Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1219551

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 #	API No. 15					
Name:	Spot Description:					
Address 1:						
Address 2:	Feet from North / South Line of So					
City: State: Zip:+	Feet from East / West Line of Section					
Contact Person:	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()						
CONTRACTOR: License #	GPS Location: Lat: Long:					
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)					
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84					
Purchaser:	County:					
Designate Type of Completion:	Lease Name: Well #:					
	Field Name:					
	Producing Formation:					
	Elevation: Ground: Kelly Bushing:					
	Total Vertical Depth: Plug Back Total Depth:					
CM (Cool Red Mathano)	Amount of Surface Pipe Set and Cemented at: Feet					
\square Cathodic \square Other (Core Expl. etc.):	Multiple Stage Cementing Collar Used? Yes No					
If Workover/Be-entry: Old Well Info as follows:	If ves, show depth set:					
Operator:	If Alternate II completion, cement circulated from:					
Well Name	feet depth to:w/sx cmt.					
Original Comp. Date: Original Total Depth:						
Deepening Re-nerf Conv. to ENHB Conv. to SWD	Duilling Fluid Management Dian					
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)					
	Chloride content: ppm Fluid volume: bbls					
Commingled Permit #	Dewatering method used:					
SWD Permit #:	Location of fluid disposal if hauled offeite:					
ENHB Permit #:	Location of huid disposar in natied offsite.					
GSW Permit #:	Operator Name:					
	Lease Name: License #:					
Soud Date or Date Beached TD Completion Date or	Quarter Sec TwpS. R East West					
Recompletion Date Recompletion Date	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:						

	Page Two	1219551
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS, Chow important tang of formations panatrated	Dotail all cores Report a	Il final conject of drill stoms tosts giving interval tostod, time tool

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 (Attach Additional Sheets)		Yes No		og Formatio	on (Top), Depth ai	nd Datum	Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne	w Used ermediate, product	ion, 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 / SQL	IEEZE RECORD			

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Back TD				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

Yes	No
Yes	No

(If No, skip questions 2 and 3) (If No, skip question 3)

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, C (Amount and Kind	ement Squeeze Record d of Material Used)	Depth	
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner F	Run:	No	
Date of First, Resumed	Date of First, Resumed Production, SWD or ENHR. Producing				lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
							EBVAL:			
Vented Sold Used on Lease		Open Hole	Perf.	(Submit)	Comp. ACO-5)	Commingled (Submit ACO-4)				
(If vented, Su	ıbmit ACC	D-18.)		Other (Specify)		•		,		

Form	ACO1 - Well Completion
Operator	Phillips Oil Properties Inc.
Well Name	Eddie 24-1
Doc ID	1219551

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	237	Class A	125	
Production	7.875	5.5	15.5	3463	Thickset	200	

