



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1159331
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
-----------------------------------	-----------------	---

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: _____



1159331

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 <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 List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

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 29, 2013

Jay Schweikert
Lario Oil & Gas Company
301 S MARKET ST
WICHITA, KS 67202-3805

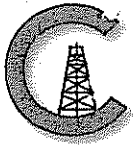
Re: ACO1
API 15-171-20551-00-01
Feiertag A 6-15 RE
SW/4 Sec.15-19S-33W
Scott County, Kansas

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,
Jay Schweikert



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 # 262538

Invoice Date: 09/23/2013 Terms: 15/15/30,n/30 Page 1

LARIO OIL & GAS
P.O. BOX 1093
GARDEN CITY KS 637846
(316)265-5611

FEIERTAG A 6-15 RE
40035
15-19S-33W
09-20-2013
KS

*long string
Drilling
AFE-13-266
CK 9/25/13*

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	185.00	23.7000	4384.50
1131	60/40 POZ MIX	625.00	15.8600	9912.50
1110A	KOL SEAL (50# BAG)	925.00	.5600	518.00
1107	FLO-SEAL (25#)	156.00	2.9700	463.32
1118B	PREMIUM GEL / BENTONITE	4300.00	.2700	1161.00
1144G	MUD FLUSH (SALE)	500.00	1.0000	500.00
4104	CEMENT BASKET 5 1/2"	1.00	290.0000	290.00
4130	CENTRALIZER 5 1/2"	11.00	61.0000	671.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	433.7500	433.75
4277A	DV TOOL-WEATHERFORD 5 1/2"	1.00	4800.0000	4800.00
4454	5 1/2" LATCH DOWN PLUG	1.00	567.0000	567.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-3555.16
9995-130	CEMENT EQUIPMENT DISCOUNT	-881.25

Description	Hours	Unit Price	Total
399 SINGLE PUMP	1.00	3175.00	3175.00
399 EQUIPMENT MILEAGE (ONE WAY)	40.00	5.25	210.00
460 TON MILEAGE DELIVERY	1.00	1245.00	1245.00
T-127 TON MILEAGE DELIVERY	1.00	1245.00	1245.00

al
jc
SEP 27 2013
jc

Amount Due 31507.72 if paid after 10/23/2013

Parts:	23701.07	Freight:	.00	Tax:	1641.90	AR	26781.56
Labor:	.00	Misc:	.00	Total:	26781.56		
Sublt:	-4436.41	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

262538

TICKET NUMBER 40035
LOCATION Oakley KS
FOREMAN Miles Shaw

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

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
9-20-13	4793	Feiertag A #675 RE	15	195	33W	Scott	
CUSTOMER		Mailing Address		TRUCK #	DRIVER	TRUCK #	DRIVER
Lario Oil & Gas		Scott City 5 South 3 West Rt 90 & I		399	Damen M		
CITY		STATE		ZIP CODE			
				460	Jeremy S		
				528767	Earl R		

JOB TYPE 2 Stage HOLE SIZE 7 7/8" HOLE DEPTH 4750' CASING SIZE & WEIGHT 5 1/2" 15.5 #
CASING DEPTH 4812.03 DRILL PIPE _____ TUBING _____ OTHER W @ 2793'
SLURRY WEIGHT 13.8/12.5 SLURRY VOL 1.42/1.89 WATER gal/sk _____ CEMENT LEFT in CASING 2110'
DISPLACEMENT 115 1/2/67 1/2 DISPLACEMENT PS 800/800 : PSI 1300/1750 RATE _____

REMARKS: Safety meeting and rig up on Val drilling rig #7 float equipment
Centralizers on joints # 1, 4, 7, 10, 13, 16, 19, 22, 25, 48, 50 Baskets on bottom # 49
Dudart top 49 @ 2793'. Run casing to bottom Circulate casing 1 1/2 hrs. Pump
5 bbls water mud flush 5 bbls water mix 105 OWC 5# Val seal down casing shut down
Cleared pump + lines released plug pump 5 bbls water 105% bbls mud with 800 psi lift
Plug landed & held @ 1300 psi 115 1/2 bbls total Drove Dudart operation @ 800 psi Circulate casing
3 1/2 hrs. Pump 5 bbls water mix 575 545 60/40 per 8 1/2 gal 4# released down casing
displaced 67 1/2 bbls water with 900 psi Plug land and shut tool @ 1750 psi
mir 30545 RH 20545 MH Cement d.v circulate 7 bbls top it
Thanks Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 C	1	PUMP CHARGE	3175.00	3175.00
5406	40	MILEAGE	210.00	210.00
5407A	35.57 tons	Ton Mileage delivery	1.75	2490.00
1126	185 545	OWC	23.70	4384.50
1131	625 545	60/40 lite	15.86	9912.50
1110A	925 #	Val seal	1.56	518.00
1107	156 #	Fluorad	2.97	463.32
1110B	4300 #	Bentonite gel	1.27	1161.00
11446	500 gal	mud flush	1.00	500.00
4104	1	5 1/2" Cement Basket	290.00	290.00
4132	11	5 1/2" Centralizers	61.00	671.00
4159	1	5 1/2" AFU Float shoe	433.75	433.75
4277A	1	5 1/2" DV Tool	4800.00	4800.00
4454	1	5 1/2" Latchdown plug	567.00	567.00
		Subtotal		29576.02
		less 15% disc count		4436.41
		Subtotal		25139.66
		SALES TAX 8.15%		1641.90
		ESTIMATED TOTAL		26781.56

Completed

Ravin 3737

AUTHORIZATION Jim Dullagay TITLE _____ DATE 9-20-13

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.