



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1212824  
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: \_\_\_\_\_

1212824

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE**



<b>Last Fracture Date:</b>	6/20/2014
<b>County:</b>	Cowley
<b>API Number (14 Digits):</b>	15-035-24568-00-00
<b>Operator Name:</b>	Taos Resources Operating Company, LLC
<b>Well Name and Number:</b>	West Maddix Unit #26
<b>Latitude:</b>	
<b>Longitude:</b>	
<b>Datum:</b>	
<b>Production Type:</b>	Oil
<b>True Vertical Depth (TVD):</b>	3627
<b>Total Base Fluid Volume (gal)*:</b>	519,708

**Hydraulic Fracturing Fluid Composition:**

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address and Phone Number
SP-902		Friction Reducer	Hydrotreated Light Distillate	064742-47-8	35%	0.02%	
			Petroleum Distillate	064742-94-5	40%	0.02%	
15% HCL		Acid	Hydrogen Chloride	7647-01-0	38%	1.07%	
AI-260		Inhibitor	Ethylene Glycol	107-21-1	20%	0	
			N,N - Dimethyl Formamide	68-12-2	20%	0	
			2-Butoxyethanol	111-76-2	5%	0	
AR-104		Retarder	Methanol	67-56-1	Confidential	na	Tony Carpenter 278 CR 2706 Bartlesville, OK 74003 (918) 331-7133
SR-445		Surfactant	Isopropanol	67-63-0	Confidential	na	Tony Carpenter 278 CR 2706 Bartlesville, OK 74003 (918) 331-7133
Biostat 650		Biocide	Methanol	67-56-1	20%	0	
			Isopropanol	67-63-0	5%	0	
SP-950		Iron Control	Citric Acid	77-92-9	Confidential	na	Tony Carpenter 278 CR 2706 Bartlesville, OK 74003 (918) 331-7133

Ingredients shown above are subject to 29 CFR 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS.

40/70 White Sand		Proppant	Quartz (Crystalline Silicate)	14808-60-7		3.87%	
100 MESH		Proppant	Quartz (Crystalline Silicate)	14808-60-7		0.38%	
20/40 RC		Proppant	Quartz (Crystalline Silicate)	14808-60-7		0.67%	

\*Total Water Volume sources may include fresh water, produced water, and/or recycled water. \*\*Information is based on the maximum potential for concentration and thus the total may be over 100%.  
 Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers' Material Safety Data Sheets (MSDS).





**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 # 268552

Invoice Date: 05/31/2014 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 26  
43347  
3-33-5E  
05-31-2014  
KS

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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	850.00	.2200	187.00
1110A	KOL SEAL (50# BAG)	1350.00	.4600	621.00
4104	CEMENT BASKET 5 1/2"	4.00	290.0000	1160.00
4136	TURBOLIZER 5 1/2"	7.00	100.0000	700.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	433.7500	433.75
4454	5 1/2" LATCH DOWN PLUG	1.00	525.0000	525.00

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1619.40

Description	Hours	Unit Price	Total
603 CEMENT PUMP	1.00	1085.00	1085.00
603 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
603 CASING FOOTAGE	1100.00	.23	253.00

WELL ID/APE # 175 D491  
 CODE 830.130  
 (N)OR R                       
 APPROVAL                     

Amount Due 10658.62 if paid after 06/10/2014

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Parts:	8216.75	Freight:	.00	Tax:	422.23	AR	8935.58
Labor:	.00	Misc:	.00	Total:	8935.58		
Sublt:	-1619.40	Supplies:	.00	Change:	.00		

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Signed \_\_\_\_\_ Date \_\_\_\_\_





**CONSOLIDATED**  
Oil Well Services, LLC

268552

TICKET NUMBER 43347  
LOCATION 180  
FOREMAN Jacob Storm

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

Api 15-235-24568-0000

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
S-31-14	2871	west maddix unit 26	3	33	SE	Cowley

  

CUSTOMER	MAILING ADDRESS	CITY	STATE	ZIP CODE
Trass Resources	1455 west Loop South 4623	Houston	TX	77254

  

TRUCK #	DRIVER	TRUCK #	DRIVER
603	Jeremy		
713	Tracy		
702	Jacob		

JOB TYPE Long string B HOLE SIZE 2 7/8 HOLE DEPTH 3627 CASING SIZE & WEIGHT 5 1/2 15.5 lb  
 CASING DEPTH 3625 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.7 SLURRY VOL 70.62 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 42 lb shoe  
 DISPLACEMENT 86.27 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 6.2 bpm

REMARKS: Safety meeting, Run pipe cementizers on 2, 8, 10, 14, 18, 23, 30, Baskets  
on 5, 15, 20, 25, stand pipe circulate hole for 1 hr, pump 5 bbl  
water 500 gal dull (100 mud sweep) 5 bbl water mix 240 sks class A  
3/4 gel 2/4 gel 5 lb kol-seal displaced with 86.27 bbl landing plug  
at psi check float held. Job complete.

