



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183916
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: _____

1183916

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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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 # 264060

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

MISCELLANEOUS ACCOUNTS	LONG #12
C3 OIL	45056
600 ARROWHEAD DR	17-23-13
NEW STRAWN KS 66839	11-16-2013
() -	KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	40.00	15.7000	628.00
1102	CALCIUM CHLORIDE (50#)	75.00	.7800	58.50
1118B	PREMIUM GEL / BENTONITE	75.00	.2200	16.50

Description	Hours	Unit Price	Total
445 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
445 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
479 MIN. BULK DELIVERY	1.00	368.00	368.00

2117.26

=====
 Parts: 703.00 Freight: .00 Tax: 50.26 AR 2117.26
 Labor: .00 Misc: .00 Total: 2117.26
 Sublt: .00 Supplies: .00 Change: .00
 =====

Signed _____ Date _____



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 Fax 620/431-0012

INVOICE

Invoice # 264214

Invoice Date: 11/22/2013 Terms: 0/0/30,n/30

Page 1

MISCELLANEOUS ACCOUNTS
 C3 OIL
 600 ARROWHEAD DR
 NEW STRAWN KS 66839
 () -

LONG #12
 45243
 17-23-13
 11-20-2013
 KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	160.00	13.1800	2108.80
1118B	PREMIUM GEL / BENTONITE	1100.00	.2200	242.00
1107A	PHENOSEAL (M) 40# BAG)	160.00	1.3500	216.00
1126A	THICK SET CEMENT	50.00	20.1600	1008.00
1110A	KOL SEAL (50# BAG)	250.00	.4600	115.00
4404	4 1/2" RUBBER PLUG	1.00	47.2500	47.25
1123	CITY WATER	3000.00	.0173	51.90

Description	Hours	Unit Price	Total
479 MIN. BULK DELIVERY	1.00	368.00	368.00
485 CEMENT PUMP	1.00	1085.00	1085.00
485 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
T-103 80 BBL VACUUM TRUCK (CEMENT)	4.00	90.00	360.00
515 MIN. BULK DELIVERY	1.00	368.00	368.00

CK 18708

Parts:	3788.95	Freight:	.00	Tax:	270.90	AR	6366.85
Labor:	.00	Misc:	.00	Total:	6366.85		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



264214

TICKET NUMBER 45243

LOCATION Eureka

FOREMAN Steven Mead

ate, KS 66720

800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-073-24197

CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
<u>20-13</u>	<u>Lang #12</u>	<u>17</u>	<u>23</u>	<u>13</u>	<u>Greenwood</u>
CUSTOMER		TRUCK #	DRIVER	TRUCK #	DRIVER
<u>C.O. Oil LLC</u>		<u>485</u>	<u>Alan</u>		
MAILING ADDRESS		<u>479</u>	<u>Merle</u>		
<u>600 Arrowhead Dr.</u>		<u>515</u>	<u>Colby</u>		
CITY	STATE	ZIP CODE	<u>4527103</u>	<u>Jim</u>	
<u>New Stanton</u>	<u>Ks</u>	<u>66839</u>			

JOB TYPE 2 1/2 HOLE SIZE 6 3/4 HOLE DEPTH 1850' CASING SIZE & WEIGHT 4 1/2 10.5*
 CASING DEPTH 1848' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 29 1/2 DISPLACEMENT PSI 800* Bump plug 1200* RATE _____

REMARKS: Safety meeting: Rig up to 4 1/2 casing. Break circulation w/ Fresh water Pump 10 bbls ahead. Mix 5 sks 60/40 pozmix cement w/ 8% Gel + 1# Phenoseal 1# Perisk. Tail in w/ 50 sks Thick set cement w/ 5# Kal-seal perisk. Wash out Pump + Lines. Shut down. Release plug. Displace w/ 29 1/2 bbls Fresh water. Final Pumping Pressure 800# Bump Plug 1200. Wait 2 min Release pressure Plug held. Good cement Returns to surface - 15 bbls to pit. Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	30	MILEAGE	4.20	126.00 ✓
1131	160 sks	60/40 pozmix cement	13.18	2108.80 ✓
1118B	1100 #	8% Gel	.22	242.00 ✓
1107A	160 #	Phenoseal 1# perisk	1.35	216.00 ✓
1126A	50 sks	Thick set cement	20.16	1008.00 ✓
1110A	250 #	Kal-seal 5# perisk	.46	115.00 ✓
5407	9.63 ton	Ton Mileage Bulk Trucks 479# 515#	NYC x 2	736.00 ✓
44104	1	4 1/2 Rubber Plug	47.25	47.25 ✓
5502c	4	80 bbl Vacuum Truck	90.00	360.00 ✓
1123	3000 gallon	City water	22.30/1000	51.90 ✓
			Sub Total	6095.95 ✓
			SALES TAX	270.90 ✓
			ESTIMATED TOTAL	6366.85 ✓

Completed

Ravin 3737

AUTHORIZATION: Ben Mead TITLE Toolpusher DATE _____

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.

DATED
COLUMBIA, LLC

264060

TICKET NUMBER 45056

LOCATION Eureka, KS

FOREMAN David Gardner

KS 66720
00-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-073-24197

CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
	<u>Long #12</u>	<u>17</u>	<u>23</u>	<u>13</u>	<u>Greenwood</u>
C3 Oil, LLC ADDRESS		TRUCK #	DRIVER	TRUCK #	DRIVER
<u>600 Arrowhead DR</u>		<u>445</u>	<u>Chris B.</u>		
STATE	ZIP CODE	<u>479</u>	<u>Chris M.</u>		
<u>New Strawn</u>	<u>KS</u>				
	<u>66839</u>				

JOB TYPE 3/P 0 HOLE SIZE 12 1/4" HOLE DEPTH 41" CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5-15* SLURRY VOL 11 Bbls WATER gal/sk _____ CEMENT LEFT in CASING 5'
 DISPLACEMENT 2.5 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Safety Meeting. Rig up to 8 5/8" casing. Break circulation + Mixed 40 SKS Class "A" Cement w/ 2% Calc. + 2% Gel. Displace w/ 2.5 Bbl water. Shut well in. Good circulation @ all times. Had 3 Bbls cement slurry to pit. Job complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00 ✓
5406	30	MILEAGE	4.20	126.00 ✓
11045	40 SKS	Class "A" Cement	15.70	628.00 ✓
1102	75#	Calcium @ 2%	.78	58.50 ✓
1118B	75#	Gel @ 2%	.22	16.50 ✓
5407	1.88 Tons	Ton Mileage Bulk Truck	M/C	368.00 ✓
			Subtotal	2067.00
			SALES TAX	50.26 ✓
			ESTIMATED TOTAL	2117.26 ✓
			"Thank You"	7.15%

completed

AUTHORIZATION Ben Hunter TITLE Tool Pusher DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's acknowledgment of the terms and conditions of service on the back of this form are in effect for services identified on this form.