



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1176369
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: _____

1176369

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	Miller 1
Doc ID	1176369

All Electric Logs Run

CPI Log
Micro Log
Dual Induction Log
Dual Compensated Porosity Log



CONSOLIDATED
Oil Well Services, LLC

264018

TICKET NUMBER 43725
LOCATION 180 FIDrado
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Api 15-035-24534-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-9-13	8056	Miller #1	26	32	SF	Cowley
CUSTOMER Toto Energy						
MAILING ADDRESS 25815 Oak Ridge Drive						
CITY Spring		STATE TX	ZIP CODE 77380			

TRUCK #	DRIVER	TRUCK #	DRIVER
603	Jeremy A		
491	Tracy		
702	Jacob		

JOB TYPE Longstring B HOLE SIZE 2 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 15.36
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 427 shoe
 DISPLACEMENT 87.57 DISPLACEMENT PSI 1150 MIX PSI 200 RATE 6.2 bpm

REMARKS: safety meeting, Break circulating, pump 5 bbl water
500 gal Dv 1100, 5 bbl water, mix 230 sks class A 4 1/2 gel 2/cc
5/kol-seal, displaced with 87.57 bbl landing plug at 1550 psi
check float float held, plug Rat hole with 20 sks class
A 2/cc 4 1/2 gel 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	45	MILEAGE	4.20	189.00
5407	1	min bulk delivery	368.00	368.00
5402	1100	footage	.23	253.00
1104 S	250	class A	15.70	3925.00
1102	400	calcium chloride	.78	312.00
1118 B	1000	gel	.22	220.00
1110 A	1250	kol-seal	.46	575.00
1144 G	500	Dv 1100	1.10	550.00
4114	2	5 1/2 Reciprocating Baskets	290.00	580.00
4136	6	5 1/2 Type S weatherford Turbolizer	75.75	454.50
4159	1	5 1/2 I.R. AFE Float Shoe	361.00	361.00
4154	1	5 1/2 I.R. Latch down plug and baffle	266.75	266.75
5620	1	5 1/2 plug container	215.00	N/C
			Subtotal	9139.25
			SALES TAX 6.4%	463.63
			ESTIMATED TOTAL	9602.88

Ravin 3737 AUTHORIZATION _____ TITLE Stephen Paul DATE 11-10-2013

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



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Toto Energy
 25815 OakRidge DR
 Spring TX 77380
 ATTN: Terry Madden/Sean De

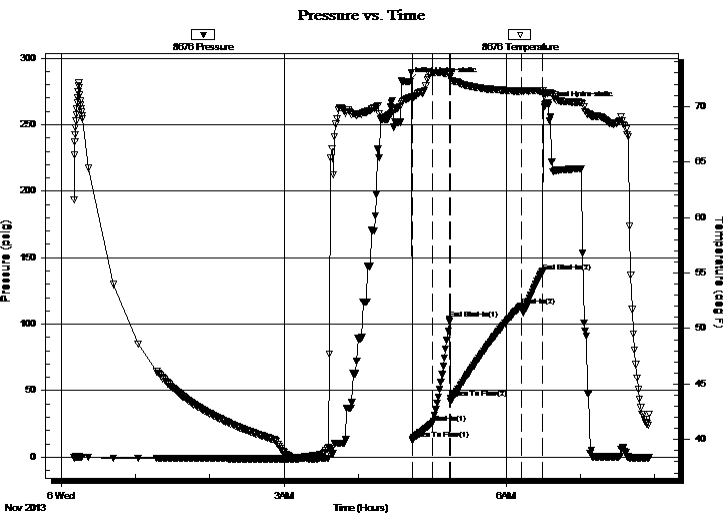
26-32-5 Cowley KS
Miller #1
 Job Ticket: 52447 **DST#: 1**
 Test Start: 2013.11.06 @ 00:09:46

GENERAL INFORMATION:

Formation: **Admire**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Initial)
 Time Tool Opened: 04:44:10 Tester: Chris Staats
 Time Test Ended: 07:56:10 Unit No: #47
 Interval: **620.00 ft (KB) To 660.00 ft (KB) (TVD)** Reference Elevations: 1331.00 ft (KB)
 Total Depth: 660.00 ft (KB) (TVD) 1321.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 10.00 ft

Serial #: 8676 Outside
 Press @ Run Depth: 113.48 psig @ 621.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2013.11.06 End Date: 2013.11.06 Last Calib.: 2013.11.06
 Start Time: 00:09:46 End Time: 07:56:10 Time On Btm: 2013.11.06 @ 04:40:55
 Time Off Btm: 2013.11.06 @ 06:31:25

TEST COMMENT: IF: Weak blow 1/4"
 IS: No blow back
 FF: Strong blow BOB 1 min
 FS: No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	282.42	70.75	Initial Hydro-static
4	13.60	70.78	Open To Flow (1)
19	25.56	73.00	Shut-In(1)
34	103.58	72.95	End Shut-In(1)
34	44.13	72.86	Open To Flow (2)
92	113.48	71.34	Shut-In(2)
109	139.60	71.38	End Shut-In(2)
111	264.64	71.03	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	60 GIP	0.00
240.00	G,M 3%gas 97%mud	1.18

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Toto Energy

26-32-5 Cowley KS

25815 OakRidge DR
Spring TX 77380

Miller #1

Job Ticket: 52447

DST#: 1

ATTN: Terry Madden/Sean De

Test Start: 2013.11.06 @ 00:09:46

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: sec/qt

Cushion Volume:

bbbl

Water Loss: in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	60 GIP	0.000
240.00	G,M 3%gas 97%mud	1.180

Total Length: 240.00 ft Total Volume: 1.180 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time

