



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1216929
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: _____

1216929

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)*

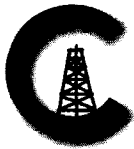
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

**FINV
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 # 269576

Invoice Date: 07/24/2014 Terms: 0/30/10,n/30

Page 1

PHILLIP OIL PROPERTIES INC.
1822 S. MEAD
WICHITA KS 67211
() -

KERR 6-1
45160
6/33/6E
07/23/2014
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	200.00	20.1600	4032.00
1110A	KOL SEAL (50# BAG)	1600.00	.4600	736.00
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
4114	RECIPROCATING CEMENT BAS	3.00	290.0000	870.00
4136	TURBOLIZER 5 1/2"	4.00	75.7500	303.00
4130	CENTRALIZER 5 1/2"	5.00	61.0000	305.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	361.0000	361.00
4454	5 1/2" LATCH DOWN PLUG	1.00	266.7500	266.75

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1595.40

Description	Hours	Unit Price	Total
467 CEMENT PUMP	1.00	1085.00	1085.00
467 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
681 MIN. BULK DELIVERY	1.00	368.00	368.00
681 CASING FOOTAGE	900.00	.23	207.00

VEN. NO. CONOW WELL # KR001-01
ACCT. # 73550 AMT. \$8071.35
ACCT. # _____ AMT. _____
ACCT. # _____ AMT. _____
ACCT. # _____ AMT. _____

Amount Due 9768.86 if paid after 08/03/2014

Parts:	7423.75	Freight:	.00	Tax:	373.00	AR	8071.35
Labor:	.00	Misc:	.00	Total:	8071.35		
Sublt:	-1595.40	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 45160
LOCATION 180
FOREMAN Jacob Storm

269576

FIELD TICKET & TREATMENT REPORT
CEMENT

Ap: 15-035-24565-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-23-14	6293	Kerr 6-1	6	33	6E	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Phillip oil properties			467	Ron		
MAILING ADDRESS			681	Mark		
1822 S Mead			702	Jacob		
CITY	STATE	ZIP CODE				
Wichita	KS	67211				

LR
RM
mg

JOB TYPE Longstring B HOLE SIZE 77/8 HOLE DEPTH 3415 CASING SIZE & WEIGHT 5 1/2 15.5 lb
 CASING DEPTH 3444 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15 lb SLURRY VOL. 59.84 WATER gal/sk _____ CEMENT LEFT in CASING 1 ft
 DISPLACEMENT 81.27 DISPLACEMENT PSI _____ MIX PSI _____ RATE 6.8 bpm

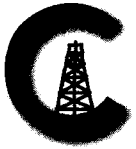
REMARKS: Safety meeting, Run casing trubo on 3, 7, 15, 25. Baskets on 7, 10, 28, centralized on 33, 46, 49, 69, 76, circulate hole for 30 min, pump 5 bbl water 500 gal dr 1100 5 bbl water, mix 175 sks thick set 8% Kol-Seal displaced with 81.27 bbl landing plug at psi check float float held plug Rathole with 25 sks thick set.

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	900	footage	.23	207.00 ✓
1126A	200	thick set	20.16	4032.00 ✓
1110A	1600	Kol-Seal	.46	736.00 ✓
1144G	500	Dr 1100	1.10	550.00 ✓
4114	3	5 1/2 Baskets	290.00	870.00 ✓
4136	4	5 1/2 Stand trubo	75.75	303.00 ✓
4130	5	5 1/2 Centralizer	61.00	305.00 ✓
4159	1	5 1/2 AFM shoe	360.00	360.00 ✓
4454	1	5 1/2 Latch down plug	266.75	266.75 ✓
		Subtotal		9293.75 ✓
		discount		- 1595.40 ✓
		total		7698.35 ✓
		SALES TAX		373.00 ✓
		ESTIMATED TOTAL		8071.35 ✓

Rev 3737

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.



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 # 269506

Invoice Date: 07/24/2014 Terms: 0/30/10,n/30

Page 1

PHILLIP OIL PROPERTIES INC.
1822 S. MEAD
WICHITA KS 67211
() -

KERR 6-1
46364
6/33/6E
07/19/2014
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	180.00	15.7000	2826.00
1102	CALCIUM CHLORIDE (50#)	450.00	.7800	351.00
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	-1053.60

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

VEN. NO. ConNov WELL # KR001-01
 ACCT. # 71140 AMT. \$4063.73
 ACCT. # _____ AMT. _____
 ACCT. # _____ AMT. _____
 ACCT. # _____ AMT. _____

Amount Due 5184.76 if paid after 08/03/2014

Parts:	3512.00	Freight:	.00	Tax:	157.33	AR	4063.73
Labor:	.00	Misc:	.00	Total:	4063.73		
Sublt:	-1053.60	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 46364
LOCATION 180
FOREMAN Jacob Storn

269506

FIELD TICKET & TREATMENT REPORT

CEMENT

15-035-24565-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
7-19-14	6293	Kerr 6-1	6	33	6E	cowley																
CUSTOMER Phillips oil properties			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>603</td> <td>Jeremy</td> <td></td> <td></td> </tr> <tr> <td>681</td> <td>Judd</td> <td></td> <td></td> </tr> <tr> <td>702</td> <td>Jacob</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	603	Jeremy			681	Judd			702	Jacob		
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681	Judd																					
702	Jacob																					
MAILING ADDRESS 1822 S mead																						
CITY wichita	STATE KS	ZIP CODE 67211																				

LO
Jn
J6

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 339 CASING SIZE & WEIGHT 2 5/8
CASING DEPTH 342 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 1516 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20 ft
DISPLACEMENT 20.5 DISPLACEMENT PSI 300 MIX PSI 200 RATE 6.6 bpm

REMARKS: Safety meeting, Break circulation pump 5 bbl water
Mix 180 sks class A 3/4cc 2 1/2 gal 1/2 lb poly displaced
with 20.5 bbl circulating cement to surface.
Shut in

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE	870.00	870.00
5406	50	MILEAGE	4.20	210.00
5407	1	min bulk delivery	368.00	368.00
1104S	180	CLASS A	15.70	2826.00
1102	450	calcium chloride	1.78	351.00
1118B	400	gel	1.22	88.00
1107	100	poly-flake	2.47	247.00
			Subtotal	4960.00
			discount	- 1053.60
			total	3906.40
			SALES TAX	157.33
			ESTIMATED TOTAL	4063.73

Revin 3737

AUTHORIZATION D Cant 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.

Ji 0