



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1176136
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: _____

1176136

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: _____ _____
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Form	ACO1 - Well Completion
Operator	Toto Energy, LLC
Well Name	Adams 35-1
Doc ID	1176136

All Electric Logs Run

CPI Log
Micro Log
Dual Induction Log
Dual Compensated Porosity Log



263670

TICKET NUMBER 43716
 LOCATION 180
 FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-457-8676

FIELD TICKET & TREATMENT REPORT
 CEMENT

Api 15-035-24530-002

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-31-13	8056	Adams 35-1	35	32	S	Cowley
CUSTOMER						
Toto Energy			18			
MAILING ADDRESS						
25815 Oak Ridge Dr			Jg			
CITY STATE ZIP CODE						
Spring TX		77380 BH				
TRUCK #		DRIVER		TRUCK #		DRIVER
446		Josh				
491		Bill H				
702		Jacob				

JOB TYPE Long String B HOLE SIZE 7 7/8 HOLE DEPTH 3595 CASING SIZE & WEIGHT 5 1/2 15.36
 CASING DEPTH 3595 DRILL PIPE TUBING OTHER
 SLURRY WEIGHT 14.8 SLURRY VOL 60.47 WATER gal/sk CEMENT LEFT IN CASING 42 ft
 DISPLACEMENT 84.56 DISPLACEMENT PSI MIX PSI RATE

REMARKS: Safty meeting, Run pipe circulate on Bottom for min pump' Sbb'l meter 500 gal Dv1100 Sbb'l m.x 225 sks class A 3/4 gel 2 1/2 cc 5% kol-seal displaced with 84.56 bbl landing plug at psi check float head, Plug back hole with 25 sks class A 3/4 gel 2 1/2 cc 5% kol-seal Job complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	55	MILEAGE	4.20	231.00
5407A	55	11.75 ton mileage	1.41	78.15
1104S	250	class A	15.70	3925.00
1118B	1000	gel	.22	220.00
1102	400	calcium chloride	.78	312.00
1110A	1250	kol-seal	.46	575.00
5402	1000	footage	.23	230.00
4136	6	Baskets 5/2	75.75	454.50
4136	6	5/2 trabilizer	75.75	454.50
4104	2	5/2 Baskets	290.00	580.00
4159	1	5/2 AEG shoe	361.00	361.00
4454	1	5/2 hatch down plug	266.75	266.75
11945	500	Dv 1100 (mud flush)	1.10	550.00
			Subtotal	9151.46
			SALES TAX	428.43
			ESTIMATED TOTAL	9579.89

Revin 3737

AUTHORIZATION Stephen Ball for Toto TITLE 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



263521

TICKET NUMBER 43706
LOCATION 180
FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-035-24530-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/26/13	8056	Adams 35-1	35	32	5	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			446	Josh G		
25815 Oak Ridge dr			681	Jeremy M		
CITY			539	Jeff S		
Spring TX 77380						

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 272.23 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL 44.8 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 16.0 DISPLACEMENT PSI 195 MIX PSI 15 RATE 4.5

REMARKS: Safety Meeting Broke Circ, Pumped 185 SKS Class A cement
3% calcium 2% Gel 1/2 lb polyflake displaced with 16 bbls freshwater

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	44	MILEAGE	4.20	184.80
	25lbs	Sugar	.80	no charge
1102	444lbs	calcium	.78	346.32
1118B	370lbs	Gel	.22	81.40
1107	75lbs	Polyflake	2.47	185.25
5407A	9ton	Ton Mileage Delivery	1.41	558.36
4432	1	8 5/8 wooden Plug	84.00	84.00
1104S	186SKS	Class A Cement	15.70	2904.50
			Subtotal	5214.63
			6.4%	SALES TAX
				ESTIMATED TOTAL
				5445.13

Flavin 3737
 AUTHORIZATION Bread Davidson TITLE _____ 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.



