



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1206849  
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: \_\_\_\_\_

1206849

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE**



<b>Last Fracture Date:</b>	5/19/2014
<b>County:</b>	Cowley
<b>API Number (14 Digits):</b>	15-035-24569-00-00
<b>Operator Name:</b>	Taos Resources Operating Company, LLC
<b>Well Name and Number:</b>	West Maddix Unit #24
<b>Latitude:</b>	
<b>Longitude:</b>	
<b>Datum:</b>	
<b>Production Type:</b>	Oil
<b>True Vertical Depth (TVD):</b>	3700
<b>Total Base Fluid Volume (gal)*:</b>	509,838

**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%	1.02%	
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		3.95%	
100 MESH		Proppant	Quartz (Crystalline Silicate)	14808-60-7		0.39%	
20/40 RC		Proppant	Quartz (Crystalline Silicate)	14808-60-7		0.68%	

\*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

**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 # 267548

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 #24  
42911  
11-33-5  
04-22-2014  
KS

RECEIVED  
APR 28 2014  
AZ

Description	Hours	Unit Price	Total
TON MILEAGE DELIVERY	1.00	571.05	571.05

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	180.00	15.7000	2826.00
1102	CALCIUM CHLORIDE (50#)	432.00	.7800	336.96
1118B	PREMIUM GEL / BENTONITE	360.00	.2200	79.20
1107	FLO-SEAL (25#)	100.00	2.4700	247.00
4432	8 5/8" WOODEN PLUG	1.00	84.0000	84.00

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1046.75

Description	Hours	Unit Price	Total
57 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
57 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00

WELL ID/AFE # 1750483  
 CODE 340.130  
 (NOR R) [Signature]  
 APPROVAL

Amount Due 5431.90 if paid after 05/03/2014

Parts:	3573.16	Freight:	.00	Tax:	161.70	AR	4318.16
Labor:	.00	Misc:	.00	Total:	4318.16		
Sublt:	-1046.75	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, L.L.C.

267548

TICKET NUMBER 42911  
LOCATION 180  
FOREMAN Jeff Shell

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** APT# 15-035-24569-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/22/14	2871	West Maddix unit #24	11	33	5	Cowley

  

TRUCK #	DRIVER	TRUCK #	DRIVER
57	Jash G		
713	Jeremy M		
539	JEFF'S		

  

CUSTOMER <u>T905 Resources operating company</u>		MAILING ADDRESS <u>1455 W loop S Ste 600</u>	
CITY <u>Houston</u>	STATE <u>TX</u>	ZIP CODE <u>77027</u>	

  

JOB TYPE Surface 8 HOLE SIZE 12 1/4 HOLE DEPTH 275 CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH 275 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.7 SLURRY VOL. 43.5 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 20'  
 DISPLACEMENT 16.0 DISPLACEMENT PSI 150 MIX PSI 100 RATE 4.0

REMARKS: Safety Meeting broke circ. Pumped 180SKS C 1999 A cement 3% calcium 2% gel 1/2 lb poly displaced to surface with 16 bbls fresh water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	870.00	870.00 ✓
5406	4.5	MILEAGE	42.0	189.00 ✓
1104S	180SKS	class A cement	15.70	2826.00 ✓
1102	432lbs	calcium chloride	.78	336.96 ✓
1118B	360lbs	Gel	1.22	79.20 ✓
1107	100lbs	polyflake	2.47	247.00 ✓
4432	1	8 5/8 wooden plug	84.00	84.00 ✓
5407A	9 ton	Ton mileage delivery	1.41	571.05 ✓
			Subtotal	5203.21
			Minus Discount	1046.75 ✓
			Subtotal	4156.46
			SALES TAX	161.70 ✓
			ESTIMATED TOTAL	4318.16

**completed**

Authorization: Terry L Madden / TERRY L MADDEN  
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.



