



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1208578
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
-----------------------------------	-----------------	---

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: _____

1208578

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
--	---

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)*

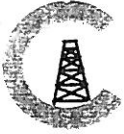
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____					
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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---



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 # 234498

Invoice Date: 05/31/2010 Terms:

Page 1

THREE D DRILLING
505 MOORE
DEWEY OK 74017
() -

Pd.
6-11-2010
ck.# 1395

MCCANN 5A
27575
05/28/10

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	200.00	16.5000	3300.00
1107A	PHENOSEAL (M) 40# BAG)	120.00	1.1200	134.40
1110A	KOL SEAL (50# BAG)	2000.00	.4000	800.00
1111	GRANULATED SALT (50 #)	900.00	.3200	288.00
1123	CITY WATER	7140.00	.0145	103.53
4404	4 1/2" RUBBER PLUG	1.00	44.0000	44.00

Description	Hours	Unit Price	Total
T-90 WATER TRANSPORT (CEMENT)	5.50	108.00	594.00
492 CEMENT PUMP	1.00	900.00	900.00
492 EQUIPMENT MILEAGE (ONE WAY)	50.00	3.55	177.50
492 CASING FOOTAGE	1654.00	.20	330.80
492 MISC. PUMP (CEMENT TRUCK) MIT WASH	2.00	195.00	390.00
518 MIN. BULK DELIVERY	1.00	305.00	305.00
550 80 BBL VACUUM TRUCK (CEMENT)	3.50	96.00	336.00

=====
 Parts: 4669.93 Freight: .00 Tax: 294.20 AR 7997.43
 Labor: .00 Misc: .00 Total: 7997.43
 Sublt: .00 Supplies: .00 Change: .00
 =====

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

MCALISTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

134498

TICKET NUMBER 27575
LOCATION Baldesville
FOREMAN Jason Bell

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
5-28-10	8058	McCann 5A				CO
CUSTOMER 3-D or 1			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			492	Tim		
CITY			518	Bryan		
STATE			550	Eric		
ZIP CODE			546 T90	Drew		

JOB TYPE C.S. HOLE SIZE 6 3/4 HOLE DEPTH 1679 CASING SIZE & WEIGHT 4 1/2
CASING DEPTH 1654 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 26.0 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Ran 200lbs established circulation. Ran 200lbs thickset Class A with 10# Kolseal 10% salt and .4 pheno. Shut down washed up behind plug. Dropped plug displaced to bottom plug landed and held.
- Cement circulated to surface -

Misc Pump charge for 5-27-10 and Transport

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		900.00
5406	50	MILEAGE		177.50
5407	1	bulk truck		305.00
5402	1654	footage		330.80
5501c	5.5	Transport		594.00
5502c	3.5	80 vac		336.00
5609	2 hr	Misc Pump		390.00
1126A	2000 lbs	thickset	1	3300.00
1107A	120#	pheno	1	134.40
1110A	2000#	Kolseal	1	800.00
1111	9000#	Salt	1	288.00
1123	7140 gal	City Water	1	103.53
4404	1	4 1/2 Plug	1	44.00
		10% discount if paid in 30 days = 799.74		
		<u>7197.74</u>		
		6.3	SALES TAX	294.20
			ESTIMATED TOTAL	7997.43

Ravin 3737

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 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

INVOICE

Invoice # 234559

Invoice Date: 06/07/2010 Terms:

Page 1

THREE D DRILLING
505 MOORE
DEWEY OK 74017
() -

MCCANN 5-A
45532
06/02/10
36-33S-10E



RECEIVED

6-10-2010

Pd.
6-11-2010
CK # 1395

Part Number	Description	Qty	Unit Price	Total
1208	BREAKER LEB4-ESA 14-GB10	.50	182.0000	91.00
1215A	KCL (1/1000)	17.00	34.0000	578.00
1231	350	350.00	5.0500	1767.50
1202	ACID INHIBITOR	1.00	44.5500	44.55
1209	CATIONIC NON EMULSIFIER	1.00	31.0000	31.00
1244	CLAY STAY (CS-250) (ESA-5	1.00	36.0000	36.00
1268	CITY WATER	16800.00	.0145	243.60
1275	15% HCL	400.00	1.6500	660.00
1227	ROCK SALT (MED)	250.00	.2500	62.50
2101	20/40 BRADY SAND	3000.00	.2200	660.00
2102	12/20 BRADY	15000.00	.2400	3600.00

