING CO	1.00	48.0000	48.00
4310	4 1/2 NIPPLE	1.00	87.5000	87.50

Description	Hours	Unit Price	Total
467 CEMENT PUMP	1.00	1030.00	1030.00
467 EQUIPMENT MILEAGE (ONE WAY)	34.00	4.00	136.00
491 TON MILEAGE DELIVERY	446.42	1.34	598.20
T-117 WATER TRANSPORT (CEMENT)	8.00	112.00	896.00
692 80 BBL VACUUM TRUCK (CEMENT)	8.00	90.00	720.00

POSTED
BY *CR* DATE 1/22/13

Parts: 11252.25 Freight: .00 Tax: 765.15 AR 15397.60
Labor: .00 Misc: .00 Total: 15397.60
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 35452
LOCATION 180
FOREMAN Larry Storm

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API-15-035-00225-00-01

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-8-13	6293	Paully #2 SWD	10	30S	2E	Cowley
CUSTOMER Phillips OPI Prop.						
MAILING ADDRESS 1852 S. Mead						
CITY Wichita		STATE KS	ZIP CODE 67211			

TRUCK #	DRIVER	TRUCK #	DRIVER
539	LARRY	451-117	Rayton
467	HOW TH		
491	JEREMY A		
692	IRADY		

JOB TYPE Prod B HOLE SIZE 7 7/8 HOLE DEPTH 3130 CASING SIZE & WEIGHT 4 1/2 11.6 lb
 CASING DEPTH 2339 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL 76.36 WATER gal/sk 7.0 CEMENT LEFT in CASING 4 ft.
 DISPLACEMENT 36.25 DISPLACEMENT PSI 925 MIX PSI 0 RATE 5.67 bbls

REMARKS: Mixed 250 sks Thick-set + 716 gal-seal - Displaced Plug with
Shale bbs to land plug at 1250 lbs - Released float held

Open DV Tool at 257 ft - NO show of Cement.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	34	MILEAGE	4.00	136.00
1126A	250	skts Thick-set	19.20	4800.00
1110A	1750	lbs Gal-seal	.46	805.00
5407A	34	Bulk DelRoey x 13.12 x	1.34	598.20
5502C	8	30VAC	90.00	720.00
5501C	8	TRANSPACT	112.00	896.00
1123	9 1/2	COPY WATER	16.50	156.75
4254	1	1 1/2 BASKET SHOES	1035.00	1035.00
4216	1	1 1/2 DV TOOL	2760.00	2760.00
4103	6	1 1/2 Cement BASKET	218.00	1308.00
4129	6	1 1/2 Cement BASKETS	42.00	252.00
4311	1	4 1/2 COLLAR	48.00	48.00
	1	1 1/2 x 12" nipple	87.50	87.50
		<u>Subtotal</u>		<u>14632.45</u>
		SALES TAX		<u>765.15</u>
		ESTIMATED TOTAL		<u>15397.60</u>

Ravin 3737

[Signature]

055901

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

REC'D JAN 21 2013

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 # 255923

Invoice Date: 01/17/2013 Terms: 0/0/30,n/30

Page 1

PHILLIP OIL PROPERTIES INC.
1822 S. MEAD
WICHITA KS 67211
() -

PAULY #2 SWD
38463
10-30S-3E
01-10-13
KS

*Pa 2
Get Copies To Troy*

Part Number	Description	Qty	Unit Price	Total
1102	<u>CALCIUM CHLORIDE (50#)</u>	60.00	.7400	44.40
1104S	<u>CLASS "A" CEMENT (SALE)</u>	20.00	14.9500	299.00

Description	Hours	Unit Price	Total
434 80 BBL VACUUM TRUCK (CEMENT)	4.00	90.00	360.00
446 CEMENT PUMP	1.00	1030.00	1030.00
446 EQUIPMENT MILEAGE (ONE WAY)	36.00	4.00	144.00
502 MIN. BULK DELIVERY	1.00	350.00	350.00

POSTED
BY *CR* DATE *1/22/13*

Parts:	343.40	Freight:		
Labor:	.00	Misc:	.00	Tax: 23.35 AR
Sublt:	.00	Supplies:	.00	Total: 2250.75
			.00	Change: .00

Signed _____

Date _____

