



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1177043
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: _____

1177043

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

INVOICE Invoice # 264256
 =====
 Invoice Date: 11/22/2013 Terms: 0/0/30,n/30 Page 1

W.D. SHORT OIL CO LLC
P.O. BOX 729
OXFORD KS 67115
(620)455-3576

M. HARMS #1
43732
35-23-2E
11-21-2013
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	100.00	20.1600	2016.00
1110A	KOL SEAL (50# BAG)	500.00	.4600	230.00
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
4136	TURBOLIZER 5 1/2"	3.00	75.7500	227.25
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" LEFT SHOE JOINT &	1.00	.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)	31.00	4.20	130.20
603 CASING FOOTAGE	1338.00	.00	.00

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 Parts: 3651.00 Freight: .00 Tax: 297.56 AR 5531.76
 Labor: .00 Misc: .00 Total: 5531.76
 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

264256

TICKET NUMBER 43732
LOCATION 180 Eldred
FOREMAN Jacob Storm

FIELD TICKET & TREATMENT REPORT

Box 884, Chanute, KS 66720
1-431-9210 or 800-467-8676

CEMENT Api-15-079-20703-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-21-13	7876	M. Harms #1	35	23	2 E	Harvey
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Vid. Short			603	Josh		
MAILING ADDRESS			491	Dustin		
20 Box 729			702	Jacob		
CITY						
2Xford						
STATE		ZIP CODE				
KS		67115				

WELL TYPE Longstring B HOLE SIZE 7 7/8 HOLE DEPTH 2837 CASING SIZE & WEIGHT 5 1/2 15.5
 Casing Depth 2837 TUBING _____ OTHER _____
 SLURRY WEIGHT 15,316 SLURRY VOL 29.90 bbl WATER gal/sk 6.99 CEMENT LEFT IN CASING 1ft Shoe Joint
 DISPLACEMENT 6747 DISPLACEMENT PSI 500 MIX PSI 200 RATE 6.2 bpm

MARKS: Safety meeting, Run pipe, place centralizers on 1, 3, 5 and pipe calculate hole for 30 min, pump 5 bbl water 500 gal 1100, 5 bbl water, mix 100 sks thickset 5/8 kol-seal, wash out pump and lines, drop plug, displace with 6747 bbl fresh water ending plug at 1000 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	31	MILEAGE	4.20	130.20
5407	1	min bulk delivery	368.00	368.00
5402	1338	postage	.23	N/C
126A	100 Sks	thickset	20.16	2016.00
110A	500 lbs	kol-seal	.46	230.00
144G	500 gal	Du 1100 (mud-flush)	1.10	550.00
1136	3	5 1/2 weatherford turbo Lizer	75.75	227.25
1139	1	5 1/2 AFu Float Shoe	361.00	361.00
4454	1	5 1/2 latchdown plug	266.75	266.75
4310	1	5 1/2 1ft shoe joint + collar	130.00	N/C
			Subtotal	5234.20
			SALES TAX	297.56
			ESTIMATED TOTAL	5531.76

completed

AUTHORIZATION [Signature] TITLE Tool Pusher DATE 11-21-13

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.



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 # 264099

Invoice Date: 11/20/2013 Terms: 0/0/30,n/30 Page 1

W.D. SHORT OIL CO LLC
P.O. BOX 729
OXFORD KS 67115
(620) 455-3576

M. HARMS #1
43775
35-23-2
11-18-2013
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	120.00	15.7000	1884.00
1102	CALCIUM CHLORIDE (50#)	288.00	.7800	224.64
1118B	PREMIUM GEL / BENTONITE	240.00	.2200	52.80
	Description	Hours	Unit Price	Total
467	CEMENT PUMP (SURFACE)	1.00	870.00	870.00
467	EQUIPMENT MILEAGE (ONE WAY)	29.00	4.20	121.80
681	MIN. BULK DELIVERY	1.00	368.00	368.00

Parts: 2161.44 Freight: .00 Tax: 176.16 AR 3697.40
Labor: .00 Misc: .00 Total: 3697.40
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



264099

TICKET NUMBER 43775
LOCATION 180
FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-079-20703-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/10/13	7076	M Harms #1	35	23	2	Harvey
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
W D Short Oil Co.			467	Ron M		
MAILING ADDRESS			681	Bill H		
102 S River Rd PO Box 729			539	Jeff S		
CITY	STATE	ZIP CODE				
Oxford	KS	67119				

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 215 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 215.41 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL 29.07 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 12.25 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, broke circ. pumped 120 SKS Class A cement
3% calcium 2% Gel displaced to surface with 12 1/4 bbl fresh water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00 ✓
5406	29	MILEAGE	4.20	121.80 ✓
11045	120SK	Class A cement	15.70	1884.00 ✓
1102	288lbs	Calcium Chloride	1.78	224.64 ✓
1118B	240lbs	Gel	1.22	52.80 ✓
5407	1	min bulk delivery	368.00	368.00 ✓
			Subtotal	3521.24
			SALES TAX	176.16 ✓
			ESTIMATED TOTAL	3697.40 ✓

Completed

AUTHORIZATION W D Short TITLE Tool Pusher DATE 11-18-13

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.