



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1202612
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: _____

1202612

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	Taos Resources Operating Company LLC
Well Name	West Maddix Unit 4WI
Doc ID	1202612

Tops

Name	Top	Datum
Topeka	1196	102
Iaton Lime	1881	-584
Stalnaker	1918	-621
KC Lime	2497	-1200
Marmaton Lime	2726	-1429
Cherokee	2841	-1544
Miss Chert	3104	-1807
T Miss Lime	3113	-1816
Reed Springs	3314	-2017
Kinderhook Shale	3497	-2200
Woodford	3529	-2232
Simp - Viola	3583	-2286

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE



Last Fracture Date:	4/17/2014
County:	Cowley
API Number (14 Digits):	15-035-24428-00-00
Operator Name:	Taos Resources Operating Company, LLC
Well Name and Number:	West Maddix Unit #4WI
Latitude:	
Longitude:	
Datum:	
Production Type:	Oil
True Vertical Depth (TVD):	3611
Total Base Fluid Volume (gal)*:	328,692

Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address and Phone Number
SP-902		Friction Reducer	Hydrotreated Light Distillate	064742-47-8	35%	0.02%	
			Petroleum Distillate	064742-94-5	40%	0.02%	
15% HCL		Acid	Hydrogen Chloride	7647-01-0	38%	0.73%	
AI-260		Inhibitor	Ethylene Glycol	107-21-1	20%	0	
			N.N - Dimethyl Formamide	68-12-2	20%	0	
			2-Butoxyethanol	111-76-2	5%	0	
AR-104		Retarder	Methanol	67-56-1	Confidential	na	Tony Carpenter 278 CR 2706 Bartlesville, OK 74003 (918) 331-7133
SR-445		Surfactant	Isopropanol	67-63-0	Confidential	na	Tony Carpenter 278 CR 2706 Bartlesville, OK 74003 (918) 331-7133
Biostat 650		Biocide	Methanol	67-56-1	20%	0	
			Isopropanol	67-63-0	5%	0	
SP-950		Iron Control	Citric Acid	77-92-9	Confidential	na	Tony Carpenter 278 CR 2706 Bartlesville, OK 74003 (918) 331-7133

Ingredients shown above are subject to 29 CFR 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS.

40/70 White Sand	Proppant	Quartz (Crystalline Silicate)	14808-60-7			3.68%
100 MESH	Proppant	Quartz (Crystalline Silicate)	14808-60-7			0.34%
20/40 RC	Proppant	Quartz (Crystalline Silicate)	14808-60-7			0.57%

*Total Water Volume sources may include fresh water, produced water, and/or recycled water. **Information is based on the maximum potential for concentration and thus the total may be over 100%.
 Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers' Material Safety Data Sheets (MSDS).

20589



CONSOLIDATED

Oil Well Services, LLC

RECEIVED
APR 09 2014
A2

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 # 267076

Invoice Date: 04/07/2014 Terms: 0/30/10,n/30 Page 1

TAOS RESOURCES OPERATING, LLC
1455 WEST LOOP SOUTH, ST. 600
HOUSTON TX 77027
(713)993-0774

WEST MADDIX UNIT #4
45129
34-32-6E
04-03-2014
KS

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Description	Hours	Unit Price	Total
MIN. BULK DELIVERY	1.00	368.00	368.00
SQUEEZE MANIFOLD	1.00	185.00	185.00

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	200.00	15.7000	3140.00
1102	CALCIUM CHLORIDE (50#)	500.00	.7800	390.00
1107A	PHENOSEAL (M) 40# BAG	40.00	1.3500	54.00

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1075.20

Description	Hours	Unit Price	Total
446 CEMENT PUMP	1.00	1085.00	1085.00
446 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00

WELL ID/AFE # 175R484
 CODE 040.130
 N OR R *Chad Cooper*
 APPROVAL

Amount Due 5640.38 if paid after 04/17/2014

Parts:	3584.00	Freight:	.00	Tax:	160.57	AR	4496.37
Labor:	.00	Misc:	.00	Total:	4496.37		
Sublt:	-1075.20	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



267076

TICKET NUMBER 45129
 LOCATION 180
 FOREMAN Jacob Storm

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
4-3-14	2871	west medix unit #4w	34	32	6E	Cowley
CUSTOMER <u>Taps</u>		TRUCK # DRIVER TRUCK # DRIVER 446 Josh 713 Mark 702 Jacob		MAILING ADDRESS <u>1455 west Loop South St 600</u>		
CITY <u>Houston</u>				STATE <u>TX</u>		
ZIP CODE <u>77254</u>				JOB TYPE <u>Squeez B</u> HOLE SIZE <u>2 7/8</u> HOLE DEPTH <u>3650</u> CASING SIZE & WEIGHT <u>5 1/2 15.5 lb</u> CASING DEPTH <u>3650</u> DRILL PIPE _____ TUBING <u>2 7/8 @ 29.38</u> OTHER PERFS <u>3120-34</u> SLURRY WEIGHT <u>14.5</u> SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____ DISPLACEMENT <u>21.34</u> DISPLACEMENT PSI <u>1000</u> MIX PSI <u>200</u> RATE <u>4.4 bpm</u>		
REMARKS: <u>Salty meeting, preshore backside to 500 psi shut in, pump to find Rate, found at 400 psi 4.5 bpm, mix 100sks class 3/4cc tail with 100sks class A 3/4cc + pheno seal, displaced with 19 bbl stage for 30 min make 1 bbl at 200 psi 2.5 bpm stage for 30 min pump to 1000 stage 15 min preshore to 2750 psi flush hole pull 4 joints preshore backside to 500 shut in tubing to 2500 psi shut in.</u>						

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	45	MILEAGE	4.20	189.00 ✓
5407	1	min bulk delivery	368.00	368.00 ✓
1104S	200	class A	15.20	3040.00 ✓
1102	500	calcium chloride	.78	390.00 ✓
1107A	40	pheno-seal	1.35	54.00 ✓
5613	1	Squeez manifold	185.00	185.00 ✓
			Subtotal	5411.00
		discount	-	1075.20 ✓
				4335.80
			SALES TAX	1100.57 ✓
			ESTIMATED TOTAL	4496.37 ✓

Ray Derothly 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