



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1198788
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: _____

1198788

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

AFF 0505

TICKET NUMBER 44341
LOCATION OKLEY KS
FOREMAN DAMON M. TRAINING
WALT DINKEL

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

FIELD TICKET & TREATMENT REPORT
CEMENT

KANSAS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-2-13	6335	COLLINGWOOD #9	1	33	30 W	MEADE
CUSTOMER PETRO SANTANDER			PIAINS			
MAILING ADDRESS			45			
CITY			2 1/4 E.			
STATE			S.S.			
ZIP CODE						
TRUCK #	DRIVER	TRUCK #	DRIVER			
399	STAN W.					
528T-127	KEITH C.					
566	STEVEN					

JOB TYPE SURFACE HOLE SIZE 12 1/4 HOLE DEPTH 1525' CASING SIZE & WEIGHT 8 5/8 29#
CASING DEPTH 1519' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 12.5-14.7 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 41.48
DISPLACEMENT 94.05 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: SAFETY MEETING RIG UP ON FRINAAA # 216 RIG UP
AND CIRCULATE MIX 550SKS. 6 5/35 6 7/8 GEL 3 7/8 CC 1/4 # FLOSSAL
TAIL W/ 150SKS CLASS A 3 7/8 CC 2 7/8 GEL DROP PLUG AND DISPLACE
BAR AND SHUT IN.

CEMENT DID CIRCULATE

THANK YOU DAMON, WALT CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1150.00	1150.00
5406	50	MILEAGE	5.25	262.50
5407A		TON MILEAGE DELIVERY	1.75	2,910.31
11045	150-SKS	CLASS A. CEMENT	18.55	2,782.50
1102	1860#	CALCIUM CHLORIDE	.94	1,748.40
1118B	3156	BETONITE	.27	852.12
1127A	550-SKS	65/35	16.00	8,800.00
1107	138	FLOSSAL	2.97	409.86
4411	1	8 5/8 RUBBER PLUG	141.75	141.75
4132	3	8 7/8 CENTRALIZERS	86.00	258.00
4204	1	8 3/8 GUIDE SHOE	524.00	524.00
4229	1	8 5/8 RFU INSERT	313.00	313.00
5117	1	MISCELLANEOUS	385.00	385.00
				20,872.48
		Less 10% Disc		- 2,087.24
				18,785.24
			SALES TAX	
			ESTIMATED	
			TOTAL	

Raw 3737 AUTHORIZATION [Signature] TITLE APF 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

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

TICKET NUMBER 44358

LOCATION Oakley, KS

FOREMAN Miles Shaw

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-8-13	6335	Collins Wood #9	1	33 S	30W	Meade
CUSTOMER			V.S.			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			4827118	Danah		
STATE			597129	Steve O/S		
ZIP CODE						

JOB TYPE <u>Long String</u>	HOLE SIZE <u>7 7/8"</u>	HOLE DEPTH <u>5860</u>	CASING SIZE & WEIGHT <u>5 1/2" 15.5#</u>
CASING DEPTH <u>5860'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>125/138</u>	SLURRY VOL <u>1.89/1.42</u>	WATER gal/sk	CEMENT LEFT in CASING <u>21.00</u>
DISPLACEMENT <u>136</u>	DISPLACEMENT PSI <u>3000</u>	MIX PSI <u>3000</u>	RATE

REMARKS: Safety meeting and rig-up. Trinidad drilling Rig # 216. Final equipment Central vacuum 1, 3, 5, 7, 9, 11, 13, 15, 17, 19. Borehole on Job # 140 total 500 ft. Run casing to bottom. Circulate casing 1 1/2 hrs. Pump 5 bbls water. - mix 125 slts 60/40 per 60 gal 10" floccul to be added in with 72.5 slts OWC with 5" Vul Seal with 10% C.F. 115 + 1.1% C.F. 38. Shut down. Clear pump lines to allow plug discharge 120 bbls water to 3000 PSI. plug did not land. Final shoe hold 136 bbls short on displacement. Mud flush was not used. Well lost circulation last 10 bbls discharge. Thanks Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3175.00	3175.00
5406	50	MILEAGE	5.25	262.50
5407A	15.95 Tons	Ton Mileage delivery	1.75	1395.62
1126	225 SLS	OWC	23.70	5332.50
1131	125 SLS	60/40 puz	15.86	1982.50
1110A	1125 #	Vul Seal	156	630.00
1107	31 #	Floccul	2.97	92.07
1118B	645 #	Bentonite gel	.27	174.15
1135A	52 #	C.F. 115 Floccul	11.08	576.16
1146	29 #	C.F. 38 Defoamer	10.20	295.80
4104	1	56" Basket	290.00	290.00
4130	11	56" Centralizers	61.00	671.00
4159	1	5 1/2" Mud shoe	433.75	433.75
4454	1	56" Latch down	318.25	318.25
			Subtotal	15629.30
			155% 10% discount	1582.93
			Subtotal	14046.37
			SALES TAX	
			ESTIMATED TOTAL	

Revin 3737
AUTHORIZATION [Signature] TITLE AF DATE 10-8-13

I acknowledge that the payment terms, conditions 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.