



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1215724  
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: \_\_\_\_\_

1215724

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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**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 # 269140

Invoice Date: 06/30/2014 Terms: 5/5/10,n/30

Page 1

J. B. D. % P. J. BUCK  
P.O. BOX 68  
SEDAN KS 67361  
(620)725-3636

THOMAS #7  
2550000782  
06/27/14  
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	110.00	19.7500	2172.50
1118B	PREMIUM GEL / BENTONITE	200.00	.2200	44.00
1107A	PHENOSEAL (M) 40# BAG)	40.00	1.3500	54.00
1110A	KOL SEAL (50# BAG)	650.00	.4600	299.00
1111	SODIUM CHLORIDE (GRANULA	700.00	.3900	273.00
4404	4 1/2" RUBBER PLUG	1.00	47.2500	47.25

Sublet Performed	Description	Total
9995-240	CEMENT EQUIPMENT DISCOUNT	-104.98
9996-240	CEMENT MATERIAL DISCOUNT	-144.49

Description	Hours	Unit Price	Total
492 CEMENT PUMP	1.00	1085.00	1085.00
492 CASING FOOTAGE	1055.00	.23	242.65
492 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
PLUG 4 1/2" PLUG CONTAINER	1.00	215.00	215.00
551 MIN. BULK DELIVERY	1.00	368.00	368.00

Amount Due 5224.92 if paid after 07/10/2014

Parts:	2889.75	Freight:	.00	Tax:	223.74	AR	4963.67
Labor:	.00	Misc:	.00	Total:	4963.67		
Sublt:	-249.47	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_

Date \_\_\_\_\_

# 269410

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	JBD	State, County	Chautauqua, Kansas	Cement Type	CLASS A	
Job Type	longstring	Section		Excess (%)	30	
Customer Acct #	4291	TWP		Density	14	
Well No.	Thomas #0	RGE		Water Required		
Mailing Address		Formation		Yield	1.74	
City & State		Tubing		Sacks of Cement	110	
Zip Code		Drill Pipe		Slurry Volume		
Contact		Casing Size	4 1/2 INCH,	Displacement	16.4	
Email		Hole Size	6 3/4	Displacement PSI		
Cell		Casing Depth	1055	MIX PSI		
Dispatch Location	BARTLESVILLE	Hole Depth		Rate		
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit		
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00	
5402	FOOTAGE	1055	PER FOOT	\$0.23	\$ 242.65	
5406	EQUIPMENT MILEAGE (ONE-WAY)	45	PER MILE	\$4.20	\$ 189.00	
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$ 368.00	
5621	4 1/2 INCH PLUG CONTAINER	1	PER UNIT	\$215.00	\$ 215.00	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
				EQUIPMENT TOTAL	\$ 2,099.65	
<b>Cement, Chemicals and Water</b>						
1126	OWC. CEMENT (CAL SEAL) 6%OWC, 2% CAL. CLORIDE 2% GE	110	0	\$19.75	\$ 2,172.50	
1118B	PREMIUM GEL/BENTONITE (50#)	200	0	\$0.22	\$ 44.00	
1107A	PHENOSEAL	40	0	\$1.35	\$ 54.00	
1110A	KOL SEAL (50 # SK)	650	0	\$0.46	\$ 299.00	
1111	GRANULATED SALT (50#) SELL BY #	700	0	\$0.39	\$ 273.00	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
				Chemical Total	\$ 2,842.50	
<b>Cement Water Transports</b>						
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
				Transports Total	\$ -	
<b>Cement Floating Equipment (TAXABLE)</b>						
<b>Cement Basket</b>						
0			0	\$0.00	\$ -	
<b>Centralizer</b>						
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
<b>Float Shoe</b>						
0			0	\$0.00	\$ -	
<b>Float Collars</b>						
0			0	\$0.00	\$ -	
<b>Guide Shoes</b>						
0			0	\$0.00	\$ -	
<b>Baffle and Flapper Plates</b>						
0			0	\$0.00	\$ -	
<b>Packer Shoes</b>						
0			0	\$0.00	\$ -	
<b>DV Tools</b>						
0			0	\$0.00	\$ -	
<b>Ball Valves, Swedges, Clamps, Misc.</b>						
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
0			0	\$0.00	\$ -	
<b>Plugs and Ball Sealers</b>						
4404	4 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$ 47.25	
0			0	\$0.00	\$ -	
				CEMENT FLOATING EQUIPMENT TOTAL	\$ 47.25	
				0	SUB TOTAL	\$ 4,989.40
				5.50%	SALES TAX	\$ 274.42
					TOTAL	\$ 5,263.82
				5%	(-DISCOUNT)	\$ 263.19
				DISCOUNTED TOTAL	\$ 4,963.67	
TRUCK#	DRIVER NAME					
492	jake					
551	paul					

AUTHORIZATION \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

FOREMAN *[Signature]*

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.

6/27/2014



2550000782

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	JBD	State, County	Chautauqua , Kansas	Cement Type	CLASS A
Job Type	longstring	Section	0	Excess (%)	30
Customer Acct #	0	TWP	0	Density	14
Well No.	Thomas	RGE	0	Water Required	0
Mailing Address	0	Formation	0	Yield	1.74
City & State	0	Tubing	0	Sacks of Cement	110
Zip Code	0	Drill Pipe	0	Slurry Volume	0
Contact	0	Casing Size	4 1/2INCH,	Displacement	16.4
Email	0	Hole Size	6 3/4	Displacement PSI	0
Cell	0	Casing Depth	1055	MIX PSI	0
Dispatch Location	BARTLESVILLE	Hole Depth	0	Rate	0

Remarks:

Spotted in on location and rigged upto well. Ran 5bbls of fresh water then 4sks of gel established circulation. Ran 110sks 2%gel and calcium 6%owc 10%salt 6#koiseal and .4 pheno. Shut down washed out pump and lines. Dropped plug and displaced to bottom plug landed and held at 1000psi. Cement was not circulated to surface.