



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1213097
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: _____

1213097

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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 # 267505

Invoice Date: 04/23/2014 Terms: 10/10/30,n/30

Page 1

PIONEER RESOURCES
80 WINDMILL DRIVE
PHILLIPSBURG KS 67661
(785)543-5556

ROEMER #1
47645
23-19S-30W
04-19-2014
KS

Part Number	Description	Qty	Unit Price	Total
1107	FLO-SEAL (25#)	93.00	2.9700	276.21
1110A	KOL SEAL (50# BAG)	875.00	.5600	490.00
1118B	PREMIUM GEL / BENTONITE	2580.00	.2700	696.60
1142A	KCL SUB MB6875 CC3107 (1	2.00	41.1000	82.20
1144G	MUD FLUSH (SALE)	1000.00	1.0000	1000.00
1126	OIL WELL CEMENT	175.00	23.7000	4147.50
1131	60/40 POZ MIX	375.00	15.8600	5947.50
4104	CEMENT BASKET 5 1/2"	3.00	290.0000	870.00
4130	CENTRALIZER 5 1/2"	10.00	61.0000	610.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	433.7500	433.75
4277A	DV TOOL-WEATHERFORD 5 1/	1.00	4800.0000	4800.00
4314	RECIPROCATING SCRATCHERS	40.00	82.0000	3280.00
4454	5 1/2" LATCH DOWN PLUG	1.00	567.0000	567.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-2320.08
9995-130	CEMENT EQUIPMENT DISCOUNT	-461.08

Description	Hours	Unit Price	Total
T-118 SINGLE PUMP	1.00	3175.00	3175.00
T-118 EQUIPMENT MILEAGE (ONE WAY)	30.00	5.25	157.50
T-129 TON MILEAGE DELIVERY	1.00	639.18	639.18
566 TON MILEAGE DELIVERY	1.00	639.19	639.19

Amount Due 29644.48 if paid after 05/23/2014

Parts:	23200.76	Freight:	.00	Tax:	1649.56	AR	26680.03
Labor:	.00	Misc:	.00	Total:	26680.03		
Sublt:	-2781.16	Supplies:	.00	Change:	.00		

Signed _____ Date _____



267505

TICKET NUMBER 47645
 LOCATION Oshtemo, MS
 FOREMAN Timothy Shaw
Fuzzy McCall

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	
4-19-14	6208	Roemer #1	23	19S	30W	Gove	
CUSTOMER		MAILING ADDRESS		CITY		STATE	ZIP CODE
Pioneer Resources		Coore 65 S 1st St W 1st St gls		TRUCK #		DRIVER	
				528T118		Jeney R	
				560		Lance H	
				530T109		Cody R	
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT	OTHER			
2 Stage	7 7/8	4498	5 1/2" 15.5#	Ditchool @ 2136'			
CASING DEPTH	DRILL PIPE	TUBING	CEMENT LEFT IN CASING				
4498.33			4A.73'				
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	DISPLACEMENT PSI				
148.7	1.42		800/50				
DISPLACEMENT		MIX PSI	RATE				
104/51 1/2 bbl		1500/1200					

REMARKS: Safety meeting and rig up on Val drilling rig #7 float equipment
 Centralizers on Sats # 2, 6, 8, 10, 12, 14, 4, 18, 22, 55 Baskets on sats # 7, 23, 54
 Ditchool on top # 56 @ 2136' 107 Sats total. Run casing to bottom circulate for pump
 mud flush 20 bbls KCL water mix 175 sks OWC with 5" hole seal down casing. Shut down
 Released plug cleared pump lines discharge 60 bbls water 44 bbls mud with
 800psi lift plug landed hold @ 1500psi. Dropped opening dart @ 800psi. Circulate
 casing 3 hrs. Pump mud flush 325 sks 60/40 po2 82 gal 1/4" Plused. Shut down
 Cleared pump & lines Released plug displaced 5 1/2 bbls with 500psi lift plug & land
 tool shut @ 1200psi. Cemented & circulate 15 bbls top it.
 30 SAs RH 20 SAs MH
 Thanks Tim & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3175.00	3175.00
5406	30	MILEAGE	5.25	157.50
5407A	24.35 ton	Ton Mileage delivery	1.75	1278.37
1107	93 #	Physcal	2.97	2762.1
110A	875 #	Hole seal	1.56	450.00
1118B	2580 #	Bentonite gel	.27	696.00
1142A	2 gal	KCL	41.10	82.20
1144G	1000 gal	Mud Flush	1.00	1000.00
1126	1755 lbs	OWC	23.70	4147.50
1131	375 SPS	60/40 po2	15.86	5947.50
4164	3	5 1/2" Baskets	290.00	870.00
4130	10	5 1/2" Centralizers	61.00	610.00
4159	1	5 1/2" Float shoe AFH	433.75	433.75
4277A	1	5 1/2" Ditchool	4800.00	4800.00
4214	40	5 1/2" Reciprocating Scratchers	82.00	3280.00
4454	1	5 1/2" Latchdown Plug	567.00	567.00
		Subtotal		27811.63
		Subtotal		25030.49
		SALES TAX		1649.56
		ESTIMATED TOTAL		26680.03

AUTHORIZATION [Signature] 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.