



KANSAS CORPORATION COMMISSION 1159419
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 Date Reached TD Completion Date or
Recompletion Date 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: _____



1159419

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
Well: Mosher B-54
Lease Owner: Blue Diamond Holdings

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
8/23/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
12	soil/clay	12
24	lime	36
7	shale	43
9	lime	52
6	shale	58
22	lime	80
22	shale	102
20	lime	122
16	sandy shale and sand	138
69	shale	207
2	lime	229
27	shale	256
7	lime	263
39	shale	302
1	lime	303
14	shale	317
8	lime	325
3	shale	328
15	lime	343
8	shale	351
22	lime	373
4	shale	377
7	lime	384
2	shale	386
5	lime	391
30	shale	421
6	sand	427
5	sandy shale	432
68	shale	500
11	sand	511
4	sandy shale	515
19	shale	534
4	lime	538
4	shale	542
21	lime	563
6	lime	569
29	shale	598
8	lime	606
15	shale	621
3	lime	624

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 14xh$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times D$

R - $RPM \times D$ over $SPM \times D$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. Mosher B-54

Farm Mosher

KS Miami
(State) (County)

1 16 21
(Section) (Township) (Range)

For Blue Diamond Holden
(Well Owner)

lined

Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
12	soil / clay	12	
24	Lime	36	
7	shale	43	
9	Lime	52	
6	shale	58	
22	Lime	80	
22	shale	102	
20	Lime	122	
16	sandy shale / sand	138	
69	shale	207	
22	Lime	229	
27	shale	256	
7	Lime	263	
39	shale	302	red bed - 269
1	Lime	303	
14	shale	317	
8	Lime	325	
3	shale	328	
15	Lime	343	
8	shale	351	
22	Lime	373	
4	shale	377	
7	Lime	384	
2	shale	386	
5	Lime	391	Hardly
30	shale	421	
6	sand	427	no oil

427

Thickness of Strata	Formation	Total Depth	Remarks
5	sandy shale	432	
68	shale	500	
11	sand	511	no oil
4	sandy shale	515	
19	shale	534	
4	sand	538	no oil
4	sandy shale	542	
21	shale	563	
6	lime	569	
29	shale	598	
8	lime	606	
15	shale	621	
3	lime	624	
20	shale	644	
2	lime	646	
18	shale	664	
2	lime	666	
8	shale	674	
2	lime	676	
1	sand	677	no oil
5	sandy shale	682	
1	sand	683	odor, 75% oil, ok bleeding
16	core	699	misc-8
6	sandy shale	705	
55	shale	760	



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 # 261730

Invoice Date: 08/28/2013 Terms: 0/0/30,n/30

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BLUE DIAMOND HOLDINGS, LLC
P.O. BOX 128
WELLSVILLE KS 66092
() -

MOSHER B-54
42414
NW 1-16-21
08-26-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	93.00	11.5000	1069.50
1118B	PREMIUM GEL / BENTONITE	256.00	.2200	56.32
1111	SODIUM CHLORIDE (GRANULA	180.00	.3900	70.20
1110A	KOL SEAL (50# BAG)	465.00	.4600	213.90
1401	HE 100 POLYMER	.50	47.2500	23.63
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1085.00	1085.00
368 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.20	84.00
368 CASING FOOTAGE	740.60	.00	.00
503 MIN. BULK DELIVERY	1.00	368.00	368.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

Parts: 1463.05 Freight: .00 Tax: 108.26 AR 3288.31
 Labor: .00 Misc: .00 Total: 3288.31
 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



261730

TICKET NUMBER 42414
 LOCATION Ottawa
 FOREMAN Alan Mader

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
8-26-13	1133	Masher B-54	NW1	16	21	Mi
CUSTOMER Blue Diamond Holdings			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			516	Ala Mad		
CITY STATE ZIP CODE Wellsville KS 66092			368	Ala Mad		
			675	Kei Det		
			523	Dan Det		

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 767 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 742.6 DRILL PIPE _____ TUBING _____ OTHER 709.85 675
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4.1 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Hooked to casing. Established rate. Mixed & pumped 1/2 gal polymer to condition hole. Mixed & pumped 100# gel followed by 93 sk 50/50 cement plus 5% salt, 5# kolseal, 2% gel per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

TOS, Chad

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1092.00 ✓
5406	20	MILEAGE	368	8400 ✓
5402	742.6	casing footage	368	272276.8 ✓
5407	min	ton miles	523	368 ✓
5502c	2	80 vac	675	1800 ✓
1124	93	50/50 cement		1069.50 ✓
1118B	256#	gel		56.32 ✓
1111	180#	salt		70.20 ✓
1110A	465#	kolseal		213.90 ✓
1401	1/2 gal	polymer		23.63 ✓
4402	1	2 1/2 plug		27.02 ✓
SALES TAX				108.26 ✓
ESTIMATED TOTAL				3288.31 ✓

Ravin 3737

NO company rep
 Jim DK'd

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 my office, and conditions of service on the back of this form are in effect for services identified on this form.