**CONSOLIDATED**  
Oil Well Services, LLC

**RECEIVED**  
MAY 05 2014  
AZ

**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 # 267708

Invoice Date: 04/29/2014 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 #24**  
46304  
11-33-5  
04-27-2014  
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	265.00	15.7000	4160.50
1102	CALCIUM CHLORIDE (50#)	424.00	.7800	330.72
1118B	PREMIUM GEL / BENTONITE	795.00	.2200	174.90
1110A	KOL SEAL (50# BAG)	1325.00	.4600	609.50
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
4136	TURBOLIZER 5 1/2"	8.00	75.7500	606.00
4104	CEMENT BASKET 5 1/2"	2.00	290.0000	580.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	433.7500	433.75
4454	5 1/2" LATCH DOWN PLUG	1.00	318.2500	318.25

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1747.69

Description	Hours	Unit Price	Total
491 TON MILEAGE DELIVERY	1.00	908.04	908.04
491 EQUIPMENT STAND-BY ON LOCATION	4.00	90.00	360.00
527 EQUIPMENT STAND-BY ON LOCATION	4.00	90.00	360.00
57 CEMENT PUMP	1.00	1085.00	1085.00
57 EQUIPMENT MILEAGE (ONE WAY)	46.00	4.20	193.20
57 CASING FOOTAGE	2200.00	.23	506.00
57 EQUIPMENT STAND-BY ON LOCATION	4.00	90.00	360.00

WELL ID/AFE # 175D483  
 CODE 840.130  
 NORR [Signature]  
 APPROVAL

Amount Due 12032.73 if paid after 05/09/2014

Parts:	7763.62	Freight:	.00	Tax:	385.02	AR	10173.19
Labor:	.00	Misc:	.00	Total:	10173.19		
Sublt:	-1747.69	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_ Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

267708

TICKET NUMBER 45304  
LOCATION 180  
FOREMAN Jeff Shell

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** API# 15-035-24569-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/27/14	2871	West Maddix unit #24	11	33	5	Cowley

  

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
T905 Resources operating CO. MAILING ADDRESS 1455 W Loop S Ste 600 CITY Houston STATE TX ZIP CODE 77027	57	Jash G		
	491	Mark G		
	527	Jeff S		

JOB TYPE logstring B HOLE SIZE 7 7/8 HOLE DEPTH 3700 CASING SIZE & WEIGHT 5 1/2  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.8 SLURRY VOL 63.70 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting, broke circ. Pumped 500 gal of Mud Flush, Plugged rathole with 30 SKS class cement. Pumped 235 SKS class cement & 6 calcium 3% gel 5% calcium down hole displaced with 87 bbl fresh water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	46	MILEAGE	4.20	193.20 ✓
11045	265 SKS	class cement	15.70	4160.50 ✓
1102	424 lbs	calcium chloride	.78	330.72 ✓
11188	795 lbs	Gel	.22	174.90 ✓
1110A	1325 lbs	Kolseal	.46	609.50 ✓
1144G	500 gal	DU1100 Mud flush	1.10	550.00 ✓
5407A	14 Ton	Ton Mileage delivery	1.41	908.04 ✓
5402	2200 ft	Casing footage	.23	506.00 ✓
4136	8	5/8 Band Turbolicizers	75.75	606.00 ✓
4104	2	5 1/2 cement baskets	290.00	580.00 ✓
4159	1	5 1/2 AFU Float shoe	433.75	433.75 ✓
4454	1	5 1/2 latch down Plug	318.25	318.25 ✓
5404	4 hrs	Personnel stand-by on location	90.00	1080.00 ✓
		Subtotal		11535.86 ✓
		Subtotal		1747.69 ✓
		Subtotal		9788.17 ✓
		SALES TAX		385.00 ✓

RevIn 3797

ESTIMATED TOTAL 10173.19

AUTHORIZATION \_\_\_\_\_ TITLE Stephen Ball for T905 DATE 4.28.2014

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.