



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1227437
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: _____



1227437

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: 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</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 # 267945

=====
 Invoice Date: 05/12/2014 Terms: 0/30/10,n/30 Page 1

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

LIL RED KEVETTE #1
 46311
 36-32-5
 05-10-2014
 KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	200.00	15.7000	3140.00
1102	CALCIUM CHLORIDE (50#)	480.00	.7800	374.40
1118B	PREMIUM GEL / BENTONITE	400.00	.2200	88.00
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	-1154.82

Description	Hours	Unit Price	Total
491 TON MILEAGE DELIVERY	1.00	648.60	648.60
491 EQUIPMENT STAND-BY ON LOCATION	2.00	135.00	270.00
603 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
603 EQUIPMENT MILEAGE (ONE WAY)	46.00	4.20	193.20
603 EQUIPMENT STAND-BY ON LOCATION	2.00	135.00	270.00

Amount Due 6436.94 if paid after 05/22/2014

Parts:	3933.40	Freight:	.00	Tax:	177.83	AR	5208.21
Labor:	.00	Misc:	.00	Total:	5208.21		
Sublt:	-1154.82	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

267945

TICKET NUMBER 66311

LOCATION 180

FOREMAN Jeff Shell

PO Box 384, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-035-24575-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY				
5/10/14	8056	Lil Red Kevette #1	36	32	5	Cowley				
CUSTOMER		TRUCK #		DRIVER		TRUCK #		DRIVER		
Toto Energy		603		Jeremy						
MAILING ADDRESS		491		Dustin						
25815 09K Ridge Dr										
CITY	STATE	ZIP CODE								
Spring	Tx	77390								

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 275 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 274 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 48.5 WATER gal/sk _____ CEMENT LEFT in CASING 20ft
 DISPLACEMENT 16.0 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.0

REMARKS: Safety Meeting, brake circ. Pumped 200SKS C/CLASS A cement 3% calcium 2% gel 1/2 lb. Poly displaced Plug down and cement To Surface with 16.0 bbl fresh water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	870.00	870.00 ✓
5406	46	MILEAGE	4.20	193.20 ✓
11045	200SKS	CLASS A cement	15.70	3140.00 ✓
1102	480 lbs	Calcium Chloride	.78	374.40 ✓
1118 B	400 lbs	Gel	.22	88.00 ✓
1107	100 lbs	Poly flake	2.47	247.00 ✓
44.32	1	8 5/8 wooden Plug	84.00	84.00 ✓
5407A	10 Ton	Ton mileage Delivery	1.41	648.60 ✓
5404	2 hrs	Personnel Standby on location	270.00	540.00 ✓
			Subtotal	6185.20 ✓
			Minus 3% materials discount	154.82 ✓
			Subtotal	5030.38 ✓

completed

SALES TAX 177.83
 ESTIMATED TOTAL 5208.21
 DATE 5-10-2014

AUTHORIZATION

Stephen Ball for Toto Energy

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



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 # 268218

=====
Invoice Date: 05/19/2014 Terms: 0/30/10,n/30 Page 1

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

LIL RED KEVETTE #1
46315
36-32-5
05-14-2014
KS

Description	Hours	Unit Price	Total
CEMENT PUMP	1.00	1085.00	1085.00
EQUIPMENT MILEAGE (ONE WAY)	46.00	4.20	193.20
CASING FOOTAGE	2022.00	.23	465.06

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	255.00	15.7000	4003.50
1110A	KOL SEAL (50# BAG)	1275.00	.4600	586.50
1118B	PREMIUM GEL / BENTONITE	1020.00	.2200	224.40
1102	CALCIUM CHLORIDE (50#)	408.00	.7800	318.24
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"	6.00	75.7500	454.50
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	-1704.79

Amount Due 9558.22 if paid after 05/29/2014

Parts:	7344.89	Freight:	.00	Tax:	360.96	AR	7744.32
Labor:	.00	Misc:	.00	Total:	7744.32		
Sublt:	-1704.79	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

268218

TICKET NUMBER 46315
LOCATION 190
FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-035-24575-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/14/14	8056	Lil Red Kevette #1	36	32	5	Cowley

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Toto Energy	603	Jeremy M		
Mailing Address	713	Mark G		
25815 Oak Ridge Dr	527	Jeff S		

CITY	STATE	ZIP CODE
Spring	TX	77380

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 3525 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 3522 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 83.0 DISPLACEMENT PSI 800 MIX PSI 150 RATE 4.8

REMARKS: Safety Meeting, brake circ. Pumped 500 gal. Mud flush Plugged rat hole with 25.5KS Class A cement 5% kol seal 4% Gel 2% Calcium Pumped 230.5KS Class A cement 5% kol seal 4% gel 2% Calcium down casing displaced plug down with 83 bbls fresh water landed Plug at 1250 lbs

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	46	MILEAGE	4.20	193.20 ✓
5402	2022ft	Casing footage (1500ft and taper)	.23	465.06 ✓
1104S	2555KS	Class A cement	15.70	4003.50 ✓
1110A	1275lbs	Kol seal	.46	596.50 ✓
1118B	1020lbs	Gel	.22	224.40 ✓
1102	408lbs	calcium chloride	.78	318.24 ✓
1144B	500gal	DV1100 Mud flush	1.10	550.00 ✓
4104	2	5 1/2 cement Baskets	290.00	580.00 ✓
4136	6	5 1/2 SBand Turbolizers	75.75	454.50 ✓
4159	1	5 1/2 AFU Float Shoe	361.00	361.00 ✓
4454	1	5 1/2 latchdown Plug	266.75	266.75 ✓
			Subtotal	9088.15 ✓
			Minus 30% material Discount	1704.79 ✓
			Subtotal	7383.36 ✓
			SALES TAX	360.96 ✓
			ESTIMATED TOTAL	7744.32 ✓

completed

Ravin 3737

AUTHORIZATION Stephen Ball for Toto

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