



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1132377
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: _____



1132377

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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Form	ACO1 - Well Completion
Operator	Phillips Oil Properties Inc.
Well Name	Collinson 21-3
Doc ID	1132377

All Electric Logs Run

Dual Induction
Dual Porosity
Micro-Resistivity
Compensated Sonic

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

April 09, 2013

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

Re: ACO1
API 15-035-24492-00-00
Collinson 21-3
SW/4 Sec.21-33S-04E
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

Date _____

Signed _____

Parts: 6932.00 Freight: .00 Tax: 471.37 AR 10301.95
 Labor: .00 Misc: .00 Total: 10301.95
 Sublt: .00 Supplies: .00 Change: .00

POSTED
 BY CR
 DATE 2/14/13

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	200.00	19.2000	3840.00
1110A	KOL SEAL (50# BAG)	1200.00	.4600	552.00
1144G	MUD FLUSH (SALE)	500.00	1.0500	525.00
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
4104	CEMENT BASKET 5 1/2"	3.00	276.0000	828.00
4136	TURBOLIZER 5 1/2"	4.00	72.0000	288.00
4130	CENTRALIZER 5 1/2"	2.00	58.0000	116.00
4310	5 1/2 X 18" SHOE JT	1.00	185.0000	185.00
603	CEMENT PUMP	1.00	1030.00	1030.00
603	EQUIPMENT MILEAGE (ONE WAY)	50.00	4.00	200.00
603	CASING FOOTAGE	1114.00	.22	245.08
681	TON MILEAGE DELIVERY	525.00	1.34	703.50
692	80 BBL VACUUM TRUCK (CEMENT)	8.00	90.00	720.00
Description		Hours	Unit Price	Total
Production Casings		200.00	19.2000	3840.00
		1200.00	.4600	552.00
		500.00	1.0500	525.00
		1.00	344.0000	344.00
		1.00	254.0000	254.00
		3.00	276.0000	828.00
		4.00	72.0000	288.00
		2.00	58.0000	116.00
		1.00	185.0000	185.00
Total				720.00

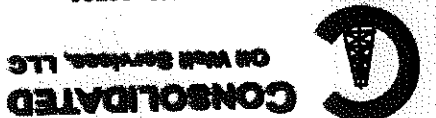
PHILLIP OIL PROPERTIES INC. 1822 S. MEAD WICHITA KS 67211
 COLLINSON 21-3 38484 21-33S-4E 02-02-13 KS
 Copy To Terry & Sean
 Co 21-3

INVOICE # 256625 Invoice Date: 02/11/2013 Terms: 0/0/30,n/30 Page 1

REMIT TO
 Consolidated Oil Well Services, LLC
 Dept. 970
 P.O. Box 4346
 Houston, TX 77210-4346



REC'D FEB 13 2013
 MAIN OFFICE
 P.O. Box 884
 Chanute, KS 66720
 620/431-9210 • 1-800/467-8676
 Fax 620/431-0012



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

ENTERED

TICKET NUMBER 38484
LOCATION 180
FOREMAN [Signature]

DATE 2-2-13
CUSTOMER # 6093
WELL NAME & NUMBER Collins 21-3
SECTION 21
TOWNSHIP 33 S
RANGE 4E
COUNTY Lincoln

CUSTOMER NAME Collins Oil Prod
MAILING ADDRESS 1808 S. Merano
Chanute, KS
STATE KS
ZIP CODE 67211

JOB TYPE Head B
HOLE SIZE 7 7/8
HOLE DEPTH 3616
CASING DEPTH 3615
DRILL PIPE 7.0
SLURRY WEIGHT 15.0
DISPLACEMENT 86.01
SLURRY VOL 603
WATER gal/sk 7.0
MIX PSI 0
RATE 6.72 bbls
CEMENT LEFT IN CASING 24 ft
OTHER
REMARKS: Logged up to 5 1/2 hrs - broke open bottom - pumped 3 bbls water + 500 lbs mud flush - 500 lbs cement - 500 lbs thick-set + 6 lbs col-sum - flushed from 2 hours - displaced plug with 86 bbls water - lowered plug at 1400 lbs - released front head

TRUCK #	DRIVER	TRUCK #	DRIVER
603	Mark	539	Mark
681	Mark	692	Mark
539	Mark	539	Mark

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	50	MIILEAGE	4.00	200.00
5402	114	FOURAGE	1.22	139.08
1126A	200	SKS Thick-set	19.20	3840.00
1108A	1300	lbs Col-sum	1.46	553.00
1144G	500	gals Mud Flush	1.05	525.00
5407A	50	Bulk Specialty x 10.5 tons x 80 lbs	1.34	703.50
5502	8	80 lbs	90.00	720.00
4159	1	5 1/2 lbs Mud Flush	344.00	344.00
4157	1	5 1/2 lbs Mud Flush	276.00	276.00
4154	3	5 1/2 lbs Mud Flush	238.00	714.00
4136	4	5 1/2 lbs Mud Flush	79.00	316.00
4130	2	5 1/2 lbs Mud Flush	58.00	116.00
4310	1	5 1/2 lbs Mud Flush	185.00	185.00
		SALES TAX	41.31	41.31
		ESTIMATED TOTAL		9830.58

AUTHORIZATION [Signature]
TITLE [Signature]
DATE [Signature]
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.