



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1198762
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: _____

1198762

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PetroSantander (USA) Inc.
Well Name	Odd Williams 6
Doc ID	1198762

All Electric Logs Run

Measured Depth
Compensated Sonic with Integrated Transit Time
Special Gamma Ray
Compact Photo Density Compensated Neutron Microresistivity
Array Induction Shallow Focused Electric
Microresistivity

Form	ACO1 - Well Completion
Operator	PetroSantander (USA) Inc.
Well Name	Odd Williams 6
Doc ID	1198762

Tops

Name	Top	Datum
Heebner	3916	
Lansing	4004	
Marmaton	4494	
Pawnee	4578	
Cherokee	4608	
Morrow SH	4840	
Morrow SD	4882	
St Genevieve	4904	



CONSOLIDATED
Oil Well Services, LLC

262746

TICKET NUMBER 44309
LOCATION Oakley Ks
FOREMAN Daman Miller
Walt Dineel

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8673

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-27-13	6335	Odd Williams #A	12	215	35W	Kearney
CUSTOMER Petro-Sandstander USA		36011 Scott City, KS to CL 15W-23 1 1/2 W W.S	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			399	Dane Rutledge		
CITY		STATE	566	Cody Roots		
ZIP CODE			529-T129	Merl		
				Dwight Johnson		Rialoe

JOB TYPE <u>Prod</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH <u>5000'</u>	CASING SIZE & WEIGHT <u>5 1/2" 18.5</u>
CASING DEPTH <u>4996'</u>	DRILL PIPE	TUBING	OTHER <u>DV 2 20 24'</u>
SLURRY WEIGHT <u>14.2-12.5</u>	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>20'</u>
DISPLACEMENT <u>118 1/2</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>6 BPM</u>

REMARKS: Safety meeting, rig up on Trinidad 2 1/8", circ casing on bottom
1 Hr, Pump 500 gal mud flush, mixed 2.25 sks OWC, 5# Kalsol
2 14.2 PPG, clear Pump + lines, Displace 70 BBL H₂O + 48 BBL mud
2 1100#, Landed Plug 2 1500#, release Pressure, Float Hold, open DV Tool
and Circ 4 Hrs, mix 4.75 sks 6940 per, 8 1/2 gal, 14# Flo-Seal, clear Pump + lines
release Plug + Displace 49 1/2 BBL H₂O @ 750#, Shut Tool 2 1500#, release
Pressure, Tool Hold

Contract Did Circ

Thank You
Daman, Walt + Rex

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3,175.00	3,175.00
5406	45	MILEAGE	5.25	236.25
5407A	3.0	Ton Mileage Delivery	1.75	2,412.50
1126	225 sks	OWC	23.70	5,332.50
1110A	1125 #	Kalsol	.56	630.00
1131	475 sks	6940 per	15.86	7,533.50
1183	3272 #	Gal	.27	883.44
1107	119 #	Flo-Seal	2.97	353.43
4159	1	5 1/2 AFO Float Shoe	433.75	433.75
4130	10	5 1/2 Centralizers	61.00	610.00
4104	2	5 1/2 Baskets	290.00	580.00
4283	1	DV Tool w/ Latched down Plug	4,042.50	4,042.50
11446	500 gal	mud flush	1.00	500.00
			completed	26,751.42
				2,675.16
				24,076.26
			6.15%	SALES TAX 1,150.78
				ESTIMATED TOTAL 25,227.04

Ravin 9797

AUTHORIZATION [Signature] 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

262600

TICKET NUMBER 38097
LOCATION Oakley, KS
FOREMAN Damon - Trainee
Furry

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

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-23-13	6335	odd William #6	12	21	35	Keosauqua
CUSTOMER			TRUCK# DRIVER TRUCK# DRIVER			
PetroSantander USA			399	Tom W		
MAILING ADDRESS			528	Jeremy S		
CITY			Keith Ride along			
STATE ZIP CODE						

JOB TYPE surface HOLE SIZE 12 1/4 HOLE DEPTH 520' CASING SIZE & WEIGHT 8 5/8 24#
 CASING DEPTH 512' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.5-14.7 SLURRY VOL 1.8-1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 31.3 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____
 REMARKS: Safety meeting on Trinidad #216 - Rig up and circulate.
Mix 150SKS 65/35 67ozal 39ozal 114ozal Tail with 150SKS
Class 'A' 39ozal 29ozal Drop plug and displace 31 BBLs. and
shot in
Cement did circulate approx 10 BBL to pit.

Thanks Damon & Crew.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1150.00	1150.00
5406	60	MILEAGE	5.25	315.00
5407A	13.8 TON	Ton mileage delivery	125	1449.00
11045	150 SKS	Class 'A'	18.55	2782.50
1102	815#	Calcium chloride	.94	766.10
1128B	1065#	Bentonite	1.21	287.35
1127A	150 SKS	65/35	16.00	2400.00
1107	38#	Flow seal	2.97	112.86
4432	1	8 5/8 wood cup plug	100.25	100.25
4132	2	8 5/8 centralizers	86.00	172.00
4205	1	8 5/8 Texas Patt G. Shoe	298.25	298.25
		subtotal		9834.01
		less 1090		9834.01
		completed subtotal		8850.01
		1.15%	SALES TAX	383.02
			ESTIMATED TOTAL	9233.03

Revin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

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