Plug Rod hole with 30 sks class A

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4.20	210.00
5407	1	min bulk delivery	368.00	368.00
5402	1100	footage	.23	253.00
1104 S	270	class A	15.70	4239.00
1102	450	calcium chloride	.78	351.00
1118 B	850	gel	.22	187.00
1110 A	1350	kol-seal	.46	621.00

4104	4	5 1/2 Baskets weatherford	290.00	1160.00
4136	7	5 1/2 weatherford stand tubular	100.00	700.00
4159	1	5 1/2 weatherford AFe shoe	433.75	433.75
4154	1	5 1/2 weatherford latch down	525.00	525.00

			Subtotal	10132.75
				1619.40
			<b>completed</b>	8513.35
		6.4%	SALES TAX	420.23
			ESTIMATED TOTAL	8935.58

Ravin 3737

AUTHORIZATION \_\_\_\_\_ TITLE Stephen Bell DATE 5.31.2014

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 # 268346

Invoice Date: 05/22/2014 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 #26  
46319  
3-33-5  
05-21-2014  
KS

**RECEIVED**  
JUL 02 2014  
BY: \_\_\_\_\_

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	180.00	15.7000	2826.00
1102	CALCIUM CHLORIDE (50#)	432.00	.7800	336.96
1118B	PREMIUM GEL / BENTONITE	360.00	.2200	79.20
1107	FLO-SEAL (25#)	100.00	2.4700	247.00
4432	8 5/8" WOODEN PLUG	1.00	84.0000	84.00

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1046.75

Description	Hours	Unit Price	Total
502 TON MILEAGE DELIVERY	1.00	571.05	571.05
603 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
603 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00

WELL ID/AFE # 175D491  
 CODE 830.130  
 NOR [Signature]  
 APPROVAL

Amount Due 5431.90 if paid after 06/01/2014

Parts:	3573.16	Freight:	.00	Tax:	161.70	AR	4318.16
Labor:	.00	Misc:	.00	Total:	4318.16		
Sublt:	-1046.75	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_ Date \_\_\_\_\_





**CONSOLIDATED**  
Oil Well Services, LLC

268346

TICKET NUMBER 46319  
LOCATION 180  
FOREMAN Jeff Shell

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

**FIELD TICKET & TREATMENT REPORT**

CEMENT API# 15-035-24568-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/21/14	2871	West Maddix unit #26	3	33	J	Cowley

  

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
T905 Resources operating CO.	603	Jeremy M.		
MAILING ADDRESS	502	Dustin K		
1455 W Loop S Ste 600	539	Jeff S		
CITY				
Houston				
STATE				
TX				
ZIP CODE				
77027				

JOB TYPE Surface R HOLE SIZE 12 1/4 HOLE DEPTH 277 CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH 277 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.9 SLURRY VOL 4.5 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 20'  
 DISPLACEMENT 16.25 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5.2

REMARKS: Safety Meeting broke circ. Pumped 180 SKS class A cement  
3% calcium 2% gel 1/2 lb Poly displaced Plug down and cement  
To surface with 16 1/4 bbls fresh water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	4.5	MILEAGE	4.20	189.00
11045	180 SKS	class A cement	15.70	2826.00
1102	432 lbs	calcium Chloride	1.78	336.96
1118 B	360 lbs	Gel	.22	79.20
1107	100 lbs	Poly Flake	2.47	247.00
4432	1	8 5/8 wooden Plug	84.00	84.00
5407A	9 Ton	Ton Mileage delivery	1.41	571.05
			Subtotal	5203.21
			Minus 30% Material Discount	1046.25
			Subtotal	4156.46
			SALES TAX	161.70
			ESTIMATED	
			TOTAL	4318.16

Revin 3737

AUTHORIZATION

*Stephen Bell for T905*

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 for