		Man Orrige
	REMIT TO	PO Box 884
	Consolidated Oil Well Services, LLC	Chanute, KS 66720
	Dent 970	620/431-9210 • 1-800/467-8676
	PO Box 4346	Fax 620/431-0012
	F.O. D0X 4340	
	Housion, 1×77210-4346	
INVOICE		Invoice # 269509
Invoice Date: 07/24/2014	Terms: 0/30/10,n/30	Page 1
PHILITP OIL PROPERTIES	TNC. ALBRIGHT 24-1	
1822 S. MEAD	45157	
WICHITA KS 67211	24/33/5E	• •
() –	07/17/2014	
	KS	
		* = = # = = = = = = = = = = = = = = = =
Description	Hours	Unit Price Total
TON MILEAGE DELIVERY	605.00	1.41 853.05
CASING FOOTAGE	900.00	.23 207.00
Part Number Descrip	otion Qty	Unit Price Total
1126A THICK	SET CEMENT 200.00	20.1600 4032.00
1110A KOL SEA	AL (50# BAG) 1600.00	.4600 736.00
1144G MUD FLU	JSH (SALE) 500.00	1.1000 550.00
4114 RECIPRO	CATING CEMENT BAS 3.00	290.0000 870.00
4136 TURBOLI	[ZER 5 1/2" 4.00]	75.7500 303.00
4150 CENTRAL	122ER 5 1/2" 0.00	61.0000 366.00
4454 5 1/2"	LATCH DOWN PLUG 1.00	266.7500 266.75
Gublet Developmed Devenie		W = 4 = 3
SUDIET PERIORMED DESCRIP	NELON MATERIAL DISCOUNT	10tal -1595.40
	MILAIM DIDOOMI	1999.10
Description	Hours	Unit Price Total
603 CEMENT PUMP	1.00	1085.00 1085.00
603 EQUIPMENT MILEAGE (ON	E WAY) 55.00	4.20 231.00
VEN	INO PONON WELL #ED 241-01	
VLI	- 135 50 \$ 1642.30	
ACC	T. #_1_3_2 AMT1_4 4 - 3 0	
ACC	СТ. # АМТ	
ACC	CT. #AMT	
ACC	CT.#AmountA和4頁 10339.81 if p	aid after 08/03/2014
Parts: 7484.75 Freight:	.00 Tax: 376.	90 AR 8642.30
Labor: .00 Misc:	.00 Total: 8642.	30
Sublt: -1595.40 Supplies	.00 Change: .	00
Signed		Date
BARTLESVILLE, OK EL DORADO, KS EUREKA, KS 918/338-0808 316/322-7022 620/583-7664	PONCA CITY, OK OAKLEY, KS OTTAWA, KS TH/ 580/762-2303 785/672-8822 785/242-4044 620	YER, KS GILLETTE, WY CUSHING, OK 1839-5269 307/686-4914 918/225-2650

	CONSOLID		•			BER 45	157
	Cil Viul Serviu	m, LLC	269509	Ŧ		180 Tacob .	storm
PO Box 884 620-431-921	, Chanute, KS 6672 10 or 800-467-8676	20 FIELD T	ICKET & TRE	ATMENT REP NT –	ORT	35-2450	3-00-00
DATE	CUSTOMER #	WELL NAM	E & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-17-1	4 6293	Albright	24-)	24	33	SE	conta
CUSTOMER	ilin all a	ronders	ſ	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING AD	DRESS	1 yr c.7 c.s		623	Jerann		
182	2 5 m	cć ·		713	Bill		
CITY		STATE ZIP C	ODE	702	Jacob		
Wich	ita	ks 67	2//				
JOB TYPE	Longstring B	HOLE SIZE 778	HOLE DEP	тн <u>3465</u>	CASING SIZE &	WEIGHT_5/2	<u> </u>
CASING DE	ртн <u>2443</u>	DRILL PIPE	TUBING			OTHER	
	EIGHT 1516	SLURRY VOL 55	WATER gal	/sk	CEMENT LEFT in	CASING	
DISPLACEM	IENT 82.34	DISPLACEMENT PSI	MIX PSI	300	RATE 6,6 b	pm	
REMARKS:	Scotty_r	neating 1	Kun pipe	- trub	as on	3,5,0	23
Bask	ets on	B.J.	11,30° C	nts.lize	<u> an 3</u>	5,48,5	7,66,280
Guscu	late mi	th mise	tot	30 min	MX B	175_SK	5 thetse
5%/ce	2 Scal	displan	ce, with	_ 8234	bpl we	te la	ading ,
Plug	at 135	2165 1 6	reaking the	act fl	oat he		s compe
							·
<u> </u>	·						

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE	1085.00	1085,00	
5406	55	MILEAGE	4,20	231.00	
54074	55	II ton mileace	1.41	8.53.05	
5402	900	footage	,23	207,00	
1126A	200	thick set	20.16	4032.00	
11 IOA	1600	kol-scal	.46	736.00	
11440	500	$D_{V} 1 \infty$	1:10	550.00	
4114		51/2 Baskets	290,00	870,00+	
41.36	4	51/2 troubolizer	· 75,75	303.00	
4130	6	5/2 centalizer	61,00	366,00	
4159	Ī	51/2 AFU Shor	361.00	361.00	
4454	i	S'/2 Latchdown plug	26Lo, 75	266.75	
			Sistotal	F860.30	
		discou	xt	1595,40	
	· · · · · · · · · · · · · · · · · · ·		total	8265,40	
	· •		SALES TAX	376.90	
Revin 3737			ESTIMATED TOTAL	8642.30	
AUTHORIZTION_		TITLE	DATE		

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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.

