



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1196011
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: _____

1196011

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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)*

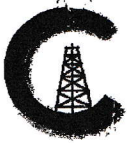
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED

Oil Well Services, LLC

RECEIVED
FEB 04 2014
BY AZ

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 # 265677

Invoice Date: 01/30/2014 Terms: 0/0/30,n/30

Page 1

TAOS RESOURCES OPERATING, LLC
1455 WEST LOOP SOUTH, ST. 600
HOUSTON TX 77027
(713)993-0774

WEST MADDIX UNIT #18
43805
11-33-5
01-28-2014
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	185.00	15.7000	2904.50
1102	CALCIUM CHLORIDE (50#)	444.00	.7800	346.32
1118B	PREMIUM GEL / BENTONITE	370.00	.2200	81.40
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	596.43	596.43
603 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
603 EQUIPMENT MILEAGE (ONE WAY)	47.00	4.20	197.40

WELL ID/AFE # 175D443
CODE B30.130
 N R Chief
APPROVAL

Parts:	3663.22	Freight:	.00	Tax:	234.45	AR	5561.50
Labor:	.00	Misc:	.00	Total:	5561.50		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

265677

TICKET NUMBER 43805
LOCATION 180
FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT

CEMENT APF 15-035-24552-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/29/14	2871	West Maddix unit #18	11	33	5	Cowley
CUSTOMER Tao Resources operating			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 1455 W Loop S Ste 600			603	Jeremy A		
CITY Houston		STATE TX	ZIP CODE 77027	502	Dustin	
			539	Jeff S		

JOB TYPE Surface 8 HOLE SIZE 12 1/4 HOLE DEPTH 267 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 267 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 44.80 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 15.25 DISPLACEMENT PSI 200 MIX PSI 100 RATE 4.5

REMARKS: Safety Meeting broke circ, Pumped 185 SKS class A cement
3% calcium 2% gel 1/2 lb poly displaced to surface with 15 3/4 bbls
fresh water Plug down at 0530

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00 ✓
5406	47	MILEAGE	4.20	197.40 ✓
11045	185 SKS	class A cement	15.70	2904.50 ✓
1102	444 lbs	Calcium Chloride	.78	346.32 ✓
11188	320 lbs	Gel	1.22	391.40 ✓
1107	100 lbs	Polyflake	2.47	247.00 ✓
5407A	9 ton	Tan mileage delivery	1.41	596.43 ✓
4432	1	8 5/8 wooden plug	84.00	84.00 ✓
				Subtotal 5327.05
completed				
SALES TAX				234.45 ✓
ESTIMATED TOTAL				5561.50 ✓

Ravin 3737

AUTHORIZATION Stephen Ball for Tao 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

RECEIVED
FEB 13 2014
AZ

INVOICE

Invoice # 265821

Invoice Date: 02/10/2014 Terms: 0/0/30,n/30 Page 1

TAOS RESOURCES OPERATING, LLC
1455 WEST LOOP SOUTH, ST. 600
HOUSTON TX 77027
(713) 993-0774

WEST MADDIX UNIT 18
43817
11-33-5E
02-02-2014
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	265.00	15.7000	4160.50
1102	CALCIUM CHLORIDE (50#)	450.00	.7800	351.00
1118B	PREMIUM GEL / BENTONITE	800.00	.2200	176.00
1110A	KOL SEAL (50# BAG)	1350.00	.4600	621.00
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	433.7500	433.75
4136	TURBOLIZER 5 1/2"	6.00	75.7500	454.50
4114	RECIPROCATING CEMENT BAS	2.00	290.0000	580.00
4454	5 1/2" LATCH DOWN PLUG	1.00	400.0000	400.00

Description	Hours	Unit Price	Total
491 MIN. BULK DELIVERY	1.00	368.00	368.00
491 5 1/2" PLUG CONTAINER	215.00	.00	.00
491 TECHNICAL SERVICES	1.00	300.00	300.00
491 EQUIPMENT STAND-BY ON LOCATION	4.00	90.00	360.00
603 CEMENT PUMP	1.00	1085.00	1085.00
603 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
603 CASING FOOTAGE	2200.00	.23	506.00
603 EQUIPMENT STAND-BY ON LOCATION	4.00	90.00	360.00
702 EQUIPMENT STAND-BY ON LOCATION	4.00	90.00	360.00

WELL ID/AFE # 175D443
CODE 840.130
NORR [Signature]
APPROVAL

Parts: 7726.75 Freight: .00 Tax: 494.50 AR 11770.25
Labor: .00 Misc: .00 Total: 11770.25
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7684 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/639-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

265821

TICKET NUMBER 43817
LOCATION 180
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API 15-035-24552-0000

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-2-14	2871	west maddix unit 18	11	33	SE	Cowley

CUSTOMER	MAILING ADDRESS	CITY	STATE	ZIP CODE
Tass Resources	1455 west Loop South St 600	Houston	TX	77254

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

JOB TYPE Longstring B HOLE SIZE 2 7/8 HOLE DEPTH 3699 CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH 3698 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 69.34 WATER gal/sk _____ CEMENT LEFT In CASING 20ft Shoe Joint
 DISPLACEMENT 88.01 DISPLACEMENT PSI 1000 MIX PSI 300 RATE 6.1

REMARKS: Safety meeting. Run casing centralizers on baskets on calculate hole for min pump sbbl water 500 gal du 1100 sbbl water mix 240 lbs class A 2 1/2 cc 3/4 gel 5/8 kol seal displace with 88.01 bbl landing plug at ps 1135 check float float held plug Retract with 25 lbs class A 2 1/2 cc 3/4 gel 5/8 kol seal

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4.20	210.00
5407	1	min bulk delivery	368.00	368.00
5402	2200	footage	.23	506.00
1104S	265	class A	15.70	4160.50
1102	450	calcium chloride	.78	351.00
1118B	800	gel	.22	176.00
1110A	1350	kol-seal	.46	621.00
1144G	500	Dv 1100 (mud flush)	1.10	550.00
4159	1	5 1/2 AFlx Shoe weatherford	433.75	433.75
4136	6	5 1/2 strand turbolizer	75.75	454.50
4114	2	5 1/2 weatherford baskets	290.00	580.00
4454	1	5 1/2 weatherford ketchdown plug	400.00	400.00
5620	1	5 1/2 plug container	215.00	N/C
5404	12	strand by	90.00	1080.00
5104	1	climbing screw <input checked="" type="checkbox"/> completed	300.00	300.00
			Subtotal	11275.75
		6.4	SALES TAX	494.50
			ESTIMATED TOTAL	11770.25

AVI 3737 AUTHORIZATION Stephen Ball for Tass DATE 11/20/25

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.