



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1158959
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: _____



1158959

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, L.L.C.

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-9676

ENTERED

TICKET NUMBER 42877 ✓

LOCATION 180 Eldorado

FOREMAN Jacob Storm

FIELD TICKET & TREATMENT REPORT

CEMENT

Api 15-035-245R-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-4-13	2871	West Maddix unit 10	10	33S	5E	Butler
CUSTOMER <u>Future Petro</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>1455 W Loops PO Box 540225</u>			<u>603 Jeff</u>			
CITY STATE ZIP CODE <u>Houston TX 77254</u>			<u>491 Jeremy M</u>			
			<u>692 Jeremy A</u>			
			<u>702 Jacob</u>			

JOB TYPE Logging 3 HOLE SIZE 7 7/8 HOLE DEPTH 3600 CASING SIZE & WEIGHT 5 1/2 15.5 lb
 CASING DEPTH 3592 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 lb SLURRY VOL 67.38 WATER gal/sk 7 CEMENT LEFT in CASING 42 lb shoe joint
 DISPLACEMENT 84.49 DISPLACEMENT PSI 1125 MIX PSI 300 RATE 6.8 bpm

REMARKS: safety meeting, Run casing place, centralizer on joints 1, 6, 11, 15, 20, 30, Baskets on 7, 12, Latch down baffle in first collar, Tag bottom pick up 1 ft circulate for 30 min, pump 5 bbl fresh water, 50 gal Dr 1100, 5 bbl water, mix 200 sks thickset 8% kol-seal displaced with 84.49 bbl add latch down plug landing plug at 1250 psi check float, float held,

Plug Rat hole with 25 sks. thickset 8% kol-seal, curing cement to surface.

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
5502 c	7	80 var	90.00	630.00
1136 A	225	thickset	20.16	4536.00
1110 A	1800	Kol-Seal	.46	828.00
1144 G	500	Dr 1100 (med flush)	1.10	550.00
4104	2	5 1/2 Basket	240.00	480.00
4130	6	5 1/2 centrizer	50.50	303.00
4159	1	5 1/2 AFU Flout shoe	361.00	361.00
4454	1	5 1/2 Latch down plug	266.75	266.75
5402	1500	Loatage	.23	345.00
1142A	2	KCl	38.33	N/C
1140 A	2	Biocide	30.00	N/C
			Subtotal	9941.75
			TAX 6.4%	468.71
			Total	10410.52
			SALES TAX	
			ESTIMATED	
			TOTAL	

Rev'n 0737

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 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
JUL 20 2013
BY: _____

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 • 1-800/487-8676
Fax 620/431-0012

INVOICE

Invoice # 260367

Invoice Date: 07/11/2013 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 10
42877
10-338-5E
07-04-13
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	225.00	20.1600	4536.00
1110A	KOL SEAL (50# BAG)	1800.00	.4600	828.00
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"	6.00	50.5000	303.00
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
1142A	KCL SUB MB6875 CC3107 (1	2.00	.0000	.00
1140A	BIOCIDE (AMA-35-D-P) (DR	2.00	.0000	.00

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	1500.00	.23	345.00
692 80 BBL VACUUM TRUCK (CEMENT)	7.00	90.00	630.00

WELL ID/AFE # 1750371
 CODE 840.130
 (NOR R) Elly
 APPROVAL

Parts: 7324.75 Freight: .00 Tax: 468.77 AR **10410.52**
 Labor: .00 Misc: .00 Total: 10410.52
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 318/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-6622 OTTAWA, KS 786/242-4044 THAYER, KS 620/839-5289 GILLETTE, WY 307/686-4914 CUSHING, OK 918/226-2690



CONSOLIDATED
Well Services, LLC

ENTERED

TICKET NUMBER 42875

LOCATION 180

FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-457-9876

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-035-24512-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
<u>6-29-13</u>	<u>2871</u>	<u>West madrix unit 10</u>	<u>10</u>	<u>33S</u>	<u>SE</u>	<u>Cowley</u>
CUSTOMER <u>Future Petro</u>			JS			
MAILING ADDRESS <u>1455w loops Pobox 540225</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Houston</u>			<u>446</u>	<u>Josh</u>		
STATE <u>TX</u>			<u>681</u>	<u>Mark</u>		
ZIP CODE <u>77254</u>			<u>702</u>	<u>Jacob</u>		

