



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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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				

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> _____	PRODUCTION INTERVAL: _____ _____
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Customer TOTO ENERGY	Lease No.	Date 4-19-13
Lease WOOD	Well # 26-1	
Field Order # 6933	Station PRATT KS	Casing 13-3/8
		Depth 51'
Type Job CNW CONDUCTOR	Formation	County EDWARDS
		State KS
		Legal Description 26-26-16

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
13 3/8								
Depth 51'	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 4.5	Volume	From	To	Pad	Min		10 Min.	
Max Press 220	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection SWAP	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 31'	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager DAVE SCOTT	Treater Robert Sullivan
Service Units 33900 33708 20920 70959 19918		
Driver Names Sullivan TRITTA GIBSON		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
11:45 AM					on loc safety meeting
2:50					Drill Hole AND RUN ONE JT 13 3/8
3:05				2.5	4 CMT 75SK COM 3% CC 4/CF
3:30			16		cont m... 8+ DISC Play down
			4.5		1 CMT follow 4 BRU
					JOB Complete
					Thank you

Customer <i>TOTO-ENERGY</i>	Lease No.	Date <i>4-19-13</i>	
Lease <i>WOOD</i>	Well # <i>26-1</i>	Field Order # <i>6934</i>	Station <i>PRATT KS</i>
Casing <i>8 5/8</i>	Depth <i>434'</i>	County <i>EDWARDS</i>	State <i>KS</i>
Type Job <i>CNW 8 5/8 Surface</i>	Formation	Legal Description <i>26-26-16</i>	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size <i>8 5/8</i>	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth <i>434'</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <i>29</i>	Volume	From	To	Pad	Min		10 Min.
Max Press <i>300</i>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <i>411'</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Sullivan</i>
Service Units <i>37900 19889 19843 70959 19918</i>		
Driver Names <i>Sullivan Edmundo Phyllis</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1:00 AM</i>					<i>ON LOC SAFETY MADE</i>
					<i>RUN 10 STS 8 5/8 24 CSG.</i>
<i>2:50</i>					<i>CASING ON BOTTOM</i>
<i>3:00</i>					<i>HACK BY CIRC.</i>
<i>3:10</i>	<i>150</i>		<i>38</i>		<i>ST CNT 130 SK A-SEA LITE @ 13.3/PPG</i>
			<i>32</i>		<i>MIX TAIL CNT 150 SK COMMON 2% CC 1/2 CT</i>
					<i>CNT MIXED SHUT DOWN</i>
					<i>RELEASE PLUG</i>
					<i>ST DISJ</i>
<i>3:45</i>			<i>26</i>		<i>PLUG DOWN</i>
					<i>CIRC 12 BBL CNT PIT</i>
					<i>JOB COMPLETE</i>
					<i>HANK (signature)</i>

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

November 05, 2013

Terry Madden
Toto Energy, LLC
25815 OAK RIDGE DR
SPRING, TX 77380

Re: ACO1
API 15-047-21618-00-00
Wood 26-1
NW/4 Sec.26-26S-16W
Edwards 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,
Terry Madden

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



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Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

November 08, 2013

Terry Madden
Toto Energy, LLC
25815 OAK RIDGE DR
SPRING, TX 77380

Re: ACO-1
API 15-047-21618-00-00
Wood 26-1
NW/4 Sec.26-26S-16W
Edwards County, Kansas

Dear Terry Madden:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 4/18/2013 and the ACO-1 was received on November 05, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department