



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226661
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: _____



1226661

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)*

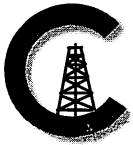
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <i>(Submit ACO-4)</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 # 268078

Invoice Date: 05/14/2014 Terms: 0/30/10,n/30

Page 1

CARROLL ENERGY LLC
P.O. BOX 766
INDEPENDENCE KS 67301
(800)917-1618

FARWELL #34 D4
5220000859
05-07-2014
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	140.00	19.7500	2765.00
1107A	PHENOSEAL (M) 40# BAG)	80.00	1.3500	108.00
1110A	KOL SEAL (50# BAG)	850.00	.4600	391.00
1111	SODIUM CHLORIDE (GRANULA	900.00	.3900	351.00
1118B	PREMIUM GEL / BENTONITE	300.00	.2200	66.00
1123	CITY WATER	5400.00	.0173	93.42

Sublet Performed	Description	Total
9996-170	CEMENT MATERIAL DISCOUNT	-1104.30

Description	Hours	Unit Price	Total
485 CEMENT PUMP	1.00	1085.00	1085.00
485 EQUIPMENT MILEAGE (ONE WAY)	44.00	4.20	184.80
T-103 WATER TRANSPORT (CEMENT)	4.00	120.00	480.00
667 TON MILEAGE DELIVERY	1.00	403.26	403.26

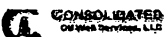
Amount Due 6159.62 if paid after 05/24/2014

Parts:	3774.42	Freight:	.00	Tax:	164.23	AR	4987.41
Labor:	.00	Misc:	.00	Total:	4987.41		
Sublt:	-1104.30	Supplies:	.00	Change:	.00		

Signed _____ Date _____

5/7/2014

268078



5220000859
5220000859

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	TL Carrol # 2042	State, County	Wilson, Kansas	CLASS A	
Job Type	Long String	Section		40%	
Customer Acct #		TWP		14	
Well No	Farwell # 34 D4	RGE		7.29	
Mailing Address		Formation		1.74	
City & State		Tubing		140	
Zip Code		Drill Pipe		43.3	
Contact		Casing Size	4 1/2 10.5#	19.4	
Email		Hole Size	6 3/4	400/600	
Cell		Casing Depth	1223	200/300	
Dispatch Location	EUREKA	Field Depth	1239	3.5	
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	44	PER MILE	\$4.20	\$ 184.80
5407A	TON MILEAGE DELIVERY	6.5	PER MILE	\$1.41	\$ 403.26
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
EQUIPMENT TOTAL					\$ 1,673.06
Cement, Chemicals and Water					
1126	WC. CEMENT (CAL SEAL) 8%OWC. 2% CAL. CLORIDE 2% GE	140	0	\$19.75	\$ 2,765.00
1107A	PHENOSEAL	80	0	\$1.35	\$ 108.00
1110A	KOL SEAL (50 # SK)	850	0	\$0.46	\$ 391.00
1111	GRANULATED SALT (50#) SELL BY #	900	0	\$0.39	\$ 351.00
1118B	PREMIUM GEL/BENTONITE (50#)	300	0	\$0.22	\$ 66.00
0			0	\$0.00	\$ -
0	30% Discount		0	\$0.00	\$ (1,104.30)
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
1123	CITY WATER (PER 1000 GAL)	5.4	0	\$17.30	\$ 93.42
CHEMICAL TOTAL					\$ 2,670.12
Water Transport					
5501C	WATER TRANSPORT (CEMENT)	4	ATER TRANSPORT (CEME	\$120.00	\$ 480.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
TRANSPORT TOTAL					\$ 480.00
Cement Floating Equipment (TAXABLE)					
Cement Basket					
0			0	\$0.00	\$ -
Centralizer					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Float Shoe					
0			0	\$0.00	\$ -
Float Collars					
0			0	\$0.00	\$ -
Guide Shoes					
0			0	\$0.00	\$ -
Baffle and Flapper Plates					
0			0	\$0.00	\$ -
Packer Shoes					
0			0	\$0.00	\$ -
DV Tools					
0			0	\$0.00	\$ -
Ball Valves, Swedges, Clamps, Misc.					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Plugs and Ball Sealers					
0		0		\$0.00	\$ -
Downhole Tools					
0			0	\$0.00	\$ -
CEMENT FLOATING EQUIPMENT TOTAL					\$ -
				SUB TOTAL	\$ 4,823.18
				SALES TAX	\$ 164.23
				TOTAL	\$ 4,987.41
				(-DISCOUNT)	\$ -
DISCOUNTED TOTAL					\$ 4,987.41
DRIVER NAME					
690	John Wade				
485	Joey				
667	Colby				
452/103	Zevi				



AUTHORIZATION Osney Fleming
DATE _____

TITLE _____
FOREMAN Farwell

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.

Air Drilling
Specialist
Oil and Gas Wells



M.O.K.A.T. DRILLING
Office Phone: (620) 879-5377



P.O. Box 590
Caney, KS 67333

Operator CARROLL ENERGY LLC		Well No. 34-D4	Lease FARWELL		Loc. 1/4 1/4 1/4	Sec. 34	Twp. 28	Rge. 16				
County WILSON		State KS	Type/Well	Depth 1238'	Hours	Date Started 5-5-14	Date Completed 5-6-14					
Job No.	Casing Used 45' 8 5/8"	Bit Record				Coring Record						
Driller TOOTIE	Cement Used	Bit No.	Type	size	From	To	Bit No.	type	Size	From	To	% Rec.
Driller	Rig No.			6 3/4"								
Driller	Hammer No.											

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	8	LIME	783	800	LIME	1070	1160	SHALE			
8	99	SHALE	800	832	SHALE	1160	1163	COAL			
99	125	LIME	832	854	LIME (OIL ODOR)	1163	1170	SHALE			
125	132	SANDY SHALE	837		GAS TEST (SAME)	1163		GAS TEST (SAME)			
132	150	LIME	854	858	BLK SHALE	1170	1184	MISS CHAT			
150	242	LIMEY SHALE	858	866	LIME	1184	1208	LIME			
242	260	SAND (OIL ODOR)	866	877	BLK SHALE COAL	1208	1216	CHERT			
260	290	SANDY SHALE	877	879	LIME	1216	1238	LIME			
290	320	SHALE	879	880	SHALE	1238		GAS TEST (SAME)			
320	326	LIME	880	885	SAND (OIL ODOR)						
326	358	SHALE	887		GAS TEST (SAME)			T.D. 1238'			
336		GAS TEST (LIGHT BLOW)	885	893	SANDY SHALE						
358	453	LIME	893	895	LIME						
453	458	SAND	895	898	SHALE						
458	460	LIME	898	905	SAND						
460	500	SANDY SHALE	905	926	SHALE						
461		GAS TEST (SAME)	926	928	COAL						
500	520	LIME	928	947	SHALE						
520	532	SHALE	947	948	COAL						
532	565	LIME	948	1001	SHALE						
565	575	BLK SHALE	963		GAS TEST (SAME)						
575	582	SHALE	1001	1002	COAL						
582	590	LIME	1002	1020	SHALE						
587		GAS TEST (1.5# 1/4")	1020	1021	COAL						
590	621	SHALE	1021	1023	SHALE						
621	638	LIME	1023	1028	SAND (OIL ODOR)						
638	658	SHALE	1028	1051	SHALE						
658	670	LIME	1051	1055	BLK SHALE						
670	678	SHALE	1055	1060	SHALE						
678	690	SAND (OIL ODOR)	1063		GAS TEST (SAME)						
690	783	SHALE	1060	1070	SANDY SHALE						