



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1195786
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: _____

1195786

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
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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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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 # 264941

Invoice Date: 12/26/2013 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 20 SWD
43798
3-33-5
12-19-2013
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	185.00	15.7000	2904.50
1102	CALCIUM CHLORIDE (50#)	400.00	.7800	312.00
1118B	PREMIUM GEL / BENTONITE	350.00	.2200	77.00
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
467	CEMENT PUMP (SURFACE)	1.00	870.00	870.00
467	EQUIPMENT MILEAGE (ONE WAY)	44.00	4.20	184.80
502	TON MILEAGE DELIVERY	1.00	558.36	558.36

Copy to steph/sim

1750426

830.130

0

6/4/13

Parts:	3624.50	Freight:	.00	Tax:	231.98	AR	5469.64
Labor:	.00	Misc:	.00	Total:	5469.64		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



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P.O. Box 4346
Houston, TX 77210-4346

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P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

12/31/2013
AZ

INVOICE

Invoice # 265115

Invoice Date: 12/31/2013 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 #20
43746
3-33-5E
12-30-2013
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	260.00	15.7000	4082.00
1102	CALCIUM CHLORIDE (50#)	550.00	.7800	429.00
1118B	PREMIUM GEL / BENTONITE	1050.00	.2200	231.00
1110A	KOL SEAL (50# BAG)	2050.00	.4600	943.00
1144G	MUD FLUSH (SALE)	500.00	.0000	.00
4114	RECIPROCATING CEMENT BAS	12.00	290.0000	3480.00
4130	CENTRALIZER 5 1/2"	6.00	61.0000	366.00
4253	TYPE A PACKER SHOE61/2X6	1.00	1663.0000	1663.00
4454	5 1/2" LATCH DOWN PLUG	1.00	266.7500	266.75

Description	Hours	Unit Price	Total
446 CEMENT PUMP	1.00	1085.00	1085.00
446 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
446 CASING FOOTAGE	2175.00	.23	500.25
491 MIN. BULK DELIVERY	1.00	368.00	368.00

WELL NUMBER 175D426
MISC 840.130
DRR *ample*
APPROVAL

Parts:	11460.75	Freight:	.00	Tax:	733.48	AR	14336.48
Labor:	.00	Misc:	.00	Total:	14336.48		
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

265115

TICKET NUMBER 43746

LOCATION 180

FOREMAN Jacob Storm

FIELD TICKET & TREATMENT REPORT

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

CEMENT Api 15-035-24548-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-30-13	2871	west maddix unit #20	3	33	SE	cowley
CUSTOMER						
Taos Resources						
MAILING ADDRESS						
1455 west Loop South St 600						
CITY		STATE	ZIP CODE			
Houston		TX	77254			
TRUCK # DRIVER TRUCK # DRIVER						
446 Jash						
491 mark						
702 Jacob						

JOB TYPE <u>Longstring B</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH <u>4100</u>	CASING SIZE & WEIGHT <u>5 1/2 15.3 lb</u>
CASING DEPTH <u>3876</u>	DRILL PIPE <u>N/A</u>	TUBING <u>N/A</u>	OTHER _____
SLURRY WEIGHT <u>14.5 lb</u>	SLURRY VOL <u>64.79</u>	WATER gal/sk _____	CEMENT LEFT in CASING <u>42 1/2 shoe</u>
DISPLACEMENT <u>86.48</u>	DISPLACEMENT PSI <u>950</u>	MIX PSI <u>200</u>	RATE <u>6 bpm</u>

REMARKS: Silly meaning, centralizer on 1, 3, 6, 13, 17, 23, Baskets on 1, 2, 3, 4, 5, 10, 16, 20, 26, 30, 35, 40, Run pipe circulate for 30 min, open shoe, circulate for 30 min, pump 3 bbl water, 300 gal du 1100, 5 bbl water, mix 240 sks class A 4 1/2 gel 2 1/2 lcc 8 1/2 kol-seal, displaced with 82.17 hbl landing plug at 1500 psi check float, float held, plug float hole with 20 sks class A 4 1/2 gel 2 1/2 lcc 8 1/2 kol-seal, Job complete,

yield 1.51

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	4.5	MILEAGE	4.20	189.00
5407	1	min bulk delivery	368.00	368.00
5402	2175	footage	.23	500.25
11045	260	class A	15.70	4082.00
1102	550	calcium chloride	.78	429.00
1118B	1050	gel	.22	231.00
1110A	2050	kol-seal	.46	943.00
11445	500	Du 1100	1.10	N/C
4114	12	5 1/2 Reciprocating Baskets	290.00	3480.00
4130	6	5 1/2 centralizer	61.00	366.00
4253	1	5 1/2 type A shoe	1663.00	1663.00
4454	1	5 1/2 latch down plug	266.75	266.75
		completed	Subtotal	13603.00
		6.4%	SALES TAX	733.48
			ESTIMATED TOTAL	14336.48

Ravin 3737
AUTHORIZATION Stephen Bell TITLE Taos

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.