



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1208756
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: _____

1208756

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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242593

TICKET NUMBER 31159
 LOCATION 180
 FOREMAN LARRY STORM

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

FIELD TICKET & TREATMENT REPORT

CEMENT APS 15-035-24432-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-12-11	7835	Hogers #2 NPetas	17	325	6E	Cowley
CUSTOMER Tampo Oil Co.			3rd mech			
MAILING ADDRESS 22150 SE Cole Creek Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Holtanta			539	LARRY		
STATE Ks			446	JEFF		
ZIP CODE 67038			491	JOE R.		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 320 CASING SIZE & WEIGHT 8 3/8
 CASING DEPTH 315 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL 46 WATER gal/sk _____ CEMENT LEFT in CASING 30 ft.
 DISPLACEMENT 18.5 DISPLACEMENT PSI 200 MIX PSI _____ RATE 2.34

REMARKS: Ran up to 858 - Broke Circulation - MPRU 165
skt Class A + 3% CAPS + 2% Sd + 4 lb Poly - Flake - Displaced
plug with 18 bbls - Circulated Cement to Surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	775.00	775.00
5406	44	MILEAGE	4.00	176.00
11045	165	skt A	14.25	2351.25
1102	400	lbs CAPS 2	.70	280.00
1118B	350	lbs Gel	.21	73.50
1107	50	lbs Poly	2.22	111.00
4432	1	8 3/8 TW Plug	80.00	80.00
5407A	44	Bulk Dr. Poly x 7.75 tons	1.26	429.66
Subtotal				4276.41
			SALES TAX	196.92
			ESTIMATED TOTAL	4473.33

AVIN 8737 AUTHORIZATION Mud Drill TITLE Tool Pusher DATE 7-12-11

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

242752

TICKET NUMBER 31165

LOCATION 180

FOREMAN LARRY STEAM

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-035-24432-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-18-11	7835	Rogers #2 NPTAS	17	32 S	6E	Cowley
CUSTOMER <u>Tomco Oil Inc</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>255150 SE Cole Creek RD</u>			<u>539</u>	<u>LARRY</u>	<u>434</u>	<u>Ted S.</u>
CITY STATE ZIP CODE <u>Atlanta KS 67008</u>			<u>467</u>	<u>Row M</u>		
			<u>502</u>	<u>Steve D</u>		
			<u>491</u>	<u>Joe R</u>		
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
<u>Prod B</u>	<u>7 7/8</u>	<u>3558</u>	<u>5 1/2 15.4</u>			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
<u>3436</u>			<u>10 ft shoes</u>			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
<u>15.0</u>	<u>43</u>		<u>10#</u>			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
<u>81.51</u>	<u>900</u>	<u>0</u>	<u>6.64</u>			

REMARKS: Reamed up on 5 1/2" Cg - Set 5 1/2" BASKET SHOE at 1300 lbs.
Moved 45 sks like weight + 1% CACH2 + 10 lb Poly - TAPLED with
100 sks Thick-set + 5 lbs Kol-Seal plug - Flushed pump &
PLUGS - Displaced plug at 900 lbs TAPPED plug at 1300 lbs.
MOAT held.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	44	MILEAGE	4.00	176.00
5402	936	Footage	.21	196.56
1126A	100	sks Thick-set	18.30	1830.00
1110A	500	lbs Kol-Seal	.44	220.00
1131	75	sks 60/40 Pol-misc	11.95	896.25
1118B	600	lbs Gel	.21	126.00
1102	80	lbs CACH2	.70	56.00
1107	37 1/2	lbs Poly-Flake	2.22	83.25
5502C	5	80 vac	90.00	450.00
3401	2	Bulk Delivery	330.00	660.00
1123	32	City Water	15.60	54.60
4235	1	5 1/2" BASKET SHOE	1320.00	1320.00
4454	1	5 1/2" Latch down Plug	254.00	254.00
4104	2	5 1/2" BASKETS	229.00	458.00
4180	2	5 1/2" Centralizers	48.00	96.00
		Subtotal		7947.60
		SALES TAX		373.33
		ESTIMATED TOTAL		8320.99

Authorization Mil Staff TITLE Ted Pushe DATE 7-18-11

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