



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1206869
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: _____

1206869

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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REMIT TO
FINV Services LLC

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676

FAX 6205837901

Consolidated Oil

0001/0002

CONSOLIDATED
Oil Well Services, LLC

266736

TICKET NUMBER 45897

LOCATION Eureka

FOREMAN Steven Mead

44, Chanute, KS 66720
1-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT


DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-21-14	7888	Grisier 10-14	F	255	16E	Woodson
CUSTOMER			TRUCK #			
Splechter Oil			485	Chris M		
MAILING ADDRESS			479	Merle		
1586 Hwy 54			637	Jim		
CITY			DRIVER			
Yate Center						
STATE		ZIP CODE				
KS		66783				

JOB TYPE 4/5 0 HOLE SIZE _____ HOLE DEPTH 1022' CASING SIZE & WEIGHT _____
 CASING DEPTH 1018' DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.90 bbls DISPLACEMENT PSI 400* Bump MIX PSI plug 850* RATE _____

REMARKS: Safety Meeting: Rig up to 2 7/8 Tubing. Breaks circulation w/ Fresh water. Pump 300* Gel Flush + 5 bbl water spacer. Mix 130 sks 60/40 Poz mix Cement w/ 5* Kol-seal, 2% Gel, 2% CaCl2 + 1/2* Flo-cel per/sk. Shutdown wash out pump + lines. Stuff 2 plugs. Displace w/ 5.90 bbls Fresh water. Final pumping Pressure 400* Bump plug 850*. Shut well in w/ 500* Good Cement Returns to Surface. 6661 Top of. Job Complete Rig down.

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	30	MILEAGE	420	126.00
1131	130 sks	60/40 Poz mix Cement	13.18	1713.40
1110A	675*	Kol-seal 5* per/sk	.46	310.50
1118B	240*	2% Gel	.22	52.80
1102	240*	2% CaCl2	.78	187.20
1107	35*	Flo-cel 1/2* per/sk	2.47	86.45
1118B	300*	Gel Flush	.22	66.00
5497	5.80 Ton	Ton Mileage Bulk Truck	mic	368.00
4402	2	2 7/8 Rubber Plugs	29.50	59.00
5502C	3 hrs	80 bbl vacuum Trucks	90.00	270.00
1123	2500 gallons	CITY water	17.30/1000	4325
			SubTotal	4367.60
			Cement + Chem 30% -	724.91
			SALES TAX 7.15%	3642.69
			ESTIMATED TOTAL	128.25
			TOTAL	3770.94

AUTHORIZATION  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 my 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

267030

TICKET NUMBER

TICKET NUMBER **49120**

BOX 884 STREET, CHANUTE, KS 66720
20-431-9210 OR 800-467-8676

LOCATION Thayer

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
3-31-14	7888	Crisper #10-14		8	25	16	WO	Sg.
CHARGE TO <u>Tim Splechter</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT	
5102B	1	PUMP CHARGE 1300 combo 1 st well	Spec	2450-	
5302	1	Acid Spatter		375-	
5310	1	Bulk Acid OTR		NC	
1275	75	15% HCl Acid		131.25-	
1278	75	Raw Acid		292.50-	
1202	.5	Acid Inhibitor		25-	
1219B	.5	Stim Oil		32.50-	
		Customer Water			
1231	100	Frac Gel		900-	
1208	.25	Breaker		50-	
1209A	3	Bioride		90-	
5601	1	Frac Valves		100-	
5115	1	Ball Injector		N/C	
4326	11	3/8" Ballsealers		33-	
BLENDING & HANDLING					
5109	45	TON-MILES Bulk Delivery		315-	
		STAND BY TIME			
5108	45	MILEAGE Mobiltrax 4 P, S, I, AP		720-	
5501F	2	WATER TRANSPORTS		240-	
		VACUUM TRUCKS			
2104A	300	FRAC SAND 16/30		75-	
2102	3200	12/20		864-	
Additional 5% discount available if paid within 10 days of invoice date WAC				SALES TAX	2.36-
ESTIMATED TOTAL				6685.61	

Thank you!

CUSTOMER or AGENTS SIGNATURE Jim Splechter COWS FOREMAN Gary Wikel

CUSTOMER or AGENT (PLEASE PRINT) we appreciate your business! DATE 3-31-14

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 services on the back of this form are in effect for services identified on this form.