



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183915
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: _____

1183915

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: _____ _____ |
|--|---|---|

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/>

Shari Feist Albrecht, Chair
Thomas E. Wright, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

February 03, 2014

Chris Haas
C3Oil, LLC
600 ARROWHEAD DR
NEW STRAWN, KS 66839

Re: ACO-1
API 15-207-28637-00-00
Winterscheid 44
NE/4 Sec.06-24S-14E
Woodson County, Kansas

Dear Chris Haas:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 8/21/2013 and the ACO-1 was received on January 25, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department



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 # 261672

Invoice Date: 08/27/2013 Terms: 0/0/30,n/30

Page 1

HAAS, GARY
600 ARROWHEAD DRIVE
NEW STRAWN KS 66839
(620) 364-5893

WINTERSCHIED #44
43416
6-24S-14E
08-21-13
KS

| Part Number | Description | Qty | Unit Price | Total |
|-------------|-------------------------|-------|------------|--------|
| 1104S | CLASS "A" CEMENT (SALE) | 40.00 | 15.7000 | 628.00 |
| 1102 | CALCIUM CHLORIDE (50#) | 94.00 | .7800 | 73.32 |
| 1118B | PREMIUM GEL / BENTONITE | 94.00 | .2200 | 20.68 |

| Description | Hours | Unit Price | Total |
|---------------------------------|-------|------------|--------|
| 445 CEMENT PUMP (SURFACE) | 1.00 | 870.00 | 870.00 |
| 445 EQUIPMENT MILEAGE (ONE WAY) | 35.00 | 4.20 | 147.00 |
| 479 MIN. BULK DELIVERY | 1.00 | 368.00 | 368.00 |

OK 18471

| | | | | | | | |
|--------|--------|-----------|-----|---------|---------|----|---------|
| Parts: | 722.00 | Freight: | .00 | Tax: | 51.62 | AR | 2158.62 |
| Labor: | .00 | Misc: | .00 | Total: | 2158.62 | | |
| 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 # 262583

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

Page 1

HAAS, GARY
 600 ARROWHEAD DRIVE
 NEW STRAWN KS 66839
 (620) 364-5893

WINTERSCHIED #44
 43496
 35-23S-14E
 09-20-13
 KS

| Part Number | Description | Qty | Unit Price | Total |
|-------------|--------------------------|---------|------------|---------|
| 3107 | 15% HCL | 1000.00 | 1.7500 | 1750.00 |
| 3166 | ACID INHIBITOR | 2.00 | 50.0000 | 100.00 |
| 3171 | IRON CONTROL | 5.00 | 40.0000 | 200.00 |
| 3175 | NON-IONIC NON EMUL | 5.00 | 33.0000 | 165.00 |
| 3134 | SURFACE TENSION REDUCER | 2.00 | 36.0000 | 72.00 |
| 3172 | KCL SUB MB6875 CC3107 (| 2.50 | 35.1800 | 87.95 |
| 4326 | 7/8" RUBBER BALL SEALERS | 25.00 | 3.0000 | 75.00 |

| Description | Hours | Unit Price | Total |
|------------------------------------|-------|------------|--------|
| BALLI BALL INJECTOR | 1.00 | 100.00 | 100.00 |
| 547 ACID PUMP CHARGE (1500 GALLON) | .00 | 840.00 | .00 |
| 547 ACID EQUIPMENT MILEAGE | .00 | 4.00 | .00 |

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| | | | | | | | |
|--------|---------|-----------|-----|---------|---------|----|---------|
| Parts: | 2449.95 | Freight: | .00 | Tax: | 5.36 | AR | 2555.31 |
| Labor: | .00 | Misc: | .00 | Total: | 2555.31 | | |
| Sublt: | .00 | Supplies: | .00 | Change: | .00 | | |

Signed _____ Date _____



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 Houston, TX 77210-4346

MAIN OFFICE
 P.O. Box 884
 Chanute, KS 66720
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 Fax 620/431-0012

INVOICE

Invoice # 262514

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

Page 1

HAAS, GARY
 600 ARROWHEAD DRIVE
 NEW STRAWN KS 66839
 (620) 364-5893

WINTERSCHIED #44
 43497
 35-23S-14E
 09-19-13
 KS

| Part Number | Description | Qty | Unit Price | Total |
|-------------|--------------------------|---------|------------|--------|
| 3107 | 15% HCL | 500.00 | 1.7500 | 875.00 |
| 3166 | ACID INHIBITOR | 1.00 | 50.0000 | 50.00 |
| 3175 | NON-IONIC NON EMUL | 2.50 | 33.0000 | 82.50 |
| 3171 | IRON CONTROL | 2.50 | 40.0000 | 100.00 |
| 3134 | SURFACE TENSION REDUCER | 1.00 | 36.0000 | 36.00 |
| 3122 | AMMONIUM BIFLORIDE (CRYS | 100.00 | 3.7000 | 370.00 |
| 3172 | KCL SUB MB6875 CC3107 (| 1.00 | 35.1800 | 35.18 |
| 3129 | CITY WATER | 1302.00 | .0173 | 22.52 |

| Description | Hours | Unit Price | Total |
|------------------------------------|-------|------------|--------|
| 547 ACID PUMP CHARGE (1500 GALLON) | 1.00 | 840.00 | 840.00 |
| 547 ACID EQUIPMENT MILEAGE | 30.00 | 4.00 | 120.00 |

ok
~~253281~~
 18542

| | | | | | | | |
|--------|---------|-----------|-----|---------|---------|----|---------|
| Parts: | 1571.20 | Freight: | .00 | Tax: | 1.61 | AR | 2532.81 |
| Labor: | .00 | Misc: | .00 | Total: | 2532.81 | | |
| 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