



**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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

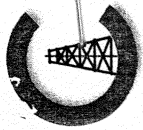
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**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 Date: 04/24/2013 Terms: 0/0/30, n/30 Invoice # 258242 Page 1

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

WEST MADDIX UNIT #9  
38594  
2-30-5E  
04-17-13  
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	160.00	14.9500	2392.00
1102	CALCIUM CHLORIDE (50#)	400.00	.7400	296.00
1118B	PREMIUM GEL / BENTONITE	350.00	.2100	73.50
1107	FLO-SEAL (25#)	75.00	2.3500	176.25
4432	8 5/8" WOODEN PLUG	1.00	.0000	.00

Description	Hours	Unit Price	Total
467 CEMENT PUMP (SURFACE)	1.00	825.00	825.00
467 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
502 MIN. BULK DELIVERY	1.00	350.00	350.00

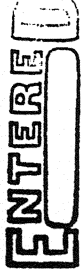
WELL ID/A/E # 17SD348  
CODE 830.130  
NDRR Approval  
APPROVAL

Parts: 2937.75 Freight: .00 Tax: 199.78 AR **4492.53**  
Labor: .00 Misc: .00 Total: 4492.53  
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 785/672-8822 OTTAWA, KS 785/242-4044  
THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



**CONSOLIDATED**  
Oil Well Services, LLC



TICKET NUMBER 38594  
LOCATION 180  
FOREMAN Jacob Storm

**FIELD TICKET & TREATMENT REPORT**

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

**CEMENT**

API 15-035-24501-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-17-13	881	west medix unit #9	2	30	5E	cowley
CUSTOMER	Sentry Mending					
MAILING ADDRESS	Future Petro					
PO BOX 540225	467 Ron					
CITY	STATE	TX	TRUCK #	DRIVER	TRUCK #	DRIVER
Houston	ZIP CODE	77254	502 Steve	Jacob		

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 231 CASING SIZE & WEIGHT 25 1/8  
CASING DEPTH 230 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT 14.5 lb SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 17 ft  
DISPLACEMENT 14.65 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 bpm

REMARKS: Sentry Mending Break circulation, mix 160 Stes class A 2 1/2 gal 3 1/2 cc 1/2 lb poly-flake, displaced with 13.5 bbl water and water plug circulating cement to surface. Shut in.  
Calculated 15 bbl Slurry to surface with full Return of 12 bbl dyed water

15/2

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	160	class A	14.95	2392.00
1102	400	calcium chloride	.74	296.00
1118 B	350	gel	.21	73.50
1107	75	poly-flake	2.35	176.25
4432	1	85/8 wooden plug	80.00	N/C
Total			Subtotal	4292.75
Tax 6.8%				199.18
Total			SALES TAX	4492.53
ESTIMATED TOTAL				

AUTHORIZATION: [Signature] TITLE: General Mgr  
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

20589

**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 # 258246

Invoice Date: 04/24/2013 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 #9  
38597  
2-33-5E  
04-22-13  
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	225.00	20.1600	4536.00
1110A	KOL SEAL (50# BAG)	1150.00	.4600	529.00
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
4104	CEMENT BASKET 5 1/2"	2.00	240.0000	480.00
4130	CENTRALIZER 5 1/2"	5.00	50.5000	252.50
4159	FLOAT SHOE AFU 5 1/2"	1.00	361.0000	361.00
4454	5 1/2" LATCH DOWN PLUG	1.00	266.7500	266.75

Description	Hours	Unit Price	Total
491 MIN. BULK DELIVERY	1.00	368.00	368.00
603 CEMENT PUMP	1.00	1085.00	1085.00
603 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
603 CASING FOOTAGE	1100.00	.23	253.00

WELL ID/AFE # 175D348

CODE 840.130

Chayle  
APPROVAL

Parts: 6975.25 Freight: .00 Tax: 474.32 AR  
 Labor: .00 Misc: .00 Total: 9344.57  
 Sublt: .00 Supplies: .00 Change: .00

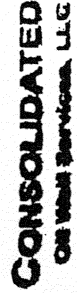
9344.57

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 785/672-8822 OTTAWA, KS 765/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650

ENTERED



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 38691  
LOCATION 180 EIPuredo  
FOREMAN Jacob Storm

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	RANGE	COUNTY
4-22-13	0811	West meddix unit #9	2	SE	cowley
CUSTOMER			TRUCK #	TRUCK #	DRIVER
Flare Petro			603		Jeff
MAILING ADDRESS			491		Steve
PO Box 54225			802		Jacob
CITY	STATE	ZIP CODE			
Houston	TX	77254			

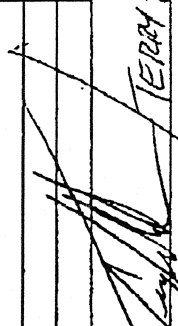
API 15-035-24501-00-00  
TOWNSHIP  
CACING SIZE & WEIGHT 5 1/2 15.5 16  
OTHER

JOB TYPE Long string B HOLE SIZE 7 7/8 HOLE DEPTH 3600  
CACING DEPTH 3587 DRILL PIPE  
SLURRY WEIGHT 15.16 WATER gal/sk  
DISPLACEMENT 84.37 DISPLACEMENT PSI 1100 MIX PSI 300

REMARKS: Safety meeting centerlines on 2, 2, 20, 30, 45 Baskets on  
14, 38 calculate pipe for 45 min pump Ebbel water 500 gal  
DV 1100 (med flush) 5 bbl water, mix, 800 sks thickset 54 gal  
displace 8 bbl landing plug at 1300 psi check float & set  
held, plug Bat hole with 25 sks thickset 51 gal seal

CEMENT LEFT IN CASING 42 ft shoe joint  
RATE 6.4 bpm

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	45	MILEAGE	4.20	189.00
5407	1	min bulk delivery	368.00	368.00
5402	1100	footage	.23	253.00
1126 A	225	Thick set	20.16	4536.00
1110 A	1150	Kal-seal	.46	529.00
1144 G	500	DV 1100 (med flush)	1.10	550.00
4104	3	5 1/2 Basket	240.00	480.00
4130	3	5 1/2 cementizer	50.50	252.50
4159	1	5 1/2 AFlu Float shoe	361.00	361.00
4454	1	5 1/2 Latchdown plug	266.75	266.75
		Subtotal		8810.00

AUTHORIZATION  TITLE TERRY L. MADDEN

SALES TAX ESTIMATED TOTAL 414.30  
9344.60

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

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

September 18, 2013

Chris Haefele  
Taos Resources Operating Company LLC  
1455 W LOOP S  
PO BOX 540225  
HOUSTON, TX 77254-0225

Re: ACO1  
API 15-035-24501-00-00  
West Maddix Unit 9  
SW/4 Sec.02-33S-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

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

September 30, 2013

Chris Haefele  
Taos Resources Operating Company LLC  
1455 W LOOP S  
PO BOX 540225  
HOUSTON, TX 77254-0225

Re: ACO-1  
API 15-035-24501-00-00  
West Maddix Unit 9  
SW/4 Sec.02-33S-05E  
Cowley County, Kansas

Dear Chris Haefele:

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 4/16/2013 and the ACO-1 was received on September 19, 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