

Co	nfiden	tiality	/ Requested:
	Yes	N	lo

Kansas Corporation Commission Oil & Gas Conservation Division

1181216

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 #			API No. 15		
Name:			Spot Description:		
Address 1:			Sec	TwpS. R	East West
Address 2:			F6	eet from North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from I	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	V □SE □SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long: _	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	W	/ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground:	Kelly Bushing:	:
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total C	Depth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore, Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		Feet
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	•	NHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
☐ Plug Back	Conv. to G		(Data must be collected from the		
Commingled	Pormit #:		Chloride content:	ppm Fluid volume	e: bbls
Dual Completion			Dewatering method used: _		
SWD			Location of fluid disposal if	hauled offsite	
☐ ENHR			· ·		
GSW	Permit #:		Operator Name:		
_ _			Lease Name:	License #:_	
Spud Date or Date R	eached TD	Completion Date or	QuarterSec	TwpS. R	East _ West
Recompletion Date		Recompletion Date	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 Approved by: Date:							

Page Two



Operator Name:			L	ease Name: _			Well #:	
Sec Twp	S. R	East We	est C	County:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		
Final Radioactivity Lo files must be submitted					gs must be ema	iled to kcc-well-log	gs@kcc.ks.go	. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes	No	L		n (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes Yes	No No					
List All E. Logs Run:								
		(CASING REC	ORD Ne	w Used			
		· ·		ıctor, surface, inte	ermediate, producti		T	
Purpose of String	Size Hole Drilled	Size Casin Set (In O.D		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cem	ent #	Sacks Used		Type and Pe	ercent Additives	
Perforate Protect Casing	100 20111111							
Plug Back TD Plug Off Zone								
1 lag on zono								
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski)	o questions 2 ar	nd 3)
Does the volume of the to		•				_	o question 3)	(" 100 ")
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill o	out Page Three	of the ACO-1)
Shots Per Foot		ION RECORD - Bri Footage of Each Int				cture, Shot, Cement		d Depth
	, ,				,		,	
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:			
						Yes No		
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bl	ols. G	ias-Oil Ratio	Gravity
DIODOCITI	ON OF CAS:		, 4 CT - 1		TION:		DRODUCTIO	AN INTEDVAL.
Vented Solo	ON OF GAS: Used on Lease	Open Ho		IOD OF COMPLE \Box		nmingled	PHODUCIIC	ON INTERVAL:
	bmit ACO-18.)	Other (S	necify)	(Submit		mit ACO-4)		

Form	ACO1 - Well Completion
Operator	Taos Resources Operating Company LLC
Well Name	West Maddix Unit 16
Doc ID	1181216

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement	Type and Percent Additives
Surface	12.25	8.625	24.0	233	Class A	2% gel, 3% CaCl
Production	7.875	5.50	15.5	3652	Class A	3% gel, 2% CaCl



20589

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

TAOS RESOURCES OPERATING, LLC 1455 WEST LOOP SOUTH, ST. 600 HOUSTON TX 77054 (713)993-0774

WEST MADDIX UNIT #16

43715 15-33-5E 10-29-2013 KS

NOV 04 2013

Description Qty Unit Price Total Part Number CLASS "A" CEMENT (SALE) 250.00 15.7000 3925.00 1104S CALCIUM CHLORIDE (50#) .7800 400.00 312.00 1102 PREMIUM GEL / BENTONITE 750.00 .2200 165.00 1118B KOL SEAL (50# BAG) 1250.00 .4600 575.00 1110A 1.1000 MUD FLUSH (SALE) 500.00 550.00 1144G RECIPROCATING CEMENT BAS 580.00 2.00 290.0000 4114 TURBOLIZER 5 1/2" 6.00 61.0000 366.00 4136 FLOAT SHOE AFU 5 1/2" 1.00 361.0000 361.00 4159 5 1/2" LATCH DOWN PLUG 1.00 266.7500 266.75 4454 Hours Unit Price Total Description CEMENT PUMP 1.00 1085.00 1085.00 446 47.00 EQUIPMENT MILEAGE (ONE WAY) 4.20 197.40 446 .23 1000.00 230.00 446 CASING FOOTAGE MIN. BULK DELIVERY 1.00 368.00 368.00 491



									-
Parts: Labor: Sublt:	.00	Freight: Misc: Supplies:	.0	Tax: Total Change	94	====== 54.44 A 35.59 .00	R (9435.59	/
Signed						_ Dat	e		
BARTLESVILLE, OK 918/338-0808	EL DORADO, KS 316/322-7022	EUREKA, KS 620/583-7664		OAKLEY, KS 785/672-8822	OTTAWA, KS 785/242-4044	THAYER, KS 620/839-5269		CUSHING, OK 918/225-2650	



263600

ticket number 43715 LOCATION 180 EIDrado FOREMAN Jacob Storm

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STONE TOOS RESOURCES JOHN TRUCK DRIVER TRUCK DRIVER TRUCK DRIVER TRUCK DRIVER TRUCK	0-29-13	2871	west r	cacció unit #16	15			
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1 Pump Slob water flash SOO and DV 100 States 1225 States 1234 1244 1245 States 1244 1245 States 1244 1245 1246			1 1-	1		. 11	pm	
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18 B 750 gel 1250 100 100 100 100 1000 1000 1000 100	10.2	400		coloium el	Jacida	Eq.	.78	3/2 00
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COMPACE Subble 8981./5 COMPACE Subble 8981./5 ESTIMATED 0125.55	159			S/2 AFU FK	ed Sloc			
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TOTAL 19400.09	in 3737	01-1		22 /	2	*		
	ITHORIZTION	Tollhion	(BAC)	Vyon Jass	/	*		7400.09 7 9.2013

cknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's acount records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



