



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1227413
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: _____



1227413

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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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 # 268463

Invoice Date: 05/28/2014 Terms: 0/30/10,n/30

Page 1

TOTO ENERGY, LLC
 25815 OAK RIDGE DRIVE
 SPRING TX 77380
 (713) 623-2183

BEST SELLERS #1
 46321
 26-32-5
 05-27-2014
 KS

=====

Description	Hours	Unit Price	Total
TON MILEAGE DELIVERY	1.00	848.82	848.82

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	275.00	15.7000	4317.50
1102	CALCIUM CHLORIDE (50#)	440.00	.7800	343.20
1118B	PREMIUM GEL / BENTONITE	1100.00	.2200	242.00
1110A	KOL SEAL (50# BAG)	1375.00	.4600	632.50
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
4104	CEMENT BASKET 5 1/2"	2.00	290.0000	580.00
4136	TURBOLIZER 5 1/2"	8.00	75.7500	606.00
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

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1825.56

Description	Hours	Unit Price	Total
446 CEMENT PUMP	1.00	1085.00	1085.00
446 EQUIPMENT MILEAGE (ONE WAY)	43.00	4.20	180.60
446 CASING FOOTAGE	2120.00	.23	487.60

Amount Due 11006.49 if paid after 06/07/2014

=====
 Parts: 7898.95 Freight: .00 Tax: 388.68 AR 9064.09
 Labor: .00 Misc: .00 Total: 9064.09
 Sublt: -1825.56 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

268463

TICKET NUMBER 46321

LOCATION 180

FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API 15-035-24571-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	
5/27/14	8056	Best Sellers #1	
CUSTOMER			
Toto Energy			
MAILING ADDRESS			
25815 Oak Ridge dr			
CITY	STATE	ZIP CODE	
Spring	TX	77380	

SECTION	TOWNSHIP	RANGE	COUNTY
26	32	5	Cowley

TRUCK #	DRIVER	TRUCK #	DRIVER
446	Josh G		
713	Dustin K		
539	Jeff S		

JOB TYPE <u>long string B</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH <u>3630</u>
CASING DEPTH <u>3620</u>	DRILL PIPE	TUBING
SLURRY WEIGHT <u>14.8</u>	SLURRY VOL <u>62</u>	WATER gal/sk
DISPLACEMENT <u>85.10</u>	DISPLACEMENT PSI <u>1000</u>	MIX PSI <u>250</u>

CASING SIZE & WEIGHT <u>5 1/2</u>
OTHER
CEMENT LEFT in CASING
RATE <u>6.5</u>

REMARKS: Safety Meeting, broke circ. Pumped 500gal Mudflush plugged Rgt hole and mouse hole with 2.5SKS cement each hole Pumped 22.5SKS Class A cement down casing 2% calcium 4% Gel 5% Kal segl displaced Plug down with 8.5 bbls freshwater

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	43	MILEAGE	4.20	180.60 ✓
11045	27.5SKS	class A cement	15.70	4317.50 ✓
1102	440lbs	calcium chloride	.78	343.20 ✓
1118B	1100lbs	Gel	.22	242.00 ✓
1110A	1375lbs	Kal segl	.46	632.50 ✓
5407A	14 Ton	Ton Mileage delivery	1.41	848.82 ✓
5402	2120 ft	casing footage (1500' and deeper)	.23	487.60 ✓
1144G	500gal	DV1100 Mudflush	1.10	550.00 ✓
4104	2	5 1/2 cement caskets	290.00	580.00 ✓
4136	8	5 1/2 Turbolizer	75.75	606.00 ✓
4159	1	5 1/2 AFU Float Shoe	361.00	361.00 ✓
4454	1	5 1/2 latch down Plug	266.75	266.75 ✓
		Subtotal		10500.97 ✓
		Misc. 30% material Discount		1825.56 ✓
		Subtotal		8675.41 ✓
		SALES TAX		388.68 ✓
		ESTIMATED TOTAL		9064.09 ✓

completed

AVIN 3737

AUTHORIZATION [Signature] TITLE _____

DATE 5/27/14

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



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 # 268394

=====
 Invoice Date: 05/23/2014 Terms: 0/30/10,n/30 Page 1

TOTO ENERGY, LLC
 25815 OAK RIDGE DRIVE
 SPRING TX 77380
 (713) 623-2183

BEST SELLERS #1
 46320
 26-32-5
 05-23-2014
 KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	185.00	15.7000	2904.50
1102	CALCIUM CHLORIDE (50#)	444.00	.7800	346.32
1118B	PREMIUM GEL / BENTONITE	370.00	.2200	81.40
1107	FLO-SEAL (25#)	100.00	2.4700	247.00
4432	8 5/8" WOODEN PLUG	1.00	84.0000	84.00

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1073.77

Description	Hours	Unit Price	Total
467 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
467 EQUIPMENT MILEAGE (ONE WAY)	43.00	4.20	180.60
491 TON MILEAGE DELIVERY	1.00	545.67	545.67

Amount Due 5493.94 if paid after 06/02/2014

Parts:	3663.22	Freight:	.00	Tax:	165.73	AR	4351.45
Labor:	.00	Misc:	.00	Total:	4351.45		
Sublt:	-1073.77	Supplies:	.00	Change:	.00		

Signed _____ Date _____



268394

TICKET NUMBER 45320
LOCATION 180
FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API # 15-035-24571-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER
5/23/14	8056	Best Sellers #1
CUSTOMER Toto Energy		
MAILING ADDRESS 25815 Oak Ridge Dr.		
CITY Spring	STATE TX	ZIP CODE 77380

SECTION	TOWNSHIP	RANGE	COUNTY
26	32	5	Cowley

TRUCK #	DRIVER	TRUCK #	DRIVER
467	Ron M		
491	Dustin K		
539	Jeff S		

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH _____
 CASING DEPTH 274 DRILL PIPE _____ TUBING _____
 SLURRY WEIGHT 14.9 SLURRY VOL 45 WATER gal/sk _____
 DISPLACEMENT 16.0 DISPLACEMENT PSI 150 MIX PSI 100

CASING SIZE & WEIGHT 8 5/8
 OTHER _____
 CEMENT LEFT in CASING 20'
 RATE 5.4

REMARKS: Safety Meeting, broke circ, Pumped 185 SKS Class A cement
3% calcium 2% Gel 1/2 lb Poly displaced plug down and cement to
Surface with 16 bbls freshwater

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870	870.00 ✓
5406	43	MILEAGE	4.20	180.60 ✓
11045	185SKS	Class A cement	15.70	2904.50 ✓
1102	444lbs	calcium chloride	.78	346.32 ✓
1118B	370lbs	Gel	1.22	81.40 ✓
1107	100lbs	Polyflake	2.47	247.00 ✓
4432	1	8 5/8 wooden Plug	84.00	84.00 ✓
5407A	9 Ton	Ton Mileage delivery	1.41	545.67 ✓
		Subtotal		5259.49 ✓
		Minus 30% material Discount		1073.77 ✓
		Subtotal		4185.72 ✓
		SALES TAX		165.73 ✓
		ESTIMATED TOTAL		4351.45 ✓

completed
 TITLE Stephan Ballenger DATE 5/23/14

AUTHORIZATION _____
 I acknowledge that the payment terms, unless specifically amended in account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

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