



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1197704
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: _____

1197704

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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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 # 265212

Invoice Date: 01/13/2014 Terms: 0/0/30,n/30

Page 1

TAILWATER, INC.
6421 AVONDALE DRIVE, SUITE 212
OKLAHOMA CITY OK 73116
(405)810-0900

W. WHITESIDE 9-T
44975
SE 21-20-20
01-03-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	116.00	11.5000	1334.00
1118B	PREMIUM GEL / BENTONITE	295.00	.2200	64.90
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
	Description	Hours	Unit Price	Total
368	CEMENT PUMP	1.00	1085.00	1085.00
368	EQUIPMENT MILEAGE (ONE WAY)	25.00	4.20	105.00
368	CASING FOOTAGE	796.00	.00	.00
370	80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
503	MIN. BULK DELIVERY	1.00	368.00	368.00

AFE

Parts:	1428.40	Freight:	.00	Tax:	109.27	AR	3275.67
Labor:	.00	Misc:	.00	Total:	3275.67		
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 785/672-6822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/688-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

265212

TICKET NUMBER 44975
LOCATION Ottawa
FOREMAN Alan Madew

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-3-14	1806	W. Whiteside 9-T	SE 21	2D	20	AN
CUSTOMER Oilwater			TRUCK #		DRIVER	
MAILING ADDRESS 6421 Avondale			TRUCK #		DRIVER	
CITY Oklahoma City			TRUCK #		DRIVER	
STATE OK			TRUCK #		DRIVER	
ZIP CODE 73116			TRUCK #		DRIVER	
JOB TYPE <u>long string</u>		HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>804</u>	CASING SIZE & WEIGHT <u>2 7/8</u>		
CASING DEPTH <u>796</u>		DRILL PIPE	TUBING	OTHER		
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>		
DISPLACEMENT <u>416</u>		DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>4 bpm</u>		
REMARKS: <u>Hold meeting. Established rate down casing. Mixed & pumped 100# gel followed by 116 lb 50/50 cement plus 290 gal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 psi. Set float. Closed valve.</u>						

Evans Trains

Alan Madew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	25	MILEAGE	368	10500
5402	796'	Casing footage	368	
5407	MIA	tax miles	503	368.00
55026	2	80 kg	370	180.00
1124	116	50/50 cement		1334.00
1188	295#	gel		64.90
4402	1	2 1/2 plug		29.50
<input checked="" type="checkbox"/> completed				
SALES TAX				109.27
ESTIMATED TOTAL				3275.67

Form 3737

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 the



11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Tailwater, Inc.

West Whiteside #9-T

API#15-003-26,074

December 31, 2013 - January 3, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
2	soil & clay	2
43	lime	45
8	shale	53
16	lime	69
111	shale	180
28	lime	208
65	shale	273
12	lime	285
6	shale	291
33	lime	324
7	shale	331
20	lime	351
3	shale	354
20	lime	374 base of the Kansas City
169	shale	543
3	lime	546
12	shale	558
7	lime	565 oil show
5	shale	570
10	broken sand	580 brown & green, light bleeding
8	shale	588
1	coal	589
7	shale	596
16	oil sand	612 green, ok bleeding
2	coal	614
6	shale	620
4	lime	624
92	shale	716
4	broken sand	720 brown & green ok bleeding
2	oil sand	722
33	shale	755
1	lime & shells	756
3	oil sand	759 brown ok bleeding
10	silty shale	769
37	shale	806 TD

Drilled a 12" hole to 21.6'.

Drilled a 5 5/8" hole to 806'.

Set 21.6' of 8 5/8" surface casing cemented with 7 sacks of cement

Set 796.4' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp.



11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9683

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