



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1190431  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1190431

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

**HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE**



<b>Last Fracture Date:</b>	1/21/2014
<b>County:</b>	Cowley
<b>API Number (14 Digits):</b>	15-035-24518-00-00
<b>Operator Name:</b>	Taos Resources Operating Company, LLC
<b>Well Name and Number:</b>	West Maddix Unit #12
<b>Latitude:</b>	
<b>Longitude:</b>	
<b>Datum:</b>	
<b>Production Type:</b>	Oil
<b>True Vertical Depth (TVD):</b>	3650
<b>Total Base Fluid Volume (gal)*:</b>	970,200

**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%	0.02%	
			Petroleum Distillate	064742-94-5	40%	0.02%	
15% HCL		Acid	Hydrogen Chloride	7647-01-0	38%	0.62%	
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	Harrison Smith, 700 Throop Blvd., Ponca City, Oklahoma 74601
SR-445		Surfactant	Isopropanol	67-63-0	Confidential	na	Harrison Smith, 700 Throop Blvd., Ponca City, Oklahoma 74601
Biostat 650		Biocide	Methanol	67-56-1	20%	0	
			Isopropanol	67-63-0	5%	0	
SP-950		Iron Control	Citric Acid	77-92-9	Confidential	na	Harrison Smith, 700 Throop Blvd., Ponca City, Oklahoma 74601

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

40/70 White Sand	Proppant	Quartz (Crystalline Silicate)	14808-60-7			2.52%	
100 MESH	Proppant	Quartz (Crystalline Silicate)	14808-60-7			0.28%	

\*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).





**CONSOLIDATED**  
Oil Well Services, LLC

**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 *AZ*

Invoice # 264731

Invoice Date: 12/16/2013 Terms: 0/0/30,n/30

Page 1

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

**WEST MADDIX UNIT #12**  
43736  
3-33-5E  
12-12-2013  
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	125.00	15.7000	1962.50
1102	CALCIUM CHLORIDE (50#)	200.00	.7800	156.00

Description	Hours	Unit Price	Total
446 CEMENT PUMP	1.00	1085.00	1085.00
446 EQUIPMENT MILEAGE (ONE WAY)	40.00	4.20	168.00
491 MIN. BULK DELIVERY	1.00	368.00	368.00
491 <u>SQUEEZE MANIFOLD</u>	1.00	.00	.00

INVOICE # 175D382  
DATE 840.360  
RECEIVED  
ATTORNEY

Parts:	2118.50	Freight:	.00	Tax:	135.58	AR	3875.08
Labor:	.00	Misc:	.00	Total:	3875.08		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



**CONSOLIDATED**  
Oil Well Services, LLC

264731

TICKET NUMBER 43736  
LOCATION 180  
FOREMAN Jacob Storm

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-12-13	2871	West Maddix Unit #12	3	33	SE	Cowley
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
Tass			446 Josh			
MAILING ADDRESS			491 Mark			
1455 West Loop South St 602			772 Jacob			
CITY STATE ZIP CODE						
Houston TX 77254						

JOB TYPE Squeez B HOLE SIZE 7 7/8 HOLE DEPTH 3650 CASING SIZE & WEIGHT 5 1/2  
 CASING DEPTH 3650 DRILL PIPE \_\_\_\_\_ TUBING 2 7/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14 lb SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 12.46 DISPLACEMENT PSI 1750 MIX PSI 200 RATE 3.38 bpm

REMARKS: Safety meeting, run packer to 3054 to Squeez Annals at 3160 to 3260, packs held 1300psi, leak on backside find leak at 2989 to 3054 set packer at 2923, mix 125 sls class A 2 1/2 cc displaced with 17.5 bbl at 1.4 bpm at 1750 psi shut in for 15 min pump 1/2 bbl at .2 bpm at 1000 psi, stage for 30 min, Bumped to 2000 psi flushed hole Reset packer preshared to 2000 pull tools

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	40	MILEAGE	4.20	168.00 ✓
5407	1	min bulk delivery	368.00	368.00 ✓
11045	125	class A	15.70	1962.50 ✓
1122	200	calcium chloride	.78	156.00 ✓
5613	1	Squeez manifold	200.00	N/C ✓
			Subtotal	3739.50
			6.4%	SALES TAX 135.58 ✓
			ESTIMATED TOTAL	3875.08 ✓

**completed**

Revin 3737 AUTHORIZATION Roy Derr 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.





**CONSOLIDATED**  
Oil Well Services, LLC

**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 # 264730

Invoice Date: 12/16/2013 Terms: 0/0/30,n/30 Page 1

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

**WEST MADDIX UNIT #12**  
43734  
3-33-5E  
12-11-2013  
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	221.00	15.7000	3469.70
1102	CALCIUM CHLORIDE (50#)	442.00	.7800	344.76
	Description	Hours	Unit Price	Total
446	CEMENT PUMP	1.00	1085.00	1085.00
446	EQUIPMENT MILEAGE (ONE WAY)	40.00	4.20	168.00
491	MIN. BULK DELIVERY	1.00	368.00	368.00

WELL ID/APP # 175D382  
CODE 840.130  
NORR  
APPROVAL

Parts: 3814.46 Freight: .00 Tax: 244.12 AR 5679.58  
Labor: .00 Misc: .00 Total: 5679.58  
Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



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

264730

TICKET NUMBER 43734  
LOCATION 180 Eldorado  
FOREMAN Jacob Storm

FIELD TICKET & TREATMENT REPORT  
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY				
12-11-13	2871	West Maddix Unit #12	3	33	SF	Cowley				
CUSTOMER		TRUCK #		DRIVER		TRUCK #		DRIVER		
Taos Resources		446		Josh						
Mailing Address		491		Jeremy M						
1455 West Loop South St 600		702		Jacob						
CITY	STATE	ZIP CODE								
Houston	TX	77254								

JBS  
Jm  
JOB TYPE Squeez B HOLE SIZE 7 7/8 HOLE DEPTH 3600 CASING SIZE & WEIGHT 5 1/2  
CASING DEPTH DRILL PIPE TUBING 2 7/8 OTHER  
SLURRY WEIGHT 14.5 lb SLURRY VOL WATER gal/ek CEMENT LEFT IN CASING  
DISPLACEMENT 19.00 DISPLACEMENT PSI 750 MIX PSI 400 RATE 6 bpm

REMARKS: Softy meeting Pump to find Rate, found at 6 bpm  
700 psi mix 221 sack class A 2 1/2 Yec displaced with 18.5 bbl water  
stopped took 16 bbl on vacuum pull tubing wait for 1 hr  
Run into Retainer tray to string in

ACCOUNT CODE	QUANTITY of UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	410	MILEAGE	4.20	168.00
5407	1	min bulk delivery	368.00	368.00
11045	221	class A	15.70	3469.70
1102	442	calcium chloride	1.78	344.76
			Subtotal	5435.46
			<input checked="" type="checkbox"/> completed	
			SALES TAX	244.12
			ESTIMATED	
			TOTAL	5679.58

Ravin 3737 AUTHORIZATION Roy Donnelly TITLE DATE

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.

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair  
Thomas E. Wright, Commissioner  
Jay Scott Emler, Commissioner

Sam Brownback, Governor

February 24, 2014

Chris Haefele  
Taos Resources Operating Company LLC  
1455 W LOOP S  
SUITE 600  
HOUSTON, TX 77027

Re: ACO-1  
API 15-035-24518-00-00  
West Maddix Unit 12  
NW/4 Sec.02-33S-05E  
Cowley County, Kansas

Dear Chris Haefele:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 08/20/2013 and the ACO-1 was received on February 21, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department