



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1217089
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: _____

1217089

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

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:	7/11/2014
County:	Cowley
API Number (14 Digits):	15-035-24583-00-00
Operator Name:	Taos Resources Operating Company, LLC
Well Name and Number:	West Maddix Unit #29
Latitude:	
Longitude:	
Datum:	
Production Type:	Oil
True Vertical Depth (TVD):	3623
Total Base Fluid Volume (gal)*:	463,480

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%	1.09%	
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		3.64%	
100 MESH		Proppant	Quartz (Crystalline Silicate)	14808-60-7		0.43%	
20/40 RC		Proppant	Quartz (Crystalline Silicate)	14808-60-7		0.60%	

*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).



CONSOLIDATED
Oil Well Services, LLC

JUN 16 2014
M2

20589

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 # 268734

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 #29
46352
2-33-5E
06-06-2014
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
4432	8 5/8" WOODEN PLUG	1.00	84.0000	84.00

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

Description	Hours	Unit Price	Total
467 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
467 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
491 MIN. BULK DELIVERY	1.00	368.00	368.00
491 8 5/8" PLUG CONTAINER	1.00	.00	.00

WELL ID/AFE # 175D510
 CODE 830-130
 (N)OR R [Signature]
 APPROVAL

Amount Due 5232.12 if paid after 06/21/2014

Parts:	3556.50	Freight:	.00	Tax:	160.95	AR	4123.70
Labor:	.00	Misc:	.00	Total:	4123.70		
Subt:	-1041.75	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 620/839-5289 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

268734

TICKET NUMBER 46352
LOCATION 180
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT

Api 15-035-24523-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-6-14	2871	wmu # 29	2	3.3	SE	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Tass			467	Puston		
MAILING ADDRESS			491	Ron		
1495 W Loop South S600			702	Jacob		
CITY	STATE	ZIP CODE				
Houston	TX	77254				

Rm Dr

JOB TYPE Surface R HOLE SIZE 12 1/4 HOLE DEPTH 252 CASING SIZE & WEIGHT 2 5/8
 CASING DEPTH 252 DRILL PIPE TUBING OTHER
 SLURRY WEIGHT 1516 SLURRY VOL 42.38 WATER gal/sk CEMENT LEFT in CASING 16 ft
 DISPLACEMENT 15.25 bbl DISPLACEMENT PSI 300 MIX PSI 300 RATE 5.5 bpm

REMARKS: Safety meeting Break circulation mix 175 Skss class A
3Kcc gel 1/2 lb poly displaced with 15 bbl water circulation
covered to surface - Shut in Job complete

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401.5	1	PUMP CHARGE	870.00	870.00
5406	50	MILEAGE	4.20	210.00
5407	1	min bulk delivery	368.00	368.00
1104.5	175	class A	15.70	2747.50
1102	500	calcium chloride	.78	390.00
1118.B	400	gel	.22	88.00
1107	100	poly Flake	2.47	247.00
44.52	1	2 5/8 wooden plug	84.00	84.00
5618	1	2 5/8 plug container	345.00	N/C
			Subtotal	5004.50
		Discount		1041.75
			total	3962.75
			SALES TAX	160.95
			ESTIMATED TOTAL	4123.70

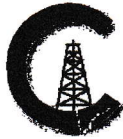
completed
6.4%

Rev 11 2737

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 for

20589



CONSOLIDATED
Oil Well Services, LLC
RECEIVED
JUN 27 2014

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

BY: _____

Invoice # 268971

Invoice Date: 06/25/2014 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 #29
46368
2/33/5
06/17/2014
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	275.00	15.7000	4317.50
1102	CALCIUM CHLORIDE (50#)	440.00	.7800	343.20
1118B	PREMIUM GEL / BENTONITE	825.00	.2200	181.50
1110A	KOL SEAL (50# BAG)	1375.00	.4600	632.50
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
4104	CEMENT BASKET 5 1/2"	3.00	290.0000	870.00
4136	TURBOLIZER 5 1/2"	7.00	100.0000	700.00
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

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1642.41

Description	Hours	Unit Price	Total
446 CEMENT PUMP	1.00	1085.00	1085.00
446 EQUIPMENT MILEAGE (ONE WAY)	44.00	4.20	184.80
539 TON MILEAGE DELIVERY	616.00	1.41	868.56

WELL ID/AFE # 1750510
 CODE 830-130
 (N)OR R [Signature]
 APPROVAL

Amount Due 11019.25 if paid after 07/05/2014

Parts:	8346.70	Freight:	.00	Tax:	429.08	AR	9271.73
Labor:	.00	Misc:	.00	Total:	9271.73		
Sublt:	-1642.41	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

268971

TICKET NUMBER 46368
LOCATION 180
FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-035-24583-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/17/14	2871	West Maddix unit #29	2	33	5	Cowley

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Tgas Resources Operating Co. MAILING ADDRESS 1455 W Loop S STE 600 CITY Houston STATE TX ZIP CODE 77027	446	Jash G		
	713	MARK G		
	539	JEFF S		

JOB TYPE long string HOLE SIZE 7 7/8 HOLE DEPTH 3623 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 3610 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.0 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 84.0 DISPLACEMENT PSI 500 MIX PSI 200 RATE 4.0

REMARKS: Safety Meeting, ran float equipment Turbolizers on 3, 6, 10, 14, 18, 24, 30
ran baskets on 2 1/2 28 make IT between 14 and 15 broke circ.
Pumped 500 gal mud flush pumped 275 SK9 CLASS A cement 2% calcium
3% gel 5% Kalseal displaced Plug down with 84 bbls fresh water
landed plug at 1000 lbs

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	44	MILEAGE	4.20	184.80
5407A	14 Ton	Ton mileage delivery	1.41	868.56
1104S	2753ks	CLASS A cement	15.70	4317.50
1102	440lbs	calcium chloride	.78	343.20
1118B	825lbs	Gel	.22	181.50
1110A	1375lbs	KO1 Seal	.46	632.50
1144B	500gal	Mud flush	1.10	550.00
4104	3	5 1/2 cement baskets	290.00	870.00
4136	7	5 1/2 Turbolizers	100.00	700.00
4159	1	5 1/2 AFU F109+ Shoe	433.25	433.25
4454	1	5 1/2 19th down Plug	318.25	318.25
			Subtotal	10485.06
		Minus 30% material Discount		1642.41
			Subtotal	8842.65
			SALES TAX	429.08
			ESTIMATED TOTAL	9271.73

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