



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1213903
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: _____

1213903

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> _____					
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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HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE



Last Fracture Date:	6/28/2014
County:	Cowley
API Number (14 Digits):	15-035-24576-00-00
Operator Name:	Taos Resources Operating Company, LLC
Well Name and Number:	West Maddix Unit #27
Latitude:	
Longitude:	
Datum:	
Production Type:	Oil
True Vertical Depth (TVD):	3620
Total Base Fluid Volume (gal)*:	528,486

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%	1.06%	
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		3.63%	
100 MESH		Proppant	Quartz (Crystalline Silicate)	14808-60-7		0.38%	
20/40 RC		Proppant	Quartz (Crystalline Silicate)	14808-60-7		0.66%	

*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).

20589



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

JUN 16 2014
KZ

INVOICE

Invoice # 268732

Invoice Date: 06/11/2014 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 #27
46350
2-33-5E
06-05-2014
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	175.00	15.7000	2747.50
1102	CALCIUM CHLORIDE (50#)	500.00	.7800	390.00
1118B	PREMIUM GEL / BENTONITE	400.00	.2200	88.00
1107	FLO-SEAL (25#)	100.00	2.4700	247.00

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1041.75

Description	Hours	Unit Price	Total
491 MIN. BULK DELIVERY	1.00	368.00	368.00
603 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
603 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00

WELL ID/AFE # 1750500
 CODE 830.130
 APPROVAL *[Signature]*

Amount Due 5142.74 if paid after 06/21/2014

Parts:	3472.50	Freight:	.00	Tax:	155.57	AR	4034.32
Labor:	.00	Misc:	.00	Total:	4034.32		
Sublt:	-1041.75	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

268732

TICKET NUMBER 46350
LOCATION 180
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API K-035-24576-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
6-5-14	2871	WMA #27	2	33	SE	Cowley																
CUSTOMER <u>Jaco</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>623</td> <td>Jeremy m</td> <td></td> <td></td> </tr> <tr> <td>491</td> <td>Dustin</td> <td></td> <td></td> </tr> <tr> <td>702</td> <td>Jacob</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	623	Jeremy m			491	Dustin			702	Jacob		
TRUCK #	DRIVER	TRUCK #					DRIVER															
623	Jeremy m																					
491	Dustin																					
702	Jacob																					
MAILING ADDRESS <u>1455 W Loop South #600</u>																						
CITY <u>Houston</u>		STATE <u>TX</u>	ZIP CODE <u>77284</u>																			

JACO
DUSTIN
JACO

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 251 CASING SIZE & WEIGHT 85/8
 CASING DEPTH 251 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.10 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 16 ft
 DISPLACEMENT 15.68 DISPLACEMENT PSI 300 MIX PSI 200 RATE 6.2 bpm

REMARKS: Salty meeting, Break circulation pump robot water mix 175 sks class A 3/4cc 2/gel 1/2lb poly displaced 15.5 bed 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	50	MILEAGE	4.20	210.00 ✓
5407	1	min bulk delivery	362.00	362.00 ✓
11045	175	class A	15.70	2747.50 ✓
1102	500	calcium chloride	.78	390.00 ✓
1112B	400	gel	.22	88.00 ✓
1107	100	poly-fluor	2.47	247.00 ✓
<input checked="" type="checkbox"/> completed				
			Subtotal	4929.50 ✓
			discount	- 104.75 ✓
			total	3878.75 ✓
			SALES TAX	155.57 ✓
			ESTIMATED TOTAL	4034.32 ✓

Favin 3737

AUTHORIZATION _____ TITLE Stephen Bill Pat Tacos 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



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

JUN 19 2014

INVOICE

Invoice # 268845

Invoice Date: 06/16/2014 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 #27
46915
2-30-5E
06-09-2014
KS

Description	Hours	Unit Price	Total
TON MILEAGE DELIVERY	1.00	895.35	895.35

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	270.00	15.7000	4239.00
1102	CALCIUM CHLORIDE (50#)	508.00	.7800	396.24
1118B	PREMIUM GEL / BENTONITE	761.00	.2200	167.42
1110A	KOL SEAL (50# BAG)	1350.00	.4600	621.00
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	433.7500	433.75
4454	5 1/2" LATCH DOWN PLUG	1.00	318.2500	318.25
4136	TURBOLIZER 5 1/2"	7.00	75.7500	530.25
4104	CEMENT BASKET 5 1/2"	3.00	290.0000	870.00

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1792.10

Description	Hours	Unit Price	Total
446 CEMENT PUMP	1.00	1085.00	1085.00
446 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00

WELL ID/AFE # 175D500
CODE 840.130
NORR
APPROVAL

Amount Due 10836.32 if paid after 06/26/2014

Parts:	8125.91	Freight:	.00	Tax:	405.37	AR	8929.53
Labor:	.00	Misc:	.00	Total:	8929.53		
Sublt:	-1792.10	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

268845

TICKET NUMBER 46915
LOCATION Si Dorado
FOREMAN Fuzz

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-9-14	2871	West Maddox Unit #27	2	30	E6	Geary
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
TAOS Resources			446	Tosh		
MAILING ADDRESS			713	Mart		
CITY						
STATE						
ZIP CODE						

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 3615' CASING SIZE & WEIGHT 5 1/2-15.5
 CASING DEPTH 3614' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.48 WATER gal/sk _____ CEMENT LEFT in CASING 46 7/8
 DISPLACEMENT 84.9 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Val #3 float equip Turbolizers 3-6-10-14-18-24-30
 Baskets 2-15-28. Rig up and circulate 45 min Pump SBL water 500 gal
 mud flush, SBL water mix 30 sks RH, mix 240 sks Class A
 390 gal, 290 gal CC, 5+ Kalsol. Wash pump and lines. Drop
 plug and displace 8+ BBL, 1200' lift, 1750' land
 float had slight leak pump to 500' + shut in.

Thanks Fuzz & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	420.00	210.00
5407A	12.7 ton	Ten mileage delivery	141	895.35
1104B	270 sks	Class A	15.20	4239.00
1102	508*	Calcium chloride	.78	396.24
1118B	761*	Bentonite	.22	167.42
1110A	1350*	Kalsol	.46	621.00
1144G	500 gal	mud flush	1.10	550.00
4159	1	5 1/2 - AFO float shoe	433.25	433.25
4454	1	5 1/2 - hatched down Assy	318.25	318.25
4136	7	5 1/2 - Turbolizers	75.25	530.25
4104	3	5 1/2 - BASKETS	290.00	870.00
		subtotal		10316.20
		3090 disc cement materials		-1790.10
		subtotal		8524.10
		<input checked="" type="checkbox"/> completed		

SALES TAX 405.37
 ESTIMATED TOTAL 8929.53
 AUTHORIZATION _____ TITLE Stephen Ball for TAOS 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