CELLS WITH BLUE BACKGROUND ARE THE ONLY CELLS TO BE EDITED

Fracture Start Date/Time:	8/15/14 0:00
Fracture End Date/Time:	8/15/14 0:00
State:	Kansas
County:	Cowley
API Number:	15-035-24563-00-00
Operator Number:	
Well Name:	Eddie 24-1KCC
Federal Well:	No
Longitude:	-96.8378552
Latitude:	37.1606458
Long/Lat Projection:	NAD27
True Vertical Depth (TVD):	3,465
Total Clean Fluid Volume* (gal):	422,520

Additive	Specific Gravity	Additive Quantity	Mass (lbs)
Water (Clean - Acid - Chems)	1.00	422,520	3,525,929
Sand (Proppant) (lbs)	2.65	107,500	107,500
15% Acid	1.05	1,000	8,755
Biostat 650	0.93	104	806
AI-260	1.06	20	176
SP-950	1.22	20	204
SR-445	0.98	10	82
SP-902	1.01	426	3,581
			Total Slurry Mass (Lbs)

Ingradiants Section.

Ingreatents Section:						3,647,034		
Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive	Mass per Component (LBS)	Maximum Ingredient Concentration in HF Fluid	Comments
Water	Dhilling	Corrior/Pose Fluid	Woton	7722 19 5	100 00%	2 525 020	06 670279/	
	Fininps	Carrier/Base Fluid		1/32-10-3	100.00%	3,323,929	90.0793770	
Sand (Proppant)	Consolidated	Proppant	Silica Substrate	14808-60-7	100.00%	107,500	2.94/60%	
Hydrochloric Acid (15%)	3rd party	Acidizing	Hydrochloric Acid	7647-01-0	15.00%	1,313	0.03601%	
			Water	7732-18-5	85.00%	7,442	0.20406%	
Biostat 650	Consolidated	Biocide	Methanol	67-56-1	20.00%	161	0.00442%	
		Biocide	Isopropanol	67-63-0	5.00%	9	0.00024%	
AI-260	Consolidated	Acid Inhibitor	Ethylene Glycol	107-21-1	40.00%	70	0.00193%	
			N,N Dimethyl Formamide	68-12-2	20.00%	35	0.00097%	
			2-Butoxyethanol	111-76-2	6.00%	11	0.00029%	
			Isopropanol	67-63-0	2.50%	4	0.00012%	
			Cinnamaldehyde	104-55-2	6.00%	11	0.00029%	
			1-Decanol	112-30-1	5.00%	9	0.00024%	
			Ethoxylated nonlylphenol	68412-54-4	5.00%	9	0.00024%	
			1-Octanol	111-87-5	2.50%	4	0.00012%	
			Triethyl phospate	78-40-0	2.50%	5	0.00014%	
SP-950	Consolidated	Iron Sequesterant	Citric Acid	77-92-9				Non-MSDS Component
SR-445	Consolidated	Non- Emulsifier	Isopropanol	67-63-0				Non-MSDS Component
SP-902	Consolidated	Friction Reducer	Petroleum Distillate Hydrotreated Light	064742-47-8	35.00%	29	0.00079%	
						1		

TOTAL: 99.87683%

*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%

All component information listed was obtained from the supplier's Material Safety Data Sheets (MSDS). As such, the Operator is not responsible for inaccurate and/or incomplete information. Any questions regarding the content of the MSDS should be directed to the supplier who provided it. The Occupational Safety and Health Administration's (OSHA) regulations govern the criteria for the disclosure of this information. Please note that Federal Law protects "proprietary", "trade secret", and "confidential business information" and the criteria for how this information is reported on an MSDS is subject to 29 CFR 1910.1200(i) and Appendix D.