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 223 CASING SIZE & WEIGHT 8 5/8 23 1/2
 CASING DEPTH 222 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.16 BLURRY VOL 39.35 WATER gal/stk _____ CEMENT LEFT in CASING 16 ft
 DISPLACEMENT 13.87 DISPLACEMENT PSI 300 MIX PSI 100 RATE 5 bpm

REMARKS: Safety meeting Break circulation mix 165 lbs class A
2 1/2 gal 3 1/2 cc 1/2 lb poly, displace with 13 bbl and wooden plug
circulating cement to surface shut in Job complete.

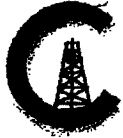
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>5401S</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>870.00</u>	<u>870.00</u>
<u>5406</u>	<u>45</u>	<u>MILEAGE</u>	<u>4.20</u>	<u>189.00</u>
<u>5407</u>	<u>1</u>	<u>min bulk delivery</u>	<u>368.00</u>	<u>368.00</u>
<u>1109S</u>	<u>165</u>	<u>Class A</u>	<u>15.70</u>	<u>2590.50</u>
<u>1102</u>	<u>430</u>	<u>calcium chloride</u>	<u>.28</u>	<u>374.40</u>
<u>1118B</u>	<u>350</u>	<u>gel</u>	<u>.22</u>	<u>77.00</u>
<u>1107</u>	<u>75</u>	<u>poly-Flake</u>	<u>2.47</u>	<u>185.25</u>
<u>4432</u>	<u>1</u>	<u>8 5/8 wooden plug</u>	<u>84.00</u>	<u>84.00</u>
			<u>Subtotal</u>	<u>4738.15</u>
		<u>Tax 6.3%</u>		
		<u>260170</u>	SALES TAX	<u>285.16</u>
			ESTIMATED	<u>4963.31</u>
			TOTAL	
			DATE	<u>8/29/2013</u>

Form 3737

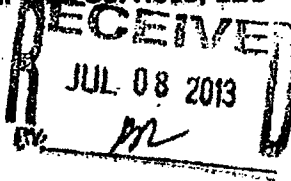
AUTHORIZATION _____

TITLE TADS REP.

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

REMITTO
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 • 1-800/467-8678
Fax 620/431-0012

INVOICE

Invoice # 260172

Invoice Date: 06/30/2013 Terms: 0/0/30,n/30

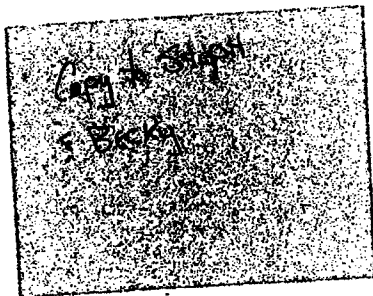
Page 1

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

WEST MADDIX UNIT 10
42875
10-338-5E
06-29-13
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	165.00	15.7000	2590.50
1102	CALCIUM CHLORIDE (50#)	480.00	.7800	374.40
1118B	PREMIUM GEL / BENTONITE	350.00	.2200	77.00
1107	FLO-SEAL (25#)	75.00	2.4700	185.25
4432	8 5/8" WOODEN PLUG	1.00	84.0000	84.00

Description	Hours	Unit Price	Total
446 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
446 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
681 MIN. BULK DELIVERY	1.00	368.00	368.00



WELL ID/AFE # 1752371
 CODE 830.130
 DR R Shayla
 APPROVAL

Parts:	3311.15	Freight:	.00	Tax:	225.16	AR	4963.31
Labor:	.00	Misc:	.00	Total:	4963.31		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 318/322-7022 EUREKA, KS 620/883-7664 PONCA CITY, OK 890/782-2303 OAKLEY, KS 786/672-8822 OTTAWA, KS 786/242-4044 THAYER, KS 620/819-6269 GALLATIE, WY 307/686-4914 CUSHING, OK 918/225-2860

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

October 11, 2013

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

Re: ACO1
API 15-035-24512-00-00
West Maddix Unit 10
SE/4 Sec.10-33S-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