



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1169834
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: _____



1169834

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
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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
<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: _____ _____
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Form	ACO1 - Well Completion
Operator	Taos Resources Operating Company LLC
Well Name	West Maddix Unit 13
Doc ID	1169834

All Electric Logs Run

Triple Combo
Sonic
CBL
Micro



CONSOLIDATED
Oil Well Services, LLC

RECEIVED
SEP 26 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 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 262477

Invoice Date: 09/23/2013 Terms: 0/0/30,n/30

Page 1

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

WEST MADDIX UNIT #13
43893
10-33-5E
09-13-13
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	150.00	15.7000	2355.00
1102	CALCIUM CHLORIDE (50#)	400.00	.7800	312.00
1118B	PREMIUM GEL / BENTONITE	300.00	.2200	66.00
1107	FLO-SEAL (25#)	75.00	2.4700	185.25
4432	8 5/8" WOODEN PLUG	1.00	84.0000	84.00
	<i>Surface</i>			
	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
502	MIN. BULK DELIVERY	1.00	368.00	368.00

WELL ID/AFE # 1750390
 CODE 830.130
 APPROVAL [Signature]

Parts:	3002.25	Freight:	.00	Tax:	192.15	AR	4621.40
Labor:	.00	Misc:	.00	Total:	4621.40		
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

ENTERED

TICKET NUMBER 43893

LOCATION 180 Eldorado

FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Api-15-035-24523-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-13-13	2871	West Maddix unit #13	10	33	SE	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
TaoS Resources			446	Josh		
MAILING ADDRESS			502	Zvic		
1450 w hoops PO Box 540225			702	Jacob		
CITY	STATE	ZIP CODE				
Houston	TX	77254				

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 225 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 223.61 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL 36.31 bbl WATER gal/sk 5.8 CEMENT LEFT in CASING 16 ct
 DISPLACEMENT 13.93 DISPLACEMENT PSI 400 MIX PSI 200 RATE 6 bpm
 REMARKS: Safety meeting, Break circulation ~~in~~ pump 10 bbl die water
mix 150 sks class A 2 1/2 gal 3 1/2 cc 1/2 lb poly-flake per sks
displaced with 13 bbl and wooden plug circulating cement to
surface shut in.
16 bbl slurry to surface - good cement

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	870.00	870.00 ✓
5406	45	MILEAGE	4.20	189.00 ✓
5407	1	min bulk delivery	368.00	368.00 ✓
1104 S	150	class A	19.70	2355.00 ✓
1102	400	calcium chloride	.78	312.00 ✓
1118 B	300	gel	.22	66.00 ✓
1107	75	poly-flake	2.47	185.25 ✓
44.32	1	8 5/8 wooden plug	84.00	84.00 ✓
			Subtotal	4429.25
			SALES TAX	192.15 ✓
			ESTIMATED TOTAL	4621.40 ✓
			DATE	9/13/2013

Ravin 3737

AUTHORIZATION TITLE

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

RECEIVED
SEP 26 2013

20585

INVOICE

Invoice # 262487

Invoice Date: 09/23/2013 Terms: 0/0/30,n/30

Page 1

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

WEST MADDIX UNIT #13
43895
10-33-5
09-16-13
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	240.00	15.7000	3768.00
1118B	PREMIUM GEL / BENTONITE	750.00	.2200	165.00
1102	CALCIUM CHLORIDE (50#)	400.00	.7800	312.00
1110A	KOL SEAL (50# BAG)	1200.00	.4600	552.00
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
4104	CEMENT BASKET 5 1/2"	2.00	290.0000	580.00
4130	CENTRALIZER 5 1/2"	2.00	50.5000	101.00
4136	TURBOLIZER 5 1/2"	8.00	75.7500	606.00
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
4310	5 1/2 BELL NIPPLE	3.00	90.0000	270.00
4312	5 1/2" WELD ON CASING CO	1.00	90.0000	90.00

Description	Hours	Unit Price	Total
434 80 BBL VACUUM TRUCK (CEMENT)	4.00	90.00	360.00
446 CEMENT PUMP	1.00	1085.00	1085.00
446 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
446 CASING FOOTAGE	1150.00	.23	264.50
681 MIN. BULK DELIVERY	1.00	368.00	368.00

WELL ID/AFE # 1750390
 CODE 840.130
 OR R [Signature]
 APPROVAL

Parts: 7621.75 Freight: .00 Tax: 487.78 AR **10376.03**
 Labor: .00 Misc: .00 Total: 10376.03
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43895
LOCATION 180
FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-367-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

Ap: 15-035-24523-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-16-13	2871	west maddix unit #13	10	33	S	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Tas Resources			446	Josh		
MAILING ADDRESS			681	Jeremy		
1455 w Loops BBox 540225			434	Teril		
CITY	STATE	ZIP CODE	702	Jacob		
Houston	TX	77294				

JOB TYPE Long string B HOLE SIZE 7 7/8 HOLE DEPTH 3650 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 3649 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL 56.25 bbl WATER gal/sk 7 CEMENT LEFT in CASING 20 ft shoe joint
 DISPLACEMENT 86.87 DISPLACEMENT PSI 750 MIX PSI 300 RATE 6.8 bpm

REMARKS: Safety meeting, Run pipe turbo centralizers on 1, 3, 5, 7, 9, 11, 13, 15, Baskets on 10, 19, centralizers on 20, 25, circulated hole for 1hr with mud, pump 500 gal dullp (mud flush) mix 205 sks class A 3 1/2 gel 2 rcc 5 1/2 kol-seal, displaced with 86.87 bbl landing plug at 1000 psi, check float float held plug Batching with 35 sks class A Job complete.

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	1150	footage	.20	230.00 ✓
5502c	4	80 vac	90.00	360.00 ✓
1104s	240	class A	15.70	3768.00 ✓
1118B	750	gel	.22	165.00 ✓
1102	400	calcium chloride	1.78	712.00 ✓
110A	1200	kol-seal	.46	552.00 ✓
11446	500	Dv 1100	1.10	550.00 ✓
4104	2	5 1/2 weatherford Baskets	290.00	580.00 ✓
4130	2	5 1/2 centrizer	50.50	101.00 ✓
4136	8	5 1/2 turbo centralizer	75.75	606.00 ✓
4159	1	5 1/2 AFu shoe	361.00	361.00 ✓
4454	1	5 1/2 latch down plug	266.75	266.75 ✓
4310	3	5 1/2 Bell nipple	90.00	270.00 ✓
4312	1	5 1/2 veld collar	90.00	90.00 ✓
				9888.25 ✓
			SALES TAX	487.18 ✓
			ESTIMATED TOTAL	10376.03 ✓

Ravin 3737

AUTHORIZATION

[Signature]

TITLE

P.B.

DATE

262487

9/14/13

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.

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 22, 2013

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

Re: ACO1
API 15-035-24523-00-00
West Maddix Unit 13
NE/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