



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1210926  
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: \_\_\_\_\_

1210926

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

<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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**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 # 234251

Invoice Date: 05/13/2010 Terms:

Page 1

PETROLEUM PRODUCERS CORP.  
ATTN: FRED GREEN  
2 S. GOLD  
PAOLA KS 66071  
( ) -

TRAVIS 4  
26868  
SW 10-17-22 MI  
05/12/2010

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	86.00	9.5500	821.30
1118B	PREMIUM GEL / BENTONITE	248.00	.1700	42.16
1107	FLO-SEAL (25#)	22.00	2.0000	44.00
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	900.00	900.00
368 EQUIPMENT MILEAGE (ONE WAY)	25.00	3.55	88.75
368 CASING FOOTAGE	448.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	96.00	240.00
510 MIN. BULK DELIVERY	1.00	305.00	305.00

Inv. BT

Parts: 930.46 Freight: .00 Tax: 60.95 AR 2525.16  
Labor: .00 Misc: .00 Total: 2525.16  
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

WORLAND, WY  
307/347-4577

Petroleum Production Corporation  
 2 South Gold  
 Paola, KS 66071

# Invoice

Invoice Number:

052010

Invoice Date:

May 20, 2010

Page:

1

Voice: 913-557-9639  
 Fax: 913-294-5525

6-24-10

Duplicate

Sold To:

Black Travis Inc  
 2 South Gold  
 Paola, KS 66071

Ship to:

Customer ID	Customer PO	Payment Terms		
BT		Net 30 Days		
Sales Rep ID	Shipping Method	Ship Date	Due Date	
	Best Way		6/19/10	
Quantity	Item	Description	Unit Price	Extension
1.00		Consolidated Oil Well Services	2,525.16	2,525.16

Subtotal 2,525.16

Sales Tax

Total Invoice Amount 2,525.16

Payment/Credit Applied

**TOTAL** 2,525.16

Check/Credit Memo No:

reimbursed *Dannen* / *ck#1301*



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

*9-24-10*  
*Dannen* *pl* *54971*

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

INVOICE

Invoice # 236309

Invoice Date: 08/31/2010 Terms:

Page 1

PETROLEUM PRODUCERS CORP.  
ATTN: FRED GREEN  
2 S. GOLD  
PAOLA KS 66071  
( ) -

TRAVIS 100  
44471  
08-30-2010

Part Number	Description	Qty	Unit Price	Total
1231	FRAC GEL	100.00	5.2000	520.00
1244	CLAY STAY (CS-250) (ESA-5	5.00	37.0000	185.00
1205A	BIOCIDE (AMA-35-D-P) (DR	3.00	29.0000	87.00
1208	BREAKER LEB4-ESA 14-GB10	.25	187.0000	46.75
4326	7/8" RUBBER BALL SEALERS	6.00	3.0000	18.00
2101A	20-40 BROWN SAND	100.00	.2300	23.00
2102	12/20 BROWN SAND	4900.00	.2500	1225.00

Description	Hours	Unit Price	Total
VALVE FRAC VALVES (2" OR 3")	1.00	100.00	100.00
BALLI BALL INJECTOR	1.00	.00	.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	1.00	2300.00	2300.00
476 MILEAGE CHARGE (ONE WAY)	1.00	328.50	328.50
482 BULK SAND DELIVERY	1.00	565.20	565.20
490 MILEAGE CHARGE (ONE WAY)	1.00	.00	.00
T-102 WATER TRANSPORT (FRAC)	4.00	112.00	448.00

*MANUF*

Parts:	2104.75	Freight:	.00	Tax:	1.36	AR	5847.81
Labor:	.00	Misc:	.00	Total:	5847.81		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_

Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER **44471**

LOCATION Thayer

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
8-30-10	6219	Travis #100					MI	Peru
CHARGE TO				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 1300HP Combo	2300	2300
1268		customer formation		
1231	100 #	Frac gel		520
1244	5 gal.	ESA50 Clay control		185
1205A	3 #	Biocide		87
1208	1/4 gal.	Breaker		46.75
5604	1	Frac valve		100
5115	1	Ball injector		N/C
4326	6	1.356 7/8" ballseders		18.00
5109	100	BLENDING & HANDLING TON-MILES	628 <sup>00</sup>	565.20
5108	100	STAND BY TIME MILEAGE Mobilization x 2 P, I	730 <sup>00</sup>	328.50
5501F	4 hrs	WATER TRANSPORTS - 1		448.00
2101A	100 #	VACUUM TRUCKS FRAC SAND 20-40		23.00
2102	4,900 #	FRAC SAND 12-20		1225.00
			7.55%	SALES TAX 1.36

Note: 10 more sacks than our estimate.

ESTIMATED TOTAL **5847.81**



5% discount if paid w/in 10 days of invoice  
**\$5555.42**

CUSTOMER or AGENTS SIGNATURE \_\_\_\_\_ COWS FOREMAN Brett Busby

CUSTOMER or AGENT (PLEASE PRINT) 236309 DATE 8-30-10

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 50846

FIELD TICKET REF # \_\_\_\_\_

LOCATION Thayer

FOREMAN Brett Purby

**TREATMENT REPORT**  
**FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-30-10		Travis #100				MI

CUSTOMER <u>Petroleum Production</u>		
MAILING ADDRESS <u>25 Gold St</u>		
CITY <u>Paola</u>	STATE <u>KS</u>	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Trampis		
482	Mark		
488T102	Steve		

**WELL DATA**

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 SEUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>376-89 (17)</u>	<u>Peru</u>

**TYPE OF TREATMENT**

Frac

**CHEMICALS**

Claycontrol - Biocide - Breaker

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	21-18			2100	BREAKDOWN 1550
20-40		21-18	1.5-1.0	100#	1900	START PRESSURE
12-20		18-20	1.0		1900	END PRESSURE
12-20		21	2.0			BALL OFF PRESS
12-20		21	2.0	2400#	1300	ROCK SALT PRESS
12-20 (2) + (2) ballbeaters		21	1.0		1500	ISIP 425
12-20 + (2)		18	1.0		1900	5 MIN
12-20		18	2.0			10 MIN
12-20		20	2.0			15 MIN
12-20		2.0		2500#		MIN RATE
FLUSH TUBING	3	20			1500	MAX RATE
Release balls to T.D.						DISPLACEMENT 2.2
OVERFLUSH	10	21	TOTAL	5,000 #	1400	
TOTAL BBL'S	135		SAND			

**REMARKS:**

customer spot 50gal/- own acid thru 1"

location 10:00 AM - 11:

AUTHORIZATION Ant 2/2/10

TITLE \_\_\_\_\_

DATE 8-30-10

Terms and Conditions are printed on reverse side.