



KANSAS CORPORATION COMMISSION 1138252
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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
- 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
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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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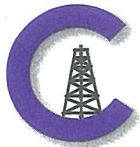
Form	ACO1 - Well Completion
Operator	Palomino Petroleum, Inc.
Well Name	M & M Popp 1
Doc ID	1138252

Tops

Name	Top	Datum
Anhy.	2024	(+ 607)
Base Anhy.	2053	(+ 578)
Heebner	3903	(-1272)
Lansing	3949	(-1319)
BKC	4258	(-1627)
Marmaton	4297	(-1666)
Pawnee	4396	(-1765)
Ft. Scott	4453	(-1822)
Cherokee Sh.	4479	(-1849)
Miss. Por.	4584	(-1953)
LTD	4657	(-2026)

RECEIVED

JAN 17 2013



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 # 255701

=====
Invoice Date: 01/15/2013 Terms: 10/10/30,n/30 Page 1

PALOMINO PETROLEUM, INC.
4924 SE 84TH STREET
NEWTON KS 67114-8827
() -

M&M POPP #1
39247
9-17-26
1-6-2013
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	160.00	17.6500	2824.00
1102	CALCIUM CHLORIDE (50#)	451.00	.8900	401.39
1118B	PREMIUM GEL / BENTONITE	300.00	.2500	75.00
1111	SODIUM CHLORIDE (GRANULA)	100.00	.0000	.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-330.04
9995-130	CEMENT EQUIPMENT DISCOUNT	-169.96

Description	Hours	Unit Price	Total
399 CEMENT PUMP (SURFACE)	1.00	1085.00	1085.00
399 EQUIPMENT MILEAGE (ONE WAY)	35.00	5.00	175.00
460 TON MILEAGE DELIVERY	1.00	439.60	439.60

Amount Due 5207.92 if paid after 02/14/2013

Parts:	3300.39	Freight:	.00	Tax:	187.14	AR	4687.13
Labor:	.00	Misc:	.00	Total:	4687.13		
Sublt:	-500.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39247
LOCATION Oakley, KS
FOREMAN Kelly Gabel

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-6-13	6285	M & M Popp #1	9	17	26	Ness
CUSTOMER Palomino Petro.		Utica West to Rd 3 - 5044 Winto	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			399	Damon M		
CITY			4160	Jordan L		
STATE						
ZIP CODE						

JOB TYPE Surface HOLE SIZE 13 1/4 HOLE DEPTH 225 CASING SIZE & WEIGHT 8 5/8 24#
CASING DEPTH 320' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 148 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
DISPLACEMENT 12 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, rigged up on Val #1, hooked up to a circulate, mixed 100 sks com 3% cc 3% age 1, displaced with 12 1/2 bbl water, washed out pumps & lines, rigged down.

CEMENT did circulate

Approx 9 bbl to pit

*Thank you
Kelly Gabel*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085.00	1085.00
5406	3.5 mi	MILEAGE	50.00	175.00
11045	160 SKS	Class A cement	17.65	2824.00
1102	451#	Calcium chloride	.89	401.39
1118B	300#	Bentonite	.25	75.00
5407A	7.52	Ton mileage delivery	167	439.60
1111	100#	salt		NC
				4999.99
		Less 10% disc		500.00
				4499.99
		SALES TAX		187.14
		ESTIMATED TOTAL		4687.13

Completed

Ravin 3737

9:30 AM

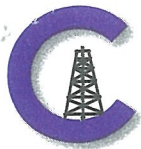
AUTHORIZATION Rick Smith

TITLE _____

DATE 1-6-13

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.

255701



CONSOLIDATED
Oil Well Services, LLC

RECEIVED

JAN 17 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 # 255795

=====
Invoice Date: 01/15/2013 Terms: 10/10/30,n/30 Page 1
=====

PALOMINO PETROLEUM, INC.
4924 SE 84TH STREET
NEWTON KS 67114-8827
() -

M&M POPP #1
39252
9-17-26
01-13-2013
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	290.00	15.1000	4379.00
1118B	PREMIUM GEL / BENTONITE	997.00	.2500	249.25
1107	FLO-SEAL (25#)	72.00	2.8200	203.04
1111	SODIUM CHLORIDE (GRANULA	100.00	.0000	.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-483.13
9995-130	CEMENT EQUIPMENT DISCOUNT	-222.91

Description	Hours	Unit Price	Total
463 P & A NEW WELL	1.00	1325.00	1325.00
463 EQUIPMENT MILEAGE (ONE WAY)	35.00	5.00	175.00
466 TON MILEAGE DELIVERY	1.00	729.05	729.05

Amount Due 7364.71 if paid after 02/14/2013

Parts:	4831.29	Freight:	.00	Tax:	273.93	AR	6628.23
Labor:	.00	Misc:	.00	Total:	6628.23		
Sublt:	-706.04	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 39252
LOCATION Oakley, KS
FOREMAN Kelly Gabe

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
1-13-13	6285	M+M Popp #1	@	17	26	Ness	
CUSTOMER		MAILING ADDRESS		TRUCK #	DRIVER	TRUCK #	DRIVER
Palomino Petro.		West Fordc 3 South Winto		463	Cory D		
CITY		STATE	ZIP CODE	466	Phil K		

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4660 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, rigged up on val drlg #1, mixed cement plugs & displaced.
50 SKS @ 2040
80 SKS @ 1020
40 SKS @ 600
50 SKS @ 240
20 SKS @ 60
30 BH 20 MH

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1325 ⁰⁰	1325 ⁰⁰
5406	35	MILEAGE	5 ⁰⁰	175 ⁰⁰
1131	290 SKS	60/40 Poz	15 ¹⁰	4379 ⁰⁰
118B	997#	Bentonite	0.25	249 ²⁵
1107	72#	E10-seal	283	203 ⁰⁹
5407	12.47	Tan mileage delivery	167	729 ⁰⁵
1111	100#	sglt		NC
				7060 ³⁴
				706 ⁰⁴
				6354 ³⁰
			SALES TAX	273.93
			ESTIMATED TOTAL	6628.23

Revin 3737
9:00 AM
AUTHORIZATION [Signature]

TITLE _____

DATE 1-13-13

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.

255795