



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1176036
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: _____

1176036

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)* _____

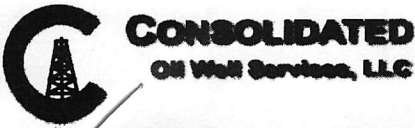
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Toto Energy, LLC
Well Name	It'll Do Ranch 17-1
Doc ID	1176036

All Electric Logs Run

CPI Log
Micro Log
Dual Induction Log
Dual Compensated Porosity Log



263403

TICKET NUMBER 43656
 LOCATION 180
 FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-035-24526-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/18/13	8056	Full Jo Ranch 17-1	17	33	6	Cowley

CUSTOMER		TRUCK #	DRIVER	TRUCK #	DRIVER
Toto Energy		446	Jash G		
MAILING ADDRESS		681	Jeremy M		
25815 09K Ridge Dr		471	Jeff S		
CITY	STATE	ZIP CODE			
Spring	Tx	77380			

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 361 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 361 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL. 54.49 WATER gal/sk _____ CEMENT LEFT in CASING 20ft
 DISPLACEMENT 2 1/4 DISPLACEMENT PSI 150 MIX PSI 75 RATE 3.5

REMARKS: Safety Meeting, Broke Circ. Pumped 225 SKs Class A cement 3% calcium 2% Gel 1/2 lb polyflake per sk Displaced with 2 1/4 bbl freshwater

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	53	MILEAGE	4.20	222.60
5407A	11ton	Ton Mileage delivery	1.41	882.03
1104S	2255SKs	Class A cement	15.70	3532.50
1102	540lbs	calcium chloride	.78	421.20
1118B	450lbs	Gel	.22	99.00
1107	112.50lbs	Polyflake	2.47	277.88
4432	1	8 5/8 wooden Plug	84.00	84.00
			Subtotal	6389.20
			6.4% SALES TAX	282.54
			ESTIMATED TOTAL	16671.75

AVIN 3737
 AUTHORIZATION Stephen Ball for toto TITLE _____

DATE 10-18-2013

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.



CONSOLIDATED
Oil Well Services, LLC

263432

TICKET NUMBER 43684

LOCATION 180

FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
7-23-13	8056	Bill do Randh 17-1	17	33	6	Cowley			
CUSTOMER NAME		TRUCK #		DRIVER		TRUCK #		DRIVER	
Toto		446		Jash					
BILLING ADDRESS		491		Tracy					
25815 oak Ridge Dr		702		Jacob					
STATE		ZIP CODE							
TX		77380							

B TYPE Elongating B HOLE SIZE 2 7/8 HOLE DEPTH 3615 CASING SIZE & WEIGHT 5 1/2 15.36
 SING DEPTH 3613 DRILL PIPE _____ TUBING _____ OTHER _____
 CARRY WEIGHT 14,516 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 42.5 of shoe
 PLACEMENT 85.89 DISPLACEMENT PSI 1250 MIX PSI 300 RATE 6.6 bpm
 MARKS: Safety meeting, Break circulation, pump 5 bbl water, 500 gal
v 100 5 bbl water, mix 2.88 sks class A 4 1/2 gal, 2 1/2 cc, 5 1/2 col seal
is placed, with 89.89 bbl water landing plug at 25 psi
break float, float held, plug. Rest hole with 25 sks class
1/2 gal, 2 1/2 cc, 5 1/2 col seal
1750psi

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4.20	210.00
5407	1	min bulk delivery	368.00	368.00
1104.5	250	class A	15.20	3925.00
1102	400	calcium chloride	.78	312.00
1118 B	1000	gel	.22	220.00
110A	1250	Ukol-seal	.46	575.00
11440	500	Dv 1000 (mud Flush)	1.10	550.00
5402	1000	footage	.23	230.00
4136	6	5 1/2 S Band weatherford toolbit	75.75	454.50
4104	2	5 1/2 weatherford basket	290.00	580.00
4159	1	5 1/2 A Fu Shoe	361.00	361.00
4434	1	5 1/2 latch down plug	266.75	266.75
		Subtotal		9137.25
		SALES TAX		463.63
		ESTIMATED TOTAL		9600.88

AUTHORIZATION: Stephen Ball for Toto 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.

