



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1208612
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: _____

1208612

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> <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 # 234908

Invoice Date: 06/28/2010 Terms:

Page 1

THREE D DRILLING
505 MOORE
DEWEY OK 74017
() -

MCCANN 7-A
27667
36-33-10
06/24/10



Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	160.00	16.5000	2640.00
1107A	PHENOSEAL (M) 40# BAG	120.00	1.1200	134.40
1110A	KOL SEAL (50# BAG)	1600.00	.4000	640.00
1111	GRANULATED SALT (50 #)	1000.00	.3200	320.00
1123	CITY WATER	5880.00	.0145	85.26
4404	4 1/2" RUBBER PLUG	1.00	44.0000	44.00

Description	Hours	Unit Price	Total
398 CEMENT PUMP	1.00	900.00	900.00
398 EQUIPMENT MILEAGE (ONE WAY)	50.00	3.55	177.50
398 CASING FOOTAGE	1432.00	.20	286.40
T-90 WATER TRANSPORT (CEMENT)	3.00	108.00	324.00
518 MIN. BULK DELIVERY	1.00	305.00	305.00
550 80 BBL VACUUM TRUCK (CEMENT)	3.00	96.00	288.00

Parts: 3863.66 Freight: .00 Tax: 243.41 AR 6387.97
 Labor: .00 Misc: .00 Total: 6387.97
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

234908

TICKET NUMBER 27667
LOCATION Bartholomew, OK
FOREMAN Kirk Sanders

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
6-24-10	8058	McCann 7-A	36	335	10E	CO
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE LS HOLE SIZE 6 3/4 HOLE DEPTH 1440' CASING SIZE & WEIGHT 4 1/2 10.5
 CASING DEPTH 1432' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14 SLURRY VOL. 1.73 WATER gal/sk 7.51 CEMENT LEFT in CASING 0
 DISPLACEMENT 22.7 DISPLACEMENT PSI 700 MIX PSI 200 RATE 46gpm

REMARKS: Pumped 10 bbl ahead to est. circ., ran 1600# of PVC w/ 10# Kal Seal / 10% Salt / .40# Plano. Washed out pump & lines, dropped plug & disp. to set. Shut down & washed up.

Landed plug @ 1200
Plug held

— Circ. Cement to Surf. —

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE (Long String)		900.00
5406	50	MILEAGE		177.50
5407	1	Bulk TRK		305.00
5402	1432'	Footage		286.40
5501C	3 hrs	Transport		324.00
5502C	3 hrs.	80 Vac		288.00
1126	11605#	Circ Cement	*	2,621.00
11074	120#	Plano Seal	*	134.40
1110A	1600#	Kal Seal	*	640.00
1111	1000#	Granulated Salt	*	320.00
1123	5,880 gal	City Water	*	85.26
4404	1	4 1/2 Rubber Plug	*	44.00
<u>10% Discounted Price \$5,749.17</u>				
			6.3% ST	SALES TAX
				ESTIMATED
				TOTAL

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 # 235051

Invoice Date: 06/30/2010 Terms:

Page 1

THREE D DRILLING
505 MOORE
DEWEY OK 74017
() -

MCCANN #7
45680
06/30/10
36-33S-10E

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	FRAC GEL	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
VALVE FRAC VALVES (2" OR 3")	1.00	100.00	100.00
475 FRAC VAN	1.00	475.00	475.00
475 MILEAGE CHARGE (ONE WAY)	50.00	3.55	177.50
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
504 MILEAGE CHARGE (ONE WAY)	50.00	3.55	177.50
T-109 WATER TRANSPORT (FRAC)	3.00	108.00	324.00
NUNNE WATER TRANSPORT (FRAC)	3.00	108.00	324.00
T-111 WATER TRANSPORT (FRAC)	3.00	108.00	324.00
T-115 MINIMUM PUMP CHARGE 2000 HP UNIT	1.00	1800.00	1800.00
521 MINIMUM ACID SPOTTING CHARGE	1.00	485.00	485.00

Parts: 7774.15 Freight: .00 Tax: 15.35 AR 13405.50
 Labor: .00 Misc: .00 Total: 13405.50
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 49570
FIELD TICKET REF # 45680
LOCATION B-ville
FOREMAN Rusty Keel

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-30-10		McCann #7	36	335	10E	CO
CUSTOMER						
MAILING ADDRESS						
CITY	STATE	ZIP CODE				

