



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1216968
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
-----------------------------------	-----------------	---

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: _____

1216968

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
--	---

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---



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
1-800/467-8676
620/431-8210
Fax 620/431-0012

INVOICE

Invoice # 269929
Invoice Date: 07/31/2014
Terms: 0/30/10,n/30
Page 1

OIL SOURCES CORP
12508 CATALINA ST
LEAWOOD KS 66209
(913) 481-4604

CROWN #17
47425
SW17-16-21
07/22/2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	100.00	11.5000	1150.00
1118B	PREMIUM GEL / BENTONITE	368.00	.2200	80.96
4404	4 1/2" RUBBER PLUG	1.00	47.2500	47.25
Sublet Performed				
9996-120	CEMENT MATERIAL DISCOUNT			-369.29
Description				
370	MIN. BULK DELIVERY	.50	368.00	184.00
548	80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00
666	CEMENT PUMP	1.00	1085.00	1085.00
666	EQUIPMENT MILEAGE (ONE WAY)	15.00	4.20	63.00
666	CASING FOOTAGE	693.00	.00	.00

Description	Hours	Unit Price	Total
1278.21 Freight	69.53	AR	2460.45
.00 Tax			.00
.00 Misc			.00
.00 Total			2460.45
-369.29 Suppliers			.00
.00 Change			.00

Amount Due 2857.99 if paid after 08/10/2014

Parts:	1278.21 Freight:	.00 Tax:	69.53 AR	2460.45
Labor:	.00 Misc:	.00 Total:	2460.45	.00
Sublt:	-369.29 Suppliers:	.00 Change:	.00	.00

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the acknowledgment account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION OF SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	15 mi	MILEAGE		63.00
5402	100 SCS	5% Formalin cement	1156.00	1156.00
5407	308 #	Traxium Gel	80.96	24927.28
5502C	1.5 hrs	80 Vac		150.00
5404	1	1/2" rubber plug		861.67
				2460.45
				2857.99
				2.65%
				109.53
				2460.45

SCANNED

[Handwritten signature]

REMARKS: hold safety meeting, established circulation, mixed & pumped 300# Traxium Gel followed by 100 lbs formalin cement, mixed & pumped to this day marker, mixed & pumped 100 SCS 5% formalin cement w/ 2% gel per SK, dye marker to surface, flushed pump clean, pumped 1/2" rubber plug to casing TD w/ 11.05 lbs hot water, cement to surface, pressured to 800 PSI, released pressure, shut-in casing.

DISPLACEMENT 11.05 SALS
 SLURRY WEIGHT 11.05 SALS
 SLURRY VOL 11.05 SALS
 WATER gals/sk 11.05 SALS
 CEMENT LEFT IN CASING 11.05 SALS
 RATE 5 hrs
 OTHER

JOB TYPE *Leasing*
 CITY *Stilwell*
 STATE *KS*
 ZIP CODE *66885*
 MAILING ADDRESS *1030 W. 103rd Terr*
 CUSTOMER *D.I. Sources*
 DATE *7/20/14*
 CUSTOMER # *5949*
 WELL NAME & NUMBER *Crown # 17*
 SECTION *SU 17*
 TOWNSHIP *16*
 RANGE *21*
 COUNTY *FR*

HOLE SIZE *6 5/8"*
 DRILL PIPE *6 5/8"*
 CASING DEPTH *103'*
 HOLE DEPTH *700'*
 TUBING *700'*
 CEMENT SIZE & WEIGHT *4 1/2"*

TRUCK #	DRIVER	TRUCK #	DRIVER
329	<i>Coker</i>	378	<i>Dau, Uka</i>
329	<i>Safety Meeting</i>	370	<i>Letloc</i>

CEMENT

FIELD TICKET & TREATMENT REPORT

TICKET NUMBER *47425*
 LOCATION *Officer, KS*
 FOREMAN *Casey Kowalsky*

269929

CONSOLIDATED OIL WELL SERVICES, LLC
 PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676