



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1209685
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: _____

1209685

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
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
FINV
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 # 268140

Invoice Date: 05/15/2014 Terms: 0/30/10,n/30 Page 1

TAOS RESOURCES OPERATING, LLC
1455 WEST LOOP SOUTH, ST. 600
HOUSTON TX 77027
(713)993-0774

WEST MADDIX UNIT #25
46335
52-33-5E
05-14-2014
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	195.00	15.7000	3061.50
1102	CALCIUM CHLORIDE (50#)	625.00	.7800	487.50
1118B	PREMIUM GEL / BENTONITE	390.00	.2200	85.80
1107	FLO-SEAL (25#)	200.00	2.4700	494.00
4106	8 5/8" CEMENT BASKET	2.00	336.0000	672.00
4317	8 5/8" LOCK RING	3.00	40.0000	120.00
4411	8 5/8" RUBBER PLUG (TOP)	1.00	113.5000	113.50
Sublet Performed 9996-180	Description CEMENT MATERIAL DISCOUNT			Total -1238.64
	Description	Hours	Unit Price	Total
491	MIN. BULK DELIVERY	1.00	368.00	368.00
57	CEMENT PUMP (SURFACE)	1.00	870.00	870.00
57	EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00

17SD490

Ⓝ 830.130

Amount Due 6783.50 if paid after 05/25/2014

Parts:	5034.30	Freight:	.00	Tax:	242.93	AR	5465.59
Labor:	.00	Misc:	.00	Total:	5465.59		
Sublt:	-1238.64	Supplies:	.00	Change:	.00		

Signed

Date

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

268140

TICKET NUMBER 46335
LOCATION 120
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT Ap: 15-035-24567-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-14-15	2871	Wm u #25	S2	T33	R5E	Comby

TRUCK #	DRIVER	TRUCK #	DRIVER
57	Josh		
491	dustin		
702	Jacob		

CUSTOMER TCOS
 MAILING ADDRESS 1455 West Loop South St. 600
 CITY Houston STATE TX ZIP CODE 77254
 JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 233 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 258 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 16 ft
 DISPLACEMENT 6.12 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: Safety meeting, Break circulation pump 2 bbl water mix
SKS Class A 4/1cc 2/1cc 1/1b poly Flake displace with 15.0 bbl
circulating cement to surface. Shut in.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00 ✓
5406	45	MILEAGE	4.20	189.00 ✓
5407	1	min bulk delivery	368.00	368.00 ✓
11045	195	class A	15.70	3061.50 ✓
1102	625	calcium chloride	.78	487.50 ✓
1112B	390	gel	.22	85.80 ✓
1107	200	poly-flake	2.47	494.00 ✓
4126	2	8 5/8 Baskets	336.00	672.00 ✓
4317	3	8 5/8 Lock Ring	40.00	120.00 ✓
4411	1	8 5/8 Rubber plug	113.50	113.50 ✓
			Subtotal	6446.30 ✓
				-1238.64 ✓
				5207.66 ✓
			SALES TAX	242.93 ✓
			ESTIMATED TOTAL	5465.59 ✓

completed

Ravin 3737

AUTHORIZATION Stephen Ball for TCOS 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 # 268297

Invoice Date: 05/21/2014 Terms: 0/30/10,n/30

Page 1

TAOS RESOURCES OPERATING, LLC
1455 WEST LOOP SOUTH, ST. 600
HOUSTON TX 77027
(713)993-0774

WEST MADDIX UNIT #25
45154
2-33-5E
05-19-2014
KS

Description	Hours	Unit Price	Total
MIN. BULK DELIVERY	1.00	368.00	368.00

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	270.00	15.7000	4239.00
1102	CALCIUM CHLORIDE (50#)	450.00	.7800	351.00
1118B	PREMIUM GEL / BENTONITE	1100.00	.2200	242.00
1110A	KOL SEAL (50# BAG)	1350.00	.4600	621.00
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
4104	CEMENT BASKET 5 1/2"	3.00	290.0000	870.00
4136	TURBOLIZER 5 1/2"	8.00	75.7500	606.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	433.7500	433.75
4454	5 1/2" LATCH DOWN PLUG	1.00	318.0000	318.00

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1800.90

Description	Hours	Unit Price	Total
446 CEMENT PUMP	1.00	1085.00	1085.00
446 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
446 CASING FOOTAGE	1000.00	.23	230.00

Handwritten:
840,130

Amount Due 10629.51 if paid after 05/31/2014

Parts:	8230.75	Freight:	.00	Tax:	411.50	AR	8713.35
Labor:	.00	Misc:	.00	Total:	8713.35		
Sublt:	-1800.90	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

268297

TICKET NUMBER 45154
LOCATION 180
FOREMAN Jacob Stray

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API - 15-035-24567-00-05

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-14-15	2871	WMLA #25	2	33	SE	Cowley

CUSTOMER	MAILING ADDRESS	CITY	STATE	ZIP CODE
Texas	1455 West Loop South 51600	Houston	TX	77254

TRUCK #	DRIVER	TRUCK #	DRIVER
446	Josh		
713	Dustin		
702	Jacob		

JOB TYPE Logging 13 HOLE SIZE 2 7/8 HOLE DEPTH 3533 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 3533 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15 1/2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 84.48 DISPLACEMENT PSI _____ MIX PSI _____ RATE 66 bpm

REMARKS: Safety meeting, Break circulation, pump 5 bbl water
500 gal dur 1100 - 5 bbl water, mix 240 lbs class A
3 1/2 gal 2% cc 5% kol seal displaced with 84.40 bbl lead
plug at psi. Check float float held plug
Right hole with 30 sls class A 3 1/2 gal 2% cc 5% kol seal

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	45	MILEAGE	4.20	189.00
5407	1	min bulk delivery	368.00	368.00
5402	1000	footage	.23	230.00
1104S	270	Class A	15.70	4239.00
1102	450	calcium chloride	.78	351.00
1118 B	1100	gel	.22	242.00
1110 A	1350	kol seal	.46	621.00
1144G	500	Dur 1100	1.10	550.00
4104	3	5 1/2 Bestcoats	290.00	870.00
4136	8	5 1/2 Turbo	75.75	606.00
4159	1	5 1/2 AFU weatherford	433.75	433.75
4454	1	5 1/2 hatchdown plug weatherford	318.00	318.00
		Subtotal		10102.75
		discount		1800.50
		total		8301.85
		SALES TAX		411.50
		ESTIMATED TOTAL		8713.35

completed

AUTHORIZATION Stephen Ball for Texas 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