Description	Hours	Unit Price	Total
T-87 WATER TRANSPORT (FRAC)	3.00	108.00	324.00
VALVE FRAC VALVES (2" OR 3")	1.00	100.00	100.00
474 BLENDER TRUCK (0-20 BPM)	1.00	800.00	800.00
T-97 WATER TRANSPORT (FRAC)	3.00	108.00	324.00
504 BULK SAND DELVIERY	1.00	305.00	305.00
T-111 WATER TRANSPORT (FRAC)	3.00	108.00	324.00
T-114 MINIMUM PUMP CHARGE 2000 HP UNIT	1.00	1800.00	1800.00
521 MINIMUM ACID SPOTTING CHARGE	1.00	485.00	485.00
T-119 WATER TRANSPORT (FRAC)	3.00	108.00	324.00
532 FRAC VAN	1.00	475.00	475.00

Parts:	7774.15	Freight:	.00	Tax:	15.35	AR	13050.50
Labor:	.00	Misc:	.00	Total:	13050.50		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

McALESTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLD, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

234559

TICKET NUMBER 45532

LOCATION Bartlesville

PO BOX 884 STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
6-2-10	8058	McLann #5-A		36	33S	10E	CQ	Wayside
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5102	1	PUMP CHARGE Frac Pump		1800. ⁰⁰
5106	1	Blender		800. ⁰⁰
5111	1	Frac Van		475. ⁰⁰
5604	1	3" Frac Valve		100. ⁰⁰
5302	1	Acid Spatter		485. ⁰⁰
1208	1/2 gal	Breaker		91. ⁰⁰
1215A	17 gal	KCL		578. ⁰⁰
1231	350 lbs	Frac Gel		1767. ⁵⁰
1202	1 gal	Acid Inhibitor		44. ⁵⁰
1209	1 gal	Non Emulsifier		31. ⁰⁰
1244	1 gal	Clay Stex		36. ⁰⁰
1268	16800 Gal	City Water		243. ⁶⁰
1275	400 Gal	15% HCL Acid		660. ⁰⁰
1227	250 lbs	Rock Salt		62. ⁵⁰
BLENDING & HANDLING				
5109	min	TON-MILES 1 Truck		305. ⁰⁰
STAND BY TIME				
5108	50 miles	MILEAGE x 3 units		1296. ⁰⁰
5501F	12 hrs	WATER TRANSPORTS 4 x 3 hrs		660. ⁰⁰
VACUUM TRUCKS				
2101	3000 lbs	FRAC SAND 20/40		3600. ⁰⁰
2102	15000 lbs	1700		15. ³⁵
			CQ 6.3%	SALES TAX
				13050. ⁵⁰
				1305. ⁰⁵
ESTIMATED TOTAL				11745. ⁴⁵

Ravin 2790

CUSTOMER or AGENTS SIGNATURE

[Signature]

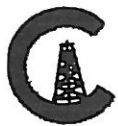
COWS FOREMAN

Gerald C. Williams

DATE

CUSTOMER or AGENT (PLEASE PRINT)

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.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 49437
FIELD TICKET REF # 45532
LOCATION Bartlesville
FOREMAN Gerald

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-2-10		McCann #5-A	36	335	10E	CQ
CUSTOMER		3-D Oil Company				
MAILING ADDRESS						
CITY	STATE	ZIP CODE				

TRUCK #	DRIVER	TRUCK #	DRIVER
554-T114	Luke	403-T87	Dallas
474	Dusty	412-T111	John E
532	Norman	521	Mark
*504	David		
513-T119	Tom J		
421-T97	Big Tom		

WELL DATA

CASING SIZE	4 1/2	TOTAL DEPTH	
CASING WEIGHT		PLUG DEPTH	
TUBING SIZE		PACKER DEPTH	
TUBING WEIGHT		OPEN HOLE	
PERFS & FORMATION	Wayside 1282-96 15 holes		

TYPE OF TREATMENT

Acid & Sand Frac

CHEMICALS

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
Spot 100 Gal 15% HCL Acid on Perfs & Break					1188	BREAKDOWN
300 Gal 15% HCL Acid	5				250	START PRESSURE 825
Psd	80	28			825	END PRESSURE 990
20/40	80	28	1/4-1/2	3000	825-805	BALL OFF PRESS
1/200	30	28	2	2700	805-785	ROCK SALT PRESS 2150
150 lbs Rock Salt	15	28			785-715	ISIP 322
1/200	65	28	2 1/2	6500	715-1070	5 MIN 184
100 lbs Rock Salt	15	28			1070-1410	10 MIN 122
1/200	20	28	2 1/2	2500	1410-1380	15 MIN 88
1/200	33	28	3	3700	1380-990	MIN RATE 1
Flushed	30	28			990	MAX RATE 28
						DISPLACEMENT 20.5

REMARKS:
 400 Gal 15% HCL Acid
 378 bbls 20/40 2%
 3000 Gal 20/40
 1500 Gal 1/200
 250 lbs Rock Salt

AUTHORIZATION [Signature] TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.

