



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1218117
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: _____

1218117

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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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 # 269340

Invoice Date: 07/17/2014 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 32 SWD
46407
34/32/5
07/11/2014
KS

Description	Hours	Unit Price	Total
TON MILEAGE DELIVERY	645.00	1.41	909.45

Part Number	Description	Qty	Unit Price	Total
11048	CLASS "A" CEMENT (SALE)	275.00	15.7000	4317.50
1118B	PREMIUM GEL / BENTONITE	776.00	.2200	170.72
1102	CALCIUM CHLORIDE (50#)	517.00	.7800	403.26
1110A	KOL SEAL (50# BAG)	1375.00	.4600	632.50
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
4253	TYPE A PACKER SHO61/2X6	1.00	1663.0000	1663.00
4454	5 1/2" LATCH DOWN PLUG	1.00	266.7500	266.75
4136	TURBOLIZER 5 1/2"	6.00	75.7500	454.50
4104	CEMENT BASKET 5 1/2"	16.00	290.0000	4640.00

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1657.19

Description	Hours	Unit Price	Total
603 CEMENT PUMP	1.00	1085.00	1085.00
603 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00

WELL ID/AFE #	1750514
CODE	830.130
NORR	<i>[Signature]</i>
APPROVAL	

Amount Due 16140.97 if paid after 07/27/2014

Parts:	13098.23	Freight:	.00	Tax:	732.23	AR	14377.72
Labor:	.00	Misc:	.00	Total:	14377.72		
Sublt:	-1657.19	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 786/672-8822 OTTAWA, KS 786/242-4044 THAYER, KS 620/839-5289 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2850



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

269340
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 46407
LOCATION Colorado
FOREMAN Fuzz

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-11-14	2871	Maddux Unit 32-Sub	34	32	5	Cowley ^{KS}
CUSTOMER			TRUCK# DRIVER TRUCK# DRIVER			
Mailing Address						
CITY STATE ZIP CODE						

CUSTOMER: Tops Operations
 Mailing Address: 1455 West Loop South, ST 600
 CITY: Houston STATE: TX ZIP CODE: 77027
 Well Name & Number: Maddux Unit 32-Sub
 SECTION: 34 TOWNSHIP: 32 RANGE: 5 COUNTY: Cowley
 TRUCK# 603 DRIVER Jeremy
 TRUCK# 713 DRIVER Bill

JOB TYPE Production HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL. _____ WATER gal/ak _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on UAL #3 Run float camp. Dis up and circulate 1 1/2 hr. Set packer shoe @ 1200'. Pump 5 BBL water, 500 gal mud flush, 5 BBL water, 30 SKS in RM. Mix 245 SKS Class A 30% seal, 2% sec, 5% Kolsval. Wash pump and lines. Drop plug and displace 96 1/2 BBL 900' lift land @ 1400'. Float held

Thanks Fuzz & crew

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
5407A	12.9 days	Tow Mileage Delivery	1.41	909.42
11045	275 SKS	Class A	15.20	4179.00
1108B	776*	Bentonite	.22	170.72
1107	517*	Calcium Chloride	.78	403.26
1102A	1375*	Kol-seal	.46	632.50
1144C	500 gal	Mud flush	1.10	550.00
4253	1	5 1/2 - Packer shoe	1663.00	1663.00
4454	1	5 1/2 - Latchdown Assy	266.25	266.25
4136	6	5 1/2 - S-Band Turbolizers	75.75	454.50
4104	16	5 1/2 - Baskets	290.00	4640.00
		Subtotal		15302.68
		30% material discount (Cement)		(1657.19)
		Subtotal		13645.49
		SALES TAX		732.23
		ESTIMATED TOTAL		14377.72

Revin 8737
 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 68720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

07/21/2014

INVOICE

AZ

Invoice # 269366

Invoice Date: 07/17/2014 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 32SWD
46400
34/32/5
07/03/2014
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	165.00	15.7000	2590.50
1102	CALCIUM CHLORIDE (50#)	465.00	.7800	362.70
1118B	PREMIUM GEL / BENTONITE	310.00	.2200	68.20
1107	FLO-SEAL (25#)	83.00	2.4700	205.01
4432	8 5/8" WOODEN PLUG	1.00	84.0000	84.00
4310	MISC. EQUIPMENT	1.00	35.0000	35.00

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-967.92

Description	Hours	Unit Price	Total
446 CEMENT PUMP	1.00	1085.00	1085.00
446 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
502 TON MILEAGE DELIVERY	390.00	1.41	549.90

WELL ID/AFE # 750514
CODE 830.130
NORR [Signature]
APPROVAL

Amount Due 5404.41 if paid after 07/27/2014

Parts:	3345.41	Freight:	.00	Tax:	152.15	AR	4374.54
Labor:	.00	Misc:	.00	Total:	4374.54		
Sublt:	-967.92	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/553-7864 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-8269 GILLETTE, WY 307/886-4914 CUSHING, OK 918/225-2660



CONSOLIDATED
ON Well Services, LLC

TICKET NUMBER 46400
LOCATION El Dorado
FOREMAN Fuzz4

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

269366
FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-3-14	2871	West maddox unit #32ewb	34	32	5	Cowley
CUSTOMER TADS Resources Operating Co LLC MAILING ADDRESS 1455 W loops S CITY Houston			Hwy 160 + 161 2-1/2 S W 1/4 TRUCK # 446 502 DRIVER Jasek Dustin Burdaw TRUCK # DRIVER			
STATE TX		ZIP CODE 77027				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 263' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 263' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 1.36 WATER gal/sk 6.5 CEMENT LEFT IN CASING .20'
 DISPLACEMENT 15.4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Unit #3. Pump and circulate. mix 16.5 sgsg Class A' 390cc 290 gal 1/2" poly flake. Drop plug and displace 15' 1/2 BBL.
cement did circulate approx 4 BBLs to pit

Thanks Fuzz4 & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50 miles	MILEAGE	4.20	210.00
5407A	7.8 Ton	Ton mileage Delivery	7.25	549.00
11045	16.5 sgsg	Class A'	15.20	2590.50
1102	465 #	Calcium chloride	.78	362.20
1118B	310 #	Bentonite	.22	68.20
1107	83 #	Poly-Flake	2.47	205.21
4432	1	8 5/8 wood cup plug	84.00	84.00
4310	1 Sks	SUGAR	35.00	35.00
		subtotal		5190.31
		less 30% excess cement materials		967.92
		subtotal		4222.39
		SALES TAX		152.15
		ESTIMATED TOTAL		4374.54

Revin 8787

AUTHORIZATION _____ TITLE CREA Davidson 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.