



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1219525
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: _____

1219525

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)*

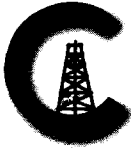
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
FINV
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 # 268970

Invoice Date: 06/25/2014 Terms: 0/30/10,n/30

Page 1

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

STANDS 21-2
46359
21/26/7E
06/17/2014
KS

JRH 6/27/14

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	220.00	20.1600	4435.20
1110A	KOL SEAL (50# BAG)	1350.00	.4600	621.00
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
4136	TURBOLIZER 5 1/2"	3.00	100.0000	300.00
4130	CENTRALIZER 5 1/2"	4.00	61.0000	244.00
4114	RECIPROCATING CEMENT BAS	3.00	290.0000	870.00
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
4285	5 1/2" PORT COLLAR	1.00	2178.7500	2178.75

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-2948.01

Description	Hours	Unit Price	Total
446 CEMENT PUMP	1.00	1085.00	1085.00
446 EQUIPMENT MILEAGE (ONE WAY)	18.00	4.20	75.60
491 MIN. BULK DELIVERY		368.00	368.00
692 CASING FOOTAGE		184.00	184.00
692 80 BBL VACUUM TRUCK		90.00	630.00

VEN. NO. CONROW WELL # 052310-04
ACCT. # 73550 AMT. 800.00
ACCT. # _____ AMT. _____
ACCT. # _____ AMT. _____
ACCT. # _____ AMT. _____

Amount Due 12798.20 if paid after 07/05/2014

Parts:	9826.70	Freight:	.00	Tax:	440.23	AR	9661.52
Labor:	.00	Misc:	.00	Total:	9661.52		
Sublt:	-2948.01	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, L.L.C.

268970

TICKET NUMBER 46359

LOCATION 180

FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720
520-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT Api 15-05-21179-00-01

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-17-14	6293	Strands 21-2	21	26	7E	Butler

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Phillips oil properties 1822 S Meqd Wichita KS 67211	446	Tosh		
	491	Mark		
	692	Tracy		
	702	Jacob		

JOB TYPE Long string B HOLE SIZE 7 7/8 HOLE DEPTH 3325 CASING SIZE & WEIGHT 5 1/2 15.5 lb
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.16 SLURRY VOL 65.83 WATER gal/ftk _____ CEMENT LEFT in CASING N/A
 DISPLACEMENT 21.69 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, Ran casing centralizer on 2, 10, 17, 21, 32, 44, 51, Baskets on, 4, 16, 23, land pipe circulate hole with mud for min pump 5 bbl water 500 gal dilko 5 bbl water, mix 200 Sts thick set 6 Kol-seal, wash out pump and lines, displaced with 21.69 bbl landing plug set psi check float, float held Job complete. plug Bot hole with 20 Sts thick set 6 Kol-seal

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	18	MILEAGE	4.20	75.60 ✓
5407	1	min bulk delivery	368.00	368.00 ✓
5402	800	footage	.23	184.00 ✓
5502	7 bags	80 vac	90.00	630.00 ✓
1126 A	220	thick set	20.16	4435.20 ✓
1110 A	1350	Kol-seal	.46	621.00 ✓
1144 G	500	Dv 1100 (mud flush)	1.10	550.00 ✓
4136	3	5 1/2 weatherford strand turbo	1000.00	3000.00 ✓
4130	4	5 1/2 weatherford centralizer	61.00	244.00 ✓
4114	3	5 1/2 weatherford baskets	290.00	870.00 ✓
4159	3	5 1/2 AFm float shoe	361.00	1083.00 ✓
4454	1	5 1/2 hatch down plug	266.75	266.75 ✓
4285	1	5 1/2 port collar	2178.75	2178.75 ✓
			Subtotal	12169.30 ✓
		discount	-	8948.01 ✓
			Subtotal	19317.29 ✓
		6.4%	SALES TAX	1237.00 ✓
			ESTIMATED	
			TOTAL	9661.52 ✓

Revin 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 for