TRUCK #	DRIVER	TRUCK #	DRIVER
421FT115	John B	513FT109	Tom J
474	Dusty	402FT97	Matt
475	Duane	Nummy TP	
504	Cole	412FT111	John E

WELL DATA

CASING SIZE	4 1/2"	TOTAL DEPTH	
CASING WEIGHT		PLUG DEPTH	
TUBING SIZE		PACKER DEPTH	
TUBING WEIGHT		OPEN HOLE	
PERFS & FORMATION	17 shots		
	Wayside	1324-1340'	

TYPE OF TREATMENT
Sand Frac

CHEMICALS
Breaker
Frac Gel
KCl

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
Pad				3000 lbs	1000 lbs	BREAKDOWN
Pad	20	10-15			138-172	START PRESSURE
	40	20-28			539-669	END PRESSURE
	10	28	125	200 lbs	693-699	BALL OFF PRESS
	15	28	150	300 lbs	705-701	ROCK SALT PRESS
	25	28	1	1000 lbs	702-704	ISIP 247
	35	28	1.5	2000 lbs	703-707	5 MIN
100 lbs RS	65	28	2	5200 lbs	723-1050	10 MIN
150 lbs RS	120	28	2.5	9300 lbs	1040-694	15 MIN
Flush	26	28			699-667	MIN RATE 10
						MAX RATE 28
						DISPLACEMENT 21.5

REMARKS:

3000 lbs 20/40
1500 lbs 12/20
366 BBL H₂O
250 lbs Rock Salt

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.



CONSOLIDATED
Oil Well Services, LLC

235051

TICKET NUMBER 45680

LOCATION B-vilke

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

FIELD TICKET

DATE 6-30-10	CUSTOMER ACCT # 8058	WELL NAME McLonn #7	QTR/QTR	SECTION 36	TWP 33S	RGE 10E	COUNTY CQ	FORMATION Wayside
CHARGE TO 3-D Oil				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
511000	1	Frac Van		475.00
5604	1	Frac Valve		100.00
5302	1	Acid Spotter		485.00
1208	1/2 gal	Breaker		91.00
1215A	17 gal	Kcl		578.00
1231	350 lbs	Frag gel		1767.50
1202	1 gal	Acid Inhibitor		44.55
1209	1 gal	Non Emulsifier		31.00
1244	1 gal	Clay stay		36.00
1268	16,800 gal	City Water		2436.00
1275	400 gal	15% Hcl		660.00
1227	250 lbs	Rock Salt		62.50
		BLENDING & HANDLING		
5109	1	TON-MILES		305.00
		STAND BY TIME		
5108	2 Units	MILEAGE 2 X 50		355.00
5501F	12 Hrs	WATER TRANSPORTS		1296.00
		VACUUM TRUCKS		
2101	3000 lbs	FRAC SAND 2/40		660.00
2102	15000 lbs	12/20		3600.00
		CQ 6.5%	SALES TAX	15.55
				\$ 13,405.50
				-1,340.55
				<u>ESTIMATED TOTAL \$ 12,064.95</u>

Rev'n 2790

CUSTOMER or AGENTS SIGNATURE

COWS FOREMAN Reuty Paul

CUSTOMER or AGENT (PLEASE PRINT) [Signature]

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

ACKARMAN HARDWARE and LUMBER CO
 160 EAST MAIN STREET
 SEDAN, KS 67361

PHONE: (620) 725-3103

THANKS FOR YOUR BUSINESS!!

Cust No 995730	Job No	Purchase Order	Reference	Terms NET 10TH	Clerk CAM	Date 6/17/10	Time 12:51
-------------------	--------	----------------	-----------	-------------------	--------------	-----------------	---------------

Sold To:
 3 D OIL COMPANY
 C/O DON DESHAZO
 505 S. MOORE AVE
 DEWEY OK 74029

Ship To:

DOC# 188030

 * INVOICE *

TAX : 001 KANSAS SALES TAX

McLann 7A surface cement

LN#	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/PER	EXTENSION
1	14		EA	RM44816	PORTLAND CEMENT 92.6#		14	11.80 /EA	165.20 *

PAID
 6-21-2010
 CK # 1397

** AMOUNT CHARGED TO STORE ACCOUNT **

178.09 TAXABLE 165.20
 NON-TAXABLE 0.00
 SUBTOTAL 165.20

(JACK HORTON)

TAX AMOUNT 12.89
 TOTAL AMOUNT 178.09

X 
 Received By