



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1204267
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: _____

1204267

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Taos Resources Operating Company LLC
Well Name	Brothers Dairy 36-1
Doc ID	1204267

Tops

Name	Top	Datum
Topeka	1198	162
Iaton Lime	1875	-515
Stalnaker	1959	-598
KC Lime	2408	-1048
Marmaton Lime	2677	-1317
Cherokee	2817	-1457
Miss Chert	3086	-1726
T Miss Lime	3095	-1735
Reed Springs	3535	-2175
Kinderhook Shale	3536	-2176
Woodford	3539	-2179



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 # 264287

Invoice Date: 11/25/2013 ^{AZ} Terms: 0/0/30,n/30

Page 1

TAOS RESOURCES OPERATING, LLC
1455 WEST LOOP SOUTH, ST. 600
HOUSTON TX 77054
(713)993-0774

BROTHERS DAIRY 36-1
43776
36-31-5
11-20-2013
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#)	75.00	2.4700	185.25
4432	8 5/8" WOODEN PLUG	1.00	84.0000	84.00

Description	Hours	Unit Price	Total
467 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
467 EQUIPMENT MILEAGE (ONE WAY)	40.00	4.20	168.00
502 TON MILEAGE DELIVERY	1.00	507.60	507.60

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Steph

Parts:	3601.47	Freight:	.00	Tax:	230.50	AR	5377.57
Labor:	.00	Misc:	.00	Total:	5377.57		
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 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

264289

TICKET NUMBER 43776
LOCATION 180
FOREMAN Jeff Shell

Box 884, Chanute, KS 66720
20-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-035-24542-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/20/13	2871	Brothers Dairy 36-1	36	31	5	Cowley

TRUCK #	DRIVER	TRUCK #	DRIVER
467	Ron M		
502	Jeremy M		
539	Jeff S		

CUSTOMER: TAOS Resources operating CO.
MAILING ADDRESS: 455 W Loop S PO Box 540225
CITY: Houston STATE: TX ZIP CODE: 77254

DB TYPE: Surface B HOLE SIZE: 12 1/4 HOLE DEPTH: 262 CASING SIZE & WEIGHT: 8 5/8
CASING DEPTH: _____ DRILL PIPE: _____ TUBING: _____ OTHER: _____
CURRY WEIGHT: 15.2 SLURRY VOL: 44.80 WATER gal/sk: _____ CEMENT LEFT in CASING: _____
DISPLACEMENT: 15.25 DISPLACEMENT PSI: _____ MIX PSI: _____ RATE: _____

REMARKS: Safety Meeting, broke circ. Pumped 185 SKS class A cement 3% calcium, 2% Gel 1/2 lb. Poly displaced to surface with 15 1/4 bbl freshwater

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00 ✓
5406	40	MILEAGE	4.20	168.00 ✓
11045	185 SKS	Class A cement	15.70	2904.50 ✓
1102	444 lbs	calcium chloride	.70	346.32 ✓
1118B	370 lbs	Gel	.22	81.40 ✓
1107	75 lbs	Polyflake	2.47	185.25 ✓
5407A	9 ton	Ton mileage delivery	1.41	507.60 ✓
4432	1	8 5/8 wooden plug	84.00	84.00 ✓
			Subtotal	5147.07 ✓

completed

SALES TAX: 6.4 ESTIMATED TOTAL: 230.50
DATE: 11/20/2013
TOTAL: 5377.57 ✓

AUTHORIZATION: [Signature] TITLE: TAOS
I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's count 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
NOV 27 2013
A2

INVOICE

Invoice # 264348

Invoice Date: 11/27/2013 Terms: 0/0/30,n/30

Page 1

TAOS RESOURCES OPERATING, LLC
1455 WEST LOOP SOUTH, ST. 600
HOUSTON TX 77054
(713)993-0774

BROTHERS DAIRY 36-1
43780
36-31-5
11-25-2013
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	260.00	15.7000	4082.00
1118B	PREMIUM GEL / BENTONITE	780.00	.2200	171.60
1102	CALCIUM CHLORIDE (50#)	416.00	.7800	324.48
1110A	KOL SEAL (50# BAG)	650.00	.4600	299.00
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
4104	CEMENT BASKET 5 1/2"	2.00	290.0000	580.00
4136	TURBOLIZER 5 1/2"	8.00	63.0000	504.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	361.0000	361.00
4454	5 1/2" LATCH DOWN PLUG	1.00	266.7500	266.75

Description	Hours	Unit Price	Total
491 TON MILEAGE DELIVERY	1.00	733.20	733.20
603 CEMENT PUMP	1.00	1085.00	1085.00
603 EQUIPMENT MILEAGE (ONE WAY)	40.00	4.20	168.00

Copy Stephen J. ...

WELL ID # 175D410
CODE 840.130
ARR
APPROVED

Parts:	7138.83	Freight:	.00	Tax:	456.89	AR	9581.92
Labor:	.00	Misc:	.00	Total:	9581.92		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



264348

TICKET NUMBER 43780
 LOCATION 190
 FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-035-24542-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/25/13	2871	Brothers Dairy 36-1	36	31	5	Cowley
CUSTOMER Tgas Resources operating LLC			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 1455 W Loop S PO BOX 540225			603 Jeremy A			
CITY STATE ZIP CODE Houston TX 77254			491 Jeremy M			
			539 Jeff S			

JOB TYPE longstring 8 HOLE SIZE 7 7/8 HOLE DEPTH 3606 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 3603 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.1 SLURRY VOL 67.60 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 85.41 DISPLACEMENT PSI 800 MIX PSI 100 RATE _____

REMARKS: Safety Meeting, pump broke circ. pumped 500 gal mod flush, Plugged
rat hole pumped 260 SKS class A cement 3% gel 2% calcium
5% Kal seal displaced plug with 85.5 bbls fresh water

[Handwritten signatures]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	40	MILEAGE	4.20	168.00 ✓
5407A	13 ton	Ton mileage delivery	1.41	733.20 ✓
1104S	260SKS	CLASS A cement	15.70	4082.00 ✓
1118B	780lbs	Gel	.22	171.60 ✓
1102	416lbs	calcium	.78	324.48 ✓
1110A	650lbs	Kal seal	.46	299.00 ✓
1144G	500gal	DU1100 mod flush	1.10	550.00 ✓
4104	2	5 1/2 cement Baskets	290.00	580.00 ✓
4136	8	5 1/2 Torbocentrizers	63.00	504.00 ✓
4159	1	AFU Float shoe	361.00	361.00 ✓
4454	1	5 1/2 latchdown Plug	266.75	266.75 ✓
		Subtotal		9125.03 ✓
		SALES TAX		456.89 ✓

ESTIMATED TOTAL 9581.92
 DATE 11/25/2013
 AUTHORIZATION *[Signature]* TITLE Tgas Resources

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

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

May 15, 2014

Chris Haefele
Taos Resources Operating Company LLC
1455 W LOOP S
SUITE 600
HOUSTON, TX 77027

Re: ACO-1
API 15-035-24542-00-00
Brothers Dairy 36-1
SE/4 Sec.36-31S-05E
Cowley County, Kansas

Dear Chris Haefele:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/19/2013 and the ACO-1 was received on May 12, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department