



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1217393
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: _____

1217393

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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WoCo Drilling LLC
Yates Center, Kansas 66783
620-330-6328 620-228-2320

Operator License# 5983	API# 15-207-28773-00-00
Operator: Victor J Leis	Lease Name: Tannahill
Address: PO Box 223 Yates Center, Ks	Well # A-16
Phone# 913-285-0127	Spud date: 12-5-13 Completed: 12-6-13
Contractor License# 33900	Location: 4 Twp: 24 Rg: 16
T.D. 1118 ft. Bit Size: 5 7/8	495 ft. from north line
Surface Pipe Size: 8 5/8 Depth: 40.5 ft	825 ft. from west line
Kind of Well: Oil	

Drillers Log

Strata	From	To
Soil	0	6
Clay	6	18
Lime	18	22
Shale	22	43
Lime	43	48
Shale	48	205
Lime	205	215
Shale	215	225
Lime	225	270
Shale	270	281
Lime	281	487
Shale	487	504
Lime	504	514
Shale	514	541
Lime	541	672
Shale	672	834
Lime	834	851
Shale	851	857
Lime	857	868
Shale	868	902
Lime	902	909
Shale	909	925
Lime	925	930
Shale	930	938

Strata	From	To
Lime	938	944
Shale	944	946
Lime	946	949
Shale	949	954
Lime	954	958
Shale	958	971
Lime	971	981
Shale	981	990
Lime	990	998
Shale	998	1006
Lime Cap	1006	1007
Cir Brk Sand	1007	1015
Brk Oil Sand	1015	1019
Brk Sand	1019	1050
1 st Cap	1050	1051
Shale	1051	1052
2 nd Cap	1052	1054
Shale	1054	1055
Oil Sand	1055	1057
Brk Sand	1057	1060
Oil Sand	1060	1063
Brk Sand	1063	1070
Shale	1070	1118



CONSOLIDATED
Oil Well Services, LLC

264708

TICKET NUMBER 44937

LOCATION Ottawa KS

FOREMAN Fred Madar

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
12-11-13	5353	Tannahill # A-16	NW 4	24	16	WFO
CUSTOMER Midway Petroleum Oil Co			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 1000			712	Fre Mad	558	Max Coc
CITY Miami	STATE OK.	ZIP CODE 74354	495	Har Beci		
			675	Kui Det		
			503	Dad Det		

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 1118 CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 1115 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2 Plug
 DISPLACEMENT 6.46 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish circulation Mix + Pump 100*
Gel flush Pump 11 BBL at 1/2 rate dye. Mix + Pump 95 sks
50/50 Poz Mix Cement 6% Gel. Follow w/ 35 sks o/w Cement
Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing
TD Pressure to 800* PSI. Release pressure to set float valve
Shut in casing

Fred Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1065 ⁰⁰
5406	65 mi	MILEAGE	495	272 ⁰⁰
5402	1115	Casing Footage		NK
5407	Minimum	Ton Miles	503	368 ⁰⁰
5407A	274.79	Ton Miles	558	387 ⁴⁵
5502	3 1/2 hr	80 BBL Vac Truck	675	315 ⁰⁰
1124	95 sks	50/50 Poz Mix Cement		1092 ⁵⁰
1126	35 sks	o/w Cement		691 ²⁵
1118B	579*	Premium Gel		127 ⁰⁰
4402	1	2 1/2" Rubber Plug		29 ⁰⁰
			7.15%	SALES TAX
				ESTIMATED TOTAL
				13875
				4507 ⁸³

Rev'n 3737

AUTHORIZATION *[Signature]* TITLE *[Signature]* 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