



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1197294
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: _____

1197294

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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511 INDUSTRIAL RD.
P.O. BOX 267
WINFIELD, KS 67156
(620) 221-0061

SOLD TO MIKE DIXON

CUST. NO. _____ DATE ORDERED 7/31/13 SHIPPED VIA _____ DATE SHIPPED _____ F.O.B. _____

ORDERED BY MIKE LEASE DIXON

CD	QUANTITY	DESCRIPTION	LIST	DISC.	NET
	<u>44.70</u>	<u>85/8 ON 8 RD 23# NEW C.S. CASING 810550</u>	<u>14</u>	<u>50</u>	

Sub-Total				
Freight				
SALES TAX				

NET DUE IN 30 DAYS. INTEREST CHARGE IS 1½% PER MONTH, WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% PER YEAR. Material that is purchased and not paid for within the stated terms remain the property of Cates Supply, Inc.

We do not warrant any Second Hand Material as to quality, weight or fitness for the purpose for which it was intended or purchased. New goods, or parts thereof, not manufactured by seller are guaranteed only in accordance with the manufacturer's guaranty and then only to the extent the seller is able to enforce it.

NOTE: LIMITED SERVICE AND REJECT MATERIALS ARE SOLD "AS IS" AND ARE NOT COVERED BY ANY TYPE OR KIND OF WARRANTY OR GUARANTEE.

SIGNATURE _____ AGREED

Order # **314623**



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 # 261404

Invoice Date: 08/22/2013 Terms: 5/5/10,n/30

Page 1

DIXON, JIM
1214 CYCLONE
MOLINE KS 67353
() -

DIXON #54
5000000677
08/12/13
20-31S-10E
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	200.00	15.7000	3140.00
1118B	PREMIUM GEL / BENTONITE	400.00	.2200	88.00

Sublet Performed	Description	Total
9995-240	CEMENT EQUIPMENT DISCOUNT	-96.10
9996-240	CEMENT MATERIAL DISCOUNT	-161.40

Description	Hours	Unit Price	Total
398 P & A NEW WELL	1.00	1085.00	1085.00
398 EQUIPMENT MILEAGE (ONE WAY)	65.00	4.20	273.00
518 TON MILEAGE DELIVERY	400.00	1.41	564.00

Amount Due 5380.80 if paid after 09/01/2013

Parts:	3228.00	Freight:	.00	Tax:	219.26	AR	5111.76
Labor:	.00	Misc:	.00	Total:	5111.76		
Sublt:	-257.50	Supplies:	.00	Change:	.00		

pd. 8/12/13
OK #10263
\$5128.14
Thank You!

Signed _____

CEMENT FIELD TICKET AND TREATMENT REPORT

#261404

Customer	Dixon Drilling	State, County	Elk, Kansas	Cement Type	CLASS A
Job Type	Plug	Section	20	Excess (%)	
Customer Acct #	2457	TWP	31S	Density	14.7
Well No.	Dixon #57	RGE	10E	Water Required	6.5
Mailing Address		Formation		Yield	1.36
City & State		Tubing		Sacks of Cement	
Zip Code		Drill Pipe	4 1/2" (16.60#)	Slurry Volume	
Contact		Casing Size		Displacement	35 / 20.3
Email		Hole Size	7 7/8"	Displacement PSI	
Cell		Casing Depth		MIX PSI	200
Dispatch Location	BARTLESVILLE	Hole Depth	2512'	Rate	3.5 bpm
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5405N	P & A NEW WELLS (2 HOURS MAX.)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	65	PER MILE	\$4.20	\$ 273.00
5407A	TON MILEAGE DELIVERY	400	PER MILE	\$1.41	\$ 564.00
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
EQUIPMENT TOTAL					\$ 1,922.00
Cement, Chemicals and Water					
1104S	CLASS A CEMENT (SALES) BLEND(SK)	200	0	\$15.70	\$ 3,140.00
1118B	PREMIUM GEL/BENTONITE (50#)	400	0	\$0.22	\$ 88.00
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
Chemical Total					\$ 3,228.00
Cement Water Transports					
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
Transports Total					\$ -
Cement Floating Equipment (TAXABLE)					
Cement Basket					
0				\$0.00	\$ -
Centralizer					
0				\$0.00	\$ -
0				\$0.00	\$ -
Float Shoe					
0				\$0.00	\$ -
Float Collars					
0				\$0.00	\$ -
Guide Shoes					
0				\$0.00	\$ -
Baffle and Flapper Plates					
0				\$0.00	\$ -
Packer Shoes					
0				\$0.00	\$ -
DV Tools					
0				\$0.00	\$ -
Ball Valves, Swedges, Clamps, Misc.					
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
Plugs and Ball Sealers					
0				\$0.00	\$ -
Downhole Tools					
0				\$0.00	\$ -

PR CK 10/26/13

DRIVER NAME	
577	Kirk Sanders
398	Bryan Scullaw
518	Jonathan Fulwood

CEMENT FLOATING EQUIPMENT TOTAL	\$ -
SUB TOTAL	\$ 5,150.00
7.30% SALES TAX	\$ 379.10
TOTAL	\$ 5,529.10
5% (-DISCOUNT)	\$ 276.45
DISCOUNTED TOTAL	\$ 5,252.65

#5369.26
-257.50
#5111.76

AUTHORIZATION [Signature]
DATE _____

TITLE _____
FOREMAN [Signature]

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.