Section 37, LLC

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY **Toto Energy, LLC**
LEASE **H'll Do Ranch #17-1**

FIELD **Wilson**
LOCATION **660' F51 & 660' F11L**

SEC **17** TWP **S3S** RGE **6E**
COUNTY **Cowley** STATE **Kansas**

CONTRACTOR **Val RR #3**
SPUD **10/16/13** COMP **10/22/13**

RTD **3615'** LTD **3615'**
MUD UP **1400'** TYPE MUD **Chemical**

SAMPLES SAVED FROM **1700'** TO RTD
DRILLING TIME KEPT FROM **1700'** TO RTD
SAMPLES EXAMINED FROM **1700'** TO RTD

GEOLOGICAL SUPERVISION FROM **1700'**
GEOLOGIST **H. Sayles & S. Deenihan**

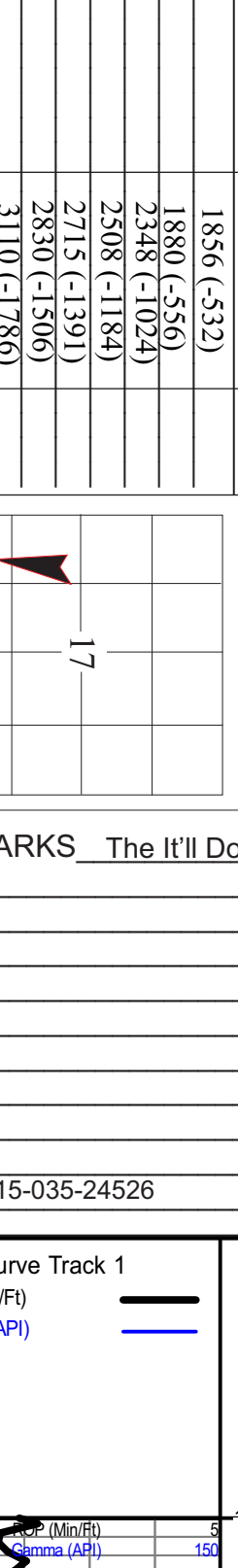
ELEVATIONS
KB **1324'**
DF _____

Measurements Are All From Kelly Bushing

CASING
CONDUCTOR _____
SURFACE **8-5/8" at 360'**
PRODUCTION **5-5/8"**

ELECTRICAL SURVEYS
Pioneer
DILL, CND, MLC

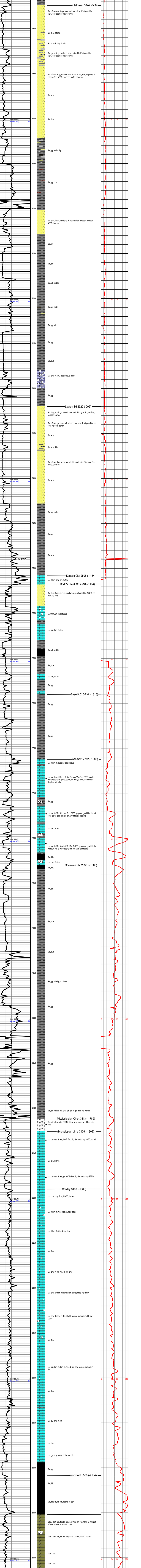
Formation	Sample Tops	E-log Tops
Iatan	1856 (-532)	1856 (-532)
Stainaker	1880 (-536)	1880 (-536)
Layton	2348 (-1024)	2348 (-1024)
K.C.	2508 (-1184)	2508 (-1184)
Altamont	2715 (-1391)	2715 (-1391)
Cherokee	2830 (-1506)	2830 (-1506)
Mississippi	3110 (-1789)	3110 (-1789)
Arbuckle	3550 (-2226)	3550 (-2226)



REMARKS The H'll Do Ranch 19-1 will be further evaluated through 5.5" production casing.

Respectfully Submitted,

Harley Sayles
Sean P. Deenihan



HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE



Last Fracture Date:	12/16/2013
County:	Cowley
API Number (14 Digits):	15-035-24526
Operator Name:	Toto Energy, LLC
Well Name and Number:	It'll Do Ranch 17-1
Latitude:	37.1734145
Longitude:	-96.8041393
Datum:	NAD27
Production Type:	Oil
True Vertical Depth (TVD):	3560
Total Base Fluid Volume (gal)*:	374,262

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
KCL Substitute KCL-8001	Consolidated		KCL-8001	0	0	0	
Friction Reducer SP-902	Consolidated		Hydrotreated light distillate	064742-47-8	35%		
Friction Reducer SP-902	Consolidated		Petroleum Distillate	64742-94-5	40%		
Clay Stay CS-250 CS-702	Consolidated		Methanol	67-56-1	20%		
Clay Stay CS-250 CS-702	Consolidated		Isopropanol	67-63-0	5%		
SR-445	Consolidated		Isopropanol	67-63-0	Confidential		
BIOSTAT 650	Consolidated		Methanol	67-56-1	20%		
BIOSTAT 650	Consolidated		Isopropanol	67-63-0	5%		

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

16/30 Brown Sand	Consolidated		Quartz (Crystalline Silica)	14808-60-7	1.52		
30/50 White Sand	Consolidated		Quartz (Crystalline Silica)	14808-60-7	1.52		
20/40 White	Consolidated		Quartz (Crystalline Silica)	14808-60-7	1.52		
16/30 Reisin Coated	Consolidated		Quartz (Crystalline Silica)	14808-60-7	0.27		
Water			8911 BBLs		94.9		

*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).