



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1221128  
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: \_\_\_\_\_

1221128

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

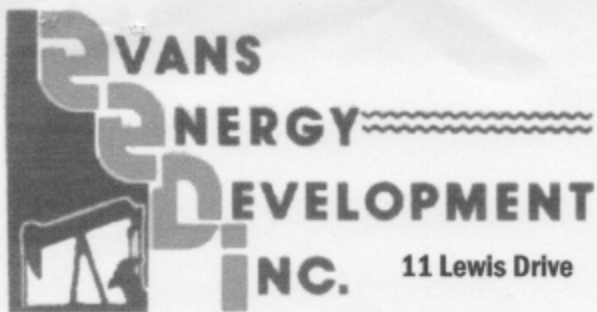
TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

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
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling  
Water Wells  
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

**WELL LOG**

Tailwater, Inc.

North Kempnich #50-T

API #15-003-26,261

July 31 - August 4, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
14	soil & clay	14
3	clay & gravel	17
54	shale	71
27	lime	98
69	shale	167
3	lime	170
1	shale	171
5	lime	176
7	shale	183
3	lime	186
10	shale	196
22	lime	218
5	shale	223
21	lime	244 oil show
3	shale	247
22	lime	269 base of the Kansas City
177	shale	446
3	lime	449
7	shale	456
8	lime	464
21	shale	485
1	coal	486
4	shale	490
15	broken sand	505 grey & green, good bleeding
4	shale	509
1	coal	510
7	shale	517
6	lime	523
14	shale	537
3	lime	540
47	shale	587
2	lime	589
2	shale	591
3	lime	594
25	shale	619
4	broken sand	623 brown & green ok bleeding
34	shale	657
1	lime & shells	658
1	limey sand	659 no oil

9	broken sand	668 brown & grey, thin bleeding seams
4	shale	672
3	sand	675 black, no oil
15	shale	690
1	coal	691
53	shale	744
5	broken sand	749 light oil show
13	shale	762
5	broken sand	767 no oil
6	sand	773 brown, no oil
4	silty shale	777
2	sand	779 brown, no oil
10	silty shale	789
9	sand	798 white, no oil, making water
4	silty shale	802
10	oil sand	812 light brown, no bleeding
9	water sand	821 white no oil
		821 TD

Drilled a 9 7/8" hole to 21.6'

Drilled a 5 5/8" hole to 821'

Set 21.6' of 7" surface casing threaded and coupled cemented with 5 sacks of cement.

Set 791.2' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.

**Core Times**

	<u>Minutes</u>	<u>Seconds</u>		<u>Minutes</u>	<u>Seconds</u>
660		36	803		34
661		36	804		38
662		33	805		31
663		30	806		30
664		29	807		33
665		29	808		26
666		27	809		27
667		24	810		28
668		26	811		30
669		26	812		29
670		28	813		32
671		29	814		27
672		27	815		28
673		24	816		30
674		36	817		26
			818		26
			819		25
			820		30
			821		25



**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 # 270273

Invoice Date: 08/18/2014 Terms: 0/30/10,n/30

Page 1

TAILWATER, INC.  
6421 AVONDALE DRIVE, SUITE 212  
OKLAHOMA CITY OK 73116  
(405) 810-0900

KEMPNICH #50T  
48038  
08/05/2014  
NW22-20-20

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	114.00	11.5000	1311.00
1118B	PREMIUM GEL / BENTONITE	392.00	.2200	86.24
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-419.17

Description	Hours	Unit Price	Total
666 CEMENT PUMP	1.00	1085.00	1085.00
666 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.20	105.00
666 CASING FOOTAGE	791.00	.00	.00
666 MIN. BULK DELIVERY	.50	368.00	184.00
666 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00

Amount Due 3059.89 if paid after 08/28/2014

Parts:	1426.74	Freight:	.00	Tax:	77.08	AR	2608.65
Labor:	.00	Misc:	.00	Total:	2608.65		
Sublt:	-419.17	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

270273

TICKET NUMBER, 48038

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/5/14	7806	Kempnich # 50 T	NW 22	20	20	AN

CUSTOMER Tailwater Inc.

MAILING ADDRESS  
6421 Arundale Dr Suite 212

CITY Oklahoma City STATE OK ZIP CODE 73116

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Casten	✓	Safety meeting
666	Kei Car	✓	
548	Danisha	✓	
1075	Kei Det	✓	

JOB TYPE logstring HOLE SIZE 5 5/8" HOLE DEPTH 800' CASING SIZE & WEIGHT 2 7/8" EUE

CASING DEPTH 791' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_

SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_

DISPLACEMENT 4.58 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 114 sks 5950 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.58 bbls fresh water, pressured to 800 PSI,

*PKH*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5406	25 mi	MILEAGE		105.00 ✓
5402	791'	casing footage		184.00 ✓
5407	1/2 minimum	turn mileage		150.00 ✓
5502C	1.5 hrs	80 Uic		
1124	114 sks	5950 Pozmix cement	1311.00	✓
1118B	392 #	Premium Gel	86.24	✓
		materials	1397.24	✓
		- 30%	419.17	✓
		subtotal		978.07 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
			3059.89	
		7.65%	SALES TAX	77.08 ✓
			ESTIMATED TOTAL	2608.65 ✓

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 form.