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 # 263784

Invoice Date:

11/12/2013

Terms: 0/0/30, n/30

Page

TAOS RESOURCES OPERATING, LLC 1455 WEST LOOP SOUTH, ST. 600 HOUSTON TX 77054 (713) 993-0774

WEST MADDIX UNIT #16

43718

15-33-5E

11-03-2013

Part Number 11048 1102 1118B 1107 4432	Description CLASS "A" CEMENT (SALE) CALCIUM CHLORIDE (50#) PREMIUM GEL / BENTONITE FLO-SEAL (25#) 8 5/8" WOODEN PLUG	Qty 150.00 350.00 300.00 75.00 1.00	Unit Price 15.7000 .7800 .2200 2.4700 .0000	Total 2355.00 273.00 66.00 185.25
Description 467 CEMENT PUMP (ST 467 EQUIPMENT MILE 681 MIN. BULK DELIT	The state of the s	Hours 1.00 45.00 1.00	Unit Price 870.00 4.20 368.00	Total 870.00 189.00 368.00



______ 4====== .00 Tax: 2879.25 Freight: 184.27 AR 4490.52 Parts:

.00 Misc: .00 Total: 4490.52 Labor: .00 Supplies: .00 Change:

Signed

Date



263784

TICKET NUMBER_	43718
LOCATION 12	0
FOREMAN TO	in Storm

FIELD TICKET & TREATMENT REPORT

	or 800-467-8676		CEMEN	T	API 15-035	- 24536	(-00-W
DATE	CUSTOMER#	WELL NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
11-3-13	2871	west medix u	and #16	15	33	SE	coulcy
CUSTOMER			0				
10	205 R	ecos(5	KM	TRUCK #	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	ESS		Jum	467	Ronn		
14155 1	west L	oup South 5tow		681	Jeranim		
CITY		STATE ZIP CODE	1	702	Jacob		
Houst.	0.0	+x 77254					
JOB TYPE Su	rlace B	HOLE SIZE 12'/41	HOLE DEPTH	1266	CASING SIZE & W	EIGHT <u>89/8</u>	
CASING DEPTH	265.5	DRILL PIPE	_TUBING			OTHER	
SLURRY WEIGH	HT_/U, < /15	SLURRY VOL	WATER gal/s	k	CEMENT LEFT in	CASING 16	
DISPLACEMEN'	T16,56	DISPLACEMENT PSI	MIX PSI		RATE		
REMARKS: <	safty n	recting Break	- CC	calchion	PLIMP	10661	Die wet
m: x 150	0 Sks	closes A 3%	cc 2	7001 V	21/b rs/4 - F	Tete c	100 local
vith 1	5 = 611	circulation o	- everely	- +0	Suitage	Slice	+ 1
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		According to the second					

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	-	PUMP CHARGE	870,00	870,00
5406	45	MILEAGE	4,20	189.00
5407	A Desiration of the Control of the C	min balk delivery	368,00	368.00
1045	150	Class 1	15.70	2355,00
102	350	calcium chloride	, 78	273,00
118 B	,300	ael	,22	66.00
1107	73	Jooly - Flake	2.47	185.25
4437		189/8 wooden plug	84.00	N/C
			Subtotal	4306,25
		6.4 6.31	SALES TAX	184,27
vin 3737	1 000	141	ESTIMATED	4490.5
UTHORIZTION	Down VICE	TITLE Tard Contract WHE	DATE	14/3

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.

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Last Fracture Date:	11/12/2013	
County:	Cowley	
API Number (14 Digits):	15-035-24536-00-00	
Operator Name:	Taos Resources Operating	Company, LLC
Well Name and Number:	West Maddix Unit #16	
Latitude:		, , , , , , , , , , , , , , , , , , ,
Longitude:		
Datum:		
Production Type:	Oil	
True Vertical Depth (TVD):	3650	
Total Base Fluid Volume (gal)*:		



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
SP-902		Friction Reducer	Hydrotreated Light Distillate	064742-47-8	35%	0.03%	
		Petroleum Distillate	064742-94-5	40%	0.03%		
L5% HCL		Acid	Hydrogen Chloride	7647-01-0	38%	0.70%	
) telu	Trydrogen emoride	7047-01-0	3670	0.70%	
AI-260		Inhibitor	Ethylene Glycol	107-21-1	20%	0	
			N.N - Dimethyl Formamide	68-12-2	20%	0	
			2-Butoxyethanol	111-76-2	5%	0	
AR-104		Retarder	Methanol	67-56-1	Confidential	na	Greg Hicks, 278 CR 2706, Bartlesville, OK 74003 (918) 331-6304
SR-445		Surfactant	Isopropanol	67-63-0	Confidential	na	Greg Hicks, 278 CR 2706, Bartlesville, OK 74003 (918) 331-6304
Biostat 650		Biocide					
BIOCIDE	Biocide	Methanol Isopropanol	67-56-1 67-63-0	20%	0		
			isopropanoi	07-03-0	370	U	
P-950		Iron Control	Citric Acid	77-92-9	Comfidential	na	Greg Hicks, 278 CR 2706, Bartlesville, OK 74003 (918) 331-6304
ngredients shown above	are subject to 29 CF	RF 1910 1200(i) and appe	ar on Material Safety Data Sheets (MSI	OS) Ingredients shown I	holow are Non MSDS		
0/70 White Sand	, , , , , , , , , , , , , , , , , , , ,	Proppant	Quartz (Crystalline Silicate)	14808-60-7	Delow are Nort-Wisbs.	4.28%	
.00 MESH		Proppant	Quartz (Crystalline Silicate)	14808-60-7		0.24%	
		-			-		

		-					

*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).