



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1189372
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: _____

1189372

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE



Last Fracture Date:	1/8/2014
County:	Cowley
API Number (14 Digits):	15-035-24547-00-00
Operator Name:	Taos Resources Operating Company, LLC
Well Name and Number:	West Maddix Unit #14
Latitude:	
Longitude:	
Datum:	
Production Type:	Oil
True Vertical Depth (TVD):	3650
Total Base Fluid Volume (gal)*:	406,308

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%	
15% HCL		Acid	Hydrogen Chloride	7647-01-0	38%	0.69%	
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			3.62%
100 MESH	Proppant	Quartz (Crystalline Silicate)	14808-60-7			0.27%
20/40 Sand	Proppant	Quartz (Crystalline Silicate)	14808-60-7			0.52%

*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 # 264607

=====
Invoice Date: 12/10/2013 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 #14
43788
14-33-5
12-06-2013
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	200.00	15.7000	3140.00
1102	CALCIUM CHLORIDE (50#)	564.00	.7800	439.92
1107	FLO-SEAL (25#)	100.00	2.4700	247.00
4432	8 5/8" WOODEN PLUG	1.00	84.0000	84.00

Description	Hours	Unit Price	Total
502 TON MILEAGE DELIVERY	1.00	634.50	634.50
603 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
603 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00

Copy \$ Jim/Steph

1750397
830.130
Steph

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Parts: 3910.92 Freight: .00 Tax: 250.30 AR 5854.72
Labor: .00 Misc: .00 Total: 5854.72
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

264601

TICKET NUMBER 43788
LOCATION 180
FOREMAN Jeff Shell

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
12/6/13	2871	west Maddix unit #14	14	33	5	Cowley
CUSTOMER T909 Resources operating			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 14.55 Westloop South St 600			603 Jeremy A			
CITY STATE ZIP CODE Houston TX 77254			502 Dustin			
			539 Jeff S			

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 264 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 262 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL 42.03 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 15.57 DISPLACEMENT PSI 150 MIX PSI 100 RATE _____

REMARKS: Safety Meeting broke circ. Pumped 200SKs class A cement, 3% calcium
1/2 lb Poly displaced to surface with 15 1/2 bbls fresh water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00 ✓
5406	45	MILEAGE	4.20	189.00 ✓
11045	200SKs	class A cement	15.70	3140.00 ✓
1102	564lbs	calcium	.78	439.92 ✓
1107	100lbs	Poly	2.47	247.00 ✓
5407A	10 ton	Ton Mileage Delivery	1.41	634.50 ✓
4432	1	8 5/8 wooden Plug	84.00	84.00 ✓
			Subtotal	5604.42
SCANNED				
			SALES TAX ESTIMATED	250.30 ✓
			TOTAL	5854.72 ✓

Ravin 3737

AUTHORIZATION Stephen Ball for Tasc 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 *AZ*

Invoice # 264732

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Invoice Date: 12/16/2013 Terms: 0/0/30,n/30 Page 1
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TAOS RESOURCES OPERATING, LLC
1455 WEST LOOP SOUTH, ST. 600
HOUSTON TX 77054
(713)993-0774

WEST MADDIX UNIT #14
43735
14-33-5E
12-12-2013
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	250.00	15.7000	3925.00
1118B	PREMIUM GEL / BENTONITE	1000.00	.2200	220.00
1110A	KOL SEAL (50# BAG)	1250.00	.4600	575.00
1102	CALCIUM CHLORIDE (50#)	400.00	.7800	312.00
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
4114	RECIPROCAT' CEMENT BAS	3.00	290.0000	870.00
4136	TURBOLIZER	6.00	75.7500	454.50
4159	FLOAT SHOF	1.00	433.7500	433.75
4454	5 1/2" LA' <i>Copy Jim's Steph</i>	1.00	500.0000	500.00

Description	Hours	Unit Price	Total
446 CEMENT PUMP	1.00	1085.00	1085.00
446 EQUIPMENT MILEAGE (ONE)	45.00	4.20	189.00
446 CASING FOOTAGE	2150.00	.23	494.50
491 MIN. BULK DELIVERY	1.00	368.00	368.00

175D397
840.130
Blampfe

=====
Parts: 7840.25 Freight: .00 Tax: 501.78 AR **10478.53**
Labor: .00 Misc: .00 Total: 10478.53
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

264732

TICKET NUMBER 43735
LOCATION 180 Eldorado
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 #14	14	33	5E	Cowley																
CUSTOMER Teas Resources			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>446</td> <td>Josh</td> <td></td> <td></td> </tr> <tr> <td>491</td> <td>Jeremy M</td> <td></td> <td></td> </tr> <tr> <td>702</td> <td>Jacob</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	446	Josh			491	Jeremy M			702	Jacob		
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446	Josh																					
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MAILING ADDRESS 1455 West Loop South, St 100			<table border="1"> <thead> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> </thead> <tbody> <tr> <td>Houston</td> <td>TX</td> <td>77254</td> </tr> </tbody> </table>				CITY	STATE	ZIP CODE	Houston	TX	77254										
CITY	STATE	ZIP CODE																				
Houston	TX	77254																				

JOB TYPE Long string B HOLE SIZE 77/8 HOLE DEPTH 3650 CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH 3649 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.16 SLURRY VOL 6.719 WATER gal/sk _____ CEMENT LEFT in CASING 42 ft shoe
 DISPLACEMENT 85.87 DISPLACEMENT PSI 1350 MIX PSI 250 RATE 6.6 bpm

REMARKS: Safety meeting, break circulation, pump 5bbl water, 400gal
drill 100, 5bbl water mix 225 sks class A 5/16 col seal, 4 1/2 gal gel
displaced with 8587, bbl landing plug at 1900 psi check float
float held, plug Rod hole with 25 sks TOB complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	6 45	MILEAGE	4.20	189.00 ✓
5407	1	min bulk delivery	368.00	368.00 ✓
5402	2150	footage	.23	494.50 ✓
11045	250	class A	15.70	3925.00 ✓
1118B	1000	gel	.22	220.00 ✓
1107A	1250	Kol-Seal	.46	575.00 ✓
1102	400	Calcium chloride	.78	312.00 ✓
11445	500	Dr 1100	1.10	550.00 ✓
4114	3	5 1/2 Reciprocating Baskets	290.00	870.00 ✓
4136	6	5 1/2 S band turbo liner	75.75	454.50 ✓
4159	1	5 1/2 AFE Sher weatherford	433.75	433.75 ✓
4454	1	5 1/2 Latch down weatherford	500.00	500.00 ✓
completed			Subtotal	9976.75 ✓
6.4%			SALES TAX	501.78 ✓
			ESTIMATED TOTAL	10478.53 ✓

RAVIN 9737
 AUTHORIZATION Stephen Bell for Teas 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 for