



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1173936  
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: \_\_\_\_\_



1173936

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](mailto: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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE**



<b>Last Fracture Date:</b>	11/8/2013
<b>County:</b>	Cowley
<b>API Number (14 Digits):</b>	15-035-24526
<b>Operator Name:</b>	Taos Resources Operating Company
<b>Well Name and Number:</b>	West Maddix Unit #17
<b>Latitude:</b>	
<b>Longitude:</b>	
<b>Datum:</b>	
<b>Production Type:</b>	Oil
<b>True Vertical Depth (TVD):</b>	3650
<b>Total Base Fluid Volume (gal)*:</b>	

**Hydraulic Fracturing Fluid Composition:**

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address and Phone Number
SP-902		Fricton Reducer	Hydrotreated Light Dutoilate	064742-47-8	35%	0.03%	
			Petroleum Distillate	064742-94-5	40%	0.04%	
15% HCL		Acid	Hydrogen Chloride	7647-01-0	38%	0.71%	
AI-260		Acid Inhibitor	Ethylene Glycol	107-21-1	20%	0.00%	
			N,N-Dimethyl Formamide	68-12-2	20%	0.00%	
			2-Butoxyethanol	111-76-2	5%	0.00%	
AR-104		Acid Retarder	Methanol	67-56-1	Confidential	na	Greg Hicks, 278 CR 2706, Bartlesville, OK 74003 (918) 331-6304
SR-445			Isopropanol	67-63-0	Confidential	na	Greg Hicks, 278 CR 2706, Bartlesville, OK 74003 (918) 331-6340
Biostat-650		Biocide	Methanol	67-56-1	20%	0.00%	
			Isopropanol	67-63-0	5%	0.00%	
SP-950		Iron Control	Citric Acid	77-92-9	Confidential	na	Greg Hicks, 278 CR 2706, Bartlesville, OK 74003 (918) 331-6340

Ingredients shown above are subject to 29 CFR 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS.

40/70 White Sand		Proppant	Sand	14808-60-7		4.35%	
100 MESH		Proppant	Sand	14808-60-7		0.25%	

\*Total Water Volume sources may include fresh water, produced water, and/or recycled water. \*\*Information is based on the maximum potential for concentration and thus the total may be over 100%. Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers' Material Safety Data Sheets (MSDS).

20589



**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**  
OCT 28 2013

INVOICE

Invoice # 263402

=====  
Invoice Date: 10/24/2013    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 #17**  
43680  
3-33-5  
10-17-2013  
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	175.00	15.7000	2747.50
1102	CALCIUM CHLORIDE (50#)	480.00	.7800	374.40
1118B	PREMIUM GEL / BENTONITE	350.00	.2200	77.00
1107	FLO-SEAL (25#)	100.00	2.4700	247.00
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
491 MIN. BULK DELIVERY	1.00	368.00	368.00

Copy to Steph/Sim

WELL ID/AFE # 175D398  
CODE 830-130  
OK  
N OR R APPROVAL

=====  
Parts: 3529.90 Freight: .00 Tax: 225.92 AR    **5182.82**  
Labor: .00 Misc: .00 Total: 5182.82  
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





**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 # 263431  
 Invoice Date: 10/24/2013 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 #17  
 43683  
 3-33-5  
 10-21-2013  
 KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	260.00	15.7000	4082.00
1102	CALCIUM CHLORIDE (50#)	400.00	.7800	312.00
1118B	PREMIUM GEL / BENTONITE	750.00	.2200	165.00
1110A	KOL SEAL (50# BAG)	1300.00	.4600	598.00
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
4104	CEMENT BASKET 5 1/2"	2.00	290.0000	580.00
4136	TURBOLIZER 5 1/2"	6.00	75.7500	454.50
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	1000.00	.23	230.00

WELL ID/AFE #	175D 398
CODE	840.130
N O R R	<i>aj</i>
	APPROVAL

*Copy to Stephen/John*

Parts: 7369.25 Freight: .00 Tax: 471.63 AR 9712.88  
 Labor: .00 Misc: .00 Total: 9712.88  
 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

263431

TICKET NUMBER 43683

LOCATION 180 E Prado

FOREMAN Jacob Storm

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** 15-035-24529-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-21-13	2871	west maddix unit #17	3	33	5	Cowley

  

TRUCK #	DRIVER	TRUCK #	DRIVER
603	Jeremy H		
491	Jeremy M		
702	Jacob		

CUSTOMER: Tass Recoses  
 MAILING ADDRESS: PO BOX 540225  
 CITY: Holleston STATE: KY ZIP CODE: 77291  
 HOLE TYPE: Longstring B HOLE SIZE: 7 7/8 HOLE DEPTH: 3650 CASING SIZE & WEIGHT: 5 1/2  
 CASING DEPTH: 3648 DRILL PIPE: \_\_\_\_\_ TUBING: \_\_\_\_\_ OTHER: \_\_\_\_\_  
 SLURRY WEIGHT: 14.5 SLURRY VOL: \_\_\_\_\_ WATER gal/sk: \_\_\_\_\_ CEMENT LEFT in CASING: 42 lbs sec  
 DISPLACEMENT: 86.82 DISPLACEMENT PSI: 800 MIX PSI: 300 RATE: 6.5 bpm

REMARKS: Safety meeting, centerizer on 2, 8, 20, 25, 30, 45, Baskets on 14, 38,  
Pump S bbl water 500 gal, dr 1100, S bbl water, mix 230 sks class 4  
gel 2 1/2 sc S/kol scal, displaced with 86.82 bbl landing plug set  
1700 psi, check float float held 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 ✓
1104S	260	sk's class 4	15.70	4082.00 ✓
1102	400	calcium chloride	.78	312.00 ✓
1118B	750	gel	.22	165.00 ✓
1110A	1300	kol-scal	.46	598.00 ✓
1144B	500	Dv 1100	1.10	550.00 ✓
4101	2	5 1/2 Baskets	290.00	580.00 ✓
4136	6	5 1/2 weatherford turbo center	75.75	454.50 ✓
4459	1	5 1/2 AFU float shoe	361.00	361.00 ✓
4454	1	5 1/2 Latch down plug	266.75	266.75 ✓
5402	1000	footage	.23	230.00 ✓
<b>completed</b>			Subtotal	9241.25
			SALES TAX	471.63 ✓
			ESTIMATED TOTAL	9712.88 ✓

THORIZATION: Stephen Ball for Tass TITLE: \_\_\_\_\_ DATE: 10-21-2013

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.