



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1204680
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: _____

1204680

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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20589



CONSOLIDATED
Oil Well Services, LLC

RECEIVED
APR 21 2014
BY: 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 # 267385

Invoice Date: 04/17/2014 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 #23
45138
3-33-5
04-15-2014
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	175.00	15.7000	2747.50
1102	CALCIUM CHLORIDE (50#)	450.00	.7800	351.00
1118B	PREMIUM GEL / BENTONITE	350.00	.2200	77.00
1107	FLO-SEAL (25#)	75.00	2.4700	185.25

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1008.23

Description	Hours	Unit Price	Total
446 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
446 EQUIPMENT MILEAGE (ONE WAY)	45.00	.00	.00
502 MIN. BULK DELIVERY	1.00	368.00	368.00

WELL ID/APE # 1750482
 CODE 830.130
 NORR [Signature]
 APPROVAL

Amount Due 4813.84 if paid after 04/27/2014

Parts:	3360.75	Freight:	.00	Tax:	150.56	AR	3741.08
Labor:	.00	Misc:	.00	Total:	3741.08		
Sublt:	-1008.23	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 620/839-5289 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

267385

TICKET NUMBER 45138
LOCATION 180
FOREMAN Jacob Stern

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
4-15-14	2871	west maddix unit #23	3	33	S	cowley

CUSTOMER Tops

MAILING ADDRESS
1455 west loop south st 600

CITY Houston STATE TX ZIP CODE 77254

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>446</u>	<u>Josh</u>		
<u>502</u>	<u>mark</u>		
<u>702</u>	<u>Jacob</u>		

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 277 CASING SIZE & WEIGHT 2 5/8

CASING DEPTH 273 DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT 15 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____

DISPLACEMENT 16 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting pump 10 bbl die mix 175 sks class
3/16 24 gal 1/2 lb poly displaced 16 bbl circulating cement
to surface sheet it

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5407.5	1	PUMP CHARGE	870.00	870.00 ✓
5406	45	MILEAGE	4.20	N/A ✓
5407	1	min bulk delivery	368.00	368.00 ✓
1104.5	175	Class A	15.70	2747.50 ✓
1102	450	calcium chloride	178	351.00 ✓
1118 B	350	gel	122	77.00 ✓
1107	75	poly-Flake	2.47	185.25 ✓
			Subtotal	4598.75 ✓
				- 1008.23 ✓
			total	3590.52 ✓

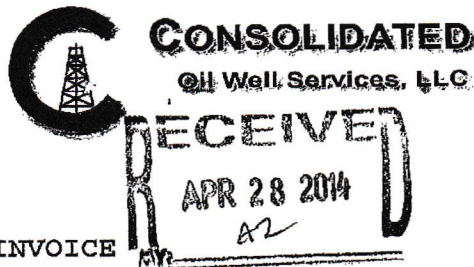
completed

SALES TAX 150.56
ESTIMATED TOTAL 3741.08

AUTHORIZATION Stephen Ball for TITLE Tops 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

20589



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 • 1-800/467-8876
Fax 620/431-0012

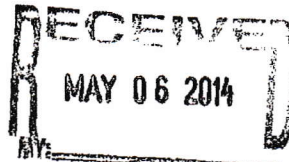
INVOICE # _____ Invoice # 267574
Invoice Date: 04/23/2014 Terms: 0/30/10,n/30 Page 1

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

WEST MADDIX UNIT #23

45144
3-33-5E
04-20-2014
KS

WELL ID/AFE # 175D482
CODE 840.130
N OR R _____
APPROVAL _____



Description	Hours	Unit Price	Total
MIN. BULK DELIVERY	1.00	368.00	368.00
EQUIPMENT STAND-BY ON LOCATION	3.00	90.00	270.00

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	265.00	15.7000	4160.50
1102	CALCIUM CHLORIDE (50#)	450.00	.7800	351.00
1118B	PREMIUM GEL / BENTONITE	800.00	.2200	176.00
1110A	KOL SEAL (50# BAG)	1350.00	.4600	621.00
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
4114	RECIPROCATING CEMENT BAS	2.00	290.0000	580.00
4136	TURBOLIZER 5 1/2"	6.00	75.7500	454.50
4159	FLOAT SHOE AFU 5 1/2"	1.00	433.7500	433.75
4454	5 1/2" LATCH DOWN PLUG	1.00	525.0000	525.00

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1757.55

Description	Hours	Unit Price	Total
603 CEMENT PUMP	1.00	1085.00	1085.00
603 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
603 EQUIPMENT STAND-BY ON LOCATION	3.00	90.00	270.00
702 EQUIPMENT STAND-BY ON LOCATION	3.00	90.00	270.00

WELL ID/AFE # _____
CODE _____
N OR R _____
APPROVAL _____

Amount Due 10806.25 if paid after 05/03/2014

Parts:	7851.75	Freight:	.00	Tax:	390.02	AR	8936.22
Labor:	.00	Misc:	.00	Total:	8936.22		
Sublt:	-1757.55	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

267574

TICKET NUMBER 45144
LOCATION 180
FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT Apr 15-035-24564-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-20-14	2871	west maddix unit #23	3	33	SE	cowley

CUSTOMER Taos
MAILING ADDRESS
1455 west Loop South St 600
CITY Houston STATE TX ZIP CODE 77254

JL
JJA
mg

TRUCK #	DRIVER	TRUCK #	DRIVER
603	Jeremy A		
713	mark		
702	Jacob		

JOB TYPE Longstring R HOLE SIZE 7 7/8 HOLE DEPTH 3700 CASING SIZE & WEIGHT 5 1/2 15.5 lb
CASING DEPTH 3698 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.7 SLURRY VOL 69.37 WATER gal/sk _____ CEMENT LEFT In CASING 42 ft shor
DISPLACEMENT 88.06 DISPLACEMENT PSI 1100 MIX PSI 300 RATE 6.3 bpm

REMARKS: safty meeting, circulate hole for min pump 56 b/w hr
500 gal dv 1100 5 bbl water mix 240 sks class A 3/4 cc 3/4 gal
5% kol-seal, displaced with 88 bbl water landing plug set
1750 psi check float, float held, plug Rod hole with
25 sks class A 2 1/4 cc 3/4 gal 5% kol-seal

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	265	class A	15.70	4160.50 ✓
1102	450	calcium chloride	1.78	381.00 ✓
1118B	800	gel	1.22	176.00 ✓
1110 A	1350	kol-seal	1.46	621.00 ✓
1144 g	500	Dv 1100	1.10	550.00 ✓
4114	2	5 1/2 Baskets	290.00	580.00 ✓
4136	6	5 1/2 S band	75.75	454.50 ✓
4159	1	5 1/2 weatherford AFu Shor	433.75	433.75 ✓
4454	1	5 1/2 weatherford hatch down	525.00	525.00 ✓
5404	3	X3 Stand by	90.00	810.00 ✓
			Subtotal	10303.75 ✓
		discount	-	1757.55 ✓
				8546.20 ✓
			SALES TAX 6.4%	390.00 ✓
			ESTIMATED TOTAL	8936.20 ✓

completed

6.4%

avh 3737

AUTHORIZATION _____

TITLE Stephen Ball for Taos DATE _____

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.