



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1169786
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: _____



1169786

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, 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

RECEIVED
SEP 30 2013

INVOICE

Invoice # 262709

Invoice Date: 09/27/2013 Terms: 0/0/30,n/30

Page 1

TAOS RESOURCES OPERATING, LLC
1455 WEST LOOP SOUTH, ST. 600
HOUSTON TX 77254
(713) 993-0774

LONG #1
43609
36-31-4E
09-25-2013
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	240.00	15.7000	3768.00
1102	CALCIUM CHLORIDE (50#)	400.00	.7800	312.00
1118B	PREMIUM GEL / BENTONITE	750.00	.2200	165.00
1110A	KOL SEAL (50# BAG)	1200.00	.4600	552.00
1144G	MUD FLUSH (SALE)	500.00	.0000	.00
4104	CEMENT BASKET 5 1/2"	2.00	240.0000	480.00
4130	CENTRALIZER 5 1/2"	6.00	61.0000	366.00
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

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
692 80 BBL VACUUM TRUCK (CEMENT)	6.00	90.00	540.00

WELL ID/AFE # 175D374
 CODE 840.170
 APPROVAL [Signature]

Parts: 6270.75 Freight: .00 Tax: 401.32 AR **9107.07**
 Labor: .00 Misc: .00 Total: 9107.07
 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

3 Box 884, Chanute, KS 66720
80-431-9210 or 800-467-8676

262709

TICKET NUMBER 43609

LOCATION 180

FOREMAN Jacob Storm

FIELD TICKET & TREATMENT REPORT

CEMENT

AP: 15-025-24527-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-28-13	2871	Long #1	36	31	4E	rocker

CUSTOMER Taos Resources
MAILING ADDRESS
Po Box 540225
CITY Houston STATE TX ZIP CODE 77254

JA
Jan
TB

TRUCK #	DRIVER	TRUCK #	DRIVER
603	Jeremy A		
491	Jeremy M		
692	Tracy		
202	Jacob		

OB TYPE LongStringB HOLE SIZE 7 7/8 HOLE DEPTH 3530 CASING SIZE & WEIGHT 5 1/2 15.5
CASING DEPTH 3527 DRILL PIPE _____ TUBING _____ OTHER _____
CARRY WEIGHT 14.5 SLURRY VOL 98.3 WATER gal/sk 5.6 CEMENT LEFT in CASING 42 ft Slur
DISPLACEMENT 82.94 DISPLACEMENT PSI 600 MIX PSI 300 RATE 0.3 gpm

REMARKS: safty meeting, Break circulation circulate for 30 min, pump shift water 500 gal of 1100 S bbl water mix 240 sks class A 3/4 gel 2/4 cc 5/4 kol seal, displaced with 82.94 bbl landing plug at 1000 psi check float lost hold, plug back hole with 35 sks class A.

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	Fracture	.23	253.00 ✓
5502c	6	80 vac	90.00	540.00 ✓
1104c	240	class A	15.7	3768.00 ✓
1102	400	calcium chloride	.78	312.00 ✓
112B	750	gel	.22	165.00 ✓
110A	1200	kol seal	.46	552.00 ✓
11445	500	Dv 1100 Cmd & flush	1.10	N/A ✓
11445	500	5/4 centerizer	240.00	240.00 ✓
4104	2	5/2 centerizer Baskets	240.00	480.00 ✓
4130	6	5/4 centerizer	61.00	366.00 ✓
4159	1	5/2 AFU shoe	361.00	361.00 ✓
4454	1	5/2 latch down plug	266.75	266.75 ✓
		Subtotal		8705.75
		SALES TAX		401.32 ✓
		ESTIMATED TOTAL		9107.07 ✓

completed

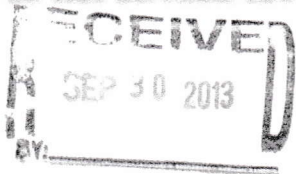
AUTHORIZATION Stephen Ball (TAOS)

TITLE _____ DATE 9-25-2013

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



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 # 262555

Invoice Date: 09/25/2013 Terms: 0/0/30,n/30

Page 1

TAOS RESOURCES OPERATING, LLC
1455 WEST LOOP SOUTH, ST. 600
HOUSTON TX 77254
(713)993-0774

LONG #1
43630
36-31-4
09-20-13
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	175.00	15.7000	2747.50
1102	CALCIUM CHLORIDE (50#)	420.00	.7800	327.60
1118B	PREMIUM GEL / BENTONITE	350.00	.2200	77.00
1107	FLO-SEAL (25#)	75.00	2.4700	185.25
502	TON MILEAGE DELIVERY	.00	1.41	507.60
603	CEMENT PUMP (SURFACE)	.00	870.00	870.00
603	EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	189.00

*Copy: SIAN
to Steph / Jim*

WELL ID/AFE # 17SD394
 CODE 030130
 NOR Get approval
 APPROVAL

Parts:	3337.35	Freight:	.00	Tax:	213.60	AR	5117.55
Labor:	.00	Misc:	.00	Total:	5117.55		
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



ENTERED

TICKET NUMBER 43630
LOCATION 180
FOREMAN Jeff Shell

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

API: 15-035-24527-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/20/13	2971	Long #1	36	31	4	Cowley

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
1905 Resources	603	J. Austin		
	502	Z. Ashlock		
	421	J. Shell		

MAILING ADDRESS	CITY	STATE	ZIP CODE
1455 West Loop South Ste 600	Houston	TX	77027

JOB TYPE Surface HOLE SIZE _____ HOLE DEPTH 319 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 27203 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL 42.38 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 16.0 DISPLACEMENT PSI 150 MIX PSI _____ RATE _____

REMARKS: Safety Meeting brake circ. Pumped 175 SKS C19.55 A cement 3% calcium 2% gel 1/2 lb Polyflake displaced with 16 bbls freshwater

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00 ✓
5406	4.5	MILEAGE	4.20	189.00 ✓
5407A	8 ton	Ton Mileage delivery	1.41	507.60 ✓
11045	175 SKS	C19.55 A cement	15.70	2747.50 ✓
1102	420 lbs	calcium chloride	.78	327.60 ✓
11180	350 lbs	Gel	.22	77.00 ✓
1107	75 lbs	Polyflake	2.47	185.25 ✓
			Subtotal	4903.95 ✓
			SALES TAX	212.60 ✓
			ESTIMATED TOTAL	5116.55 ✓

AUTHORIZATION Stephen Ball TITLE Rig Supervisor DATE 9-20-2013

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

November 26, 2013

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

Re: ACO1
API 15-035-24527-00-00
LONG 1
SW/4 Sec.36-31S-04E
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