



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1227440
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: _____



1227440

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> _____	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 # 268347

Invoice Date: 05/22/2014 Terms: 0/30/10,n/30 Page 1

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

DEFORE 19-1
46902
19-33S-6
05-21-2014
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	265.00	15.7000	4160.50
1102	CALCIUM CHLORIDE (50#)	498.00	.7800	388.44
1118B	PREMIUM GEL / BENTONITE	996.00	.2200	219.12
1110A	KOL SEAL (50# BAG)	1325.00	.4600	609.50
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
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
4136	TURBOLIZER 5 1/2"	8.00	63.0000	504.00
4104	CEMENT BASKET 5 1/2"	2.00	240.0000	480.00

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1778.27

Description	Hours	Unit Price	Total
446 CEMENT PUMP	1.00	1085.00	1085.00
446 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
681 TON MILEAGE DELIVERY	1.00	881.25	881.25

Amount Due 10198.07 if paid after 06/01/2014

Parts:	7539.31	Freight:	.00	Tax:	368.70	AR	8305.99
Labor:	.00	Misc:	.00	Total:	8305.99		
Sublt:	-1778.27	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

268347

TICKET NUMBER 46902

LOCATION El Dorado

FOREMAN Fuzz Y

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-21-14	8056	Dorado 19-1	19	33c	6	Cowley

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Toto Energy	446	Josh		
MAILING ADDRESS	681	mark		
CITY				
STATE				
ZIP CODE				

JOB TYPE Production HOLE SIZE 77/8 HOLE DEPTH 3609' CASING SIZE & WEIGHT 5 1/2 - 15.5
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 412'
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Maverick. Float equip ^{#106} Fontolizers 2-6-12
 16-20-25-30-35 Baskets top of #12-28. Rig up and circulate 45 min.
 Pumps BSH water 500 gal Mud flush SBR water mix 30 SKS in
 RH. mix and pump 23 SKS class A 49 gal, 29 gal w/5# Kolsal
 down 5 1/2 casing. Wash pump and lines. Drop plug and displace
 84 1/2 BBL lost returns @ 30 BBL, regained returns @ 50 BBL.
 750# bit press land plug @ 1250'. float held

Thanks Fuzz Y + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	50 miles	MILEAGE	4.20	210.00 ✓
5407A	12.5 tow	Tow mileage Delivery	7.11	881.25 ✓
1104S	26 SKS	Class A	15.70	4160.50 ✓
1102	498#	Calcium chloride	.78	388.44 ✓
1118B	996#	Bentonite	.22	219.12 ✓
1110A	1325#	Kolsal	.46	609.50 ✓
1144G	500 gal	Mud Flush	1.10	550.00 ✓
4159	1	5 1/2 - AIU Float shoe	361.00	361.00 ✓
4454	1	5 1/2 - Hatchdown Assy	266.25	266.25 ✓
4136	8	5 1/2 - Turbolizers	63.00	504.00 ✓
4104	2	5 1/2 - Baskets	240.00	480.00 ✓
				4715.56 ✓
		30% discount on cement materials		1778.27 ✓
				7937.29 ✓
			SALES TAX	368.70 ✓
			ESTIMATED	
			TOTAL	8305.99 ✓

completed

Ravin 3737

AUTHORIZATION Ry [Signature]

TITLE _____

DATE 5-21-14

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 form.



REMIT TO
ATTN
 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 # 268219

=====
 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

DEFORE 19-1
 46337
 19-33-6E
 05-15-2014
 KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	225.00	15.7000	3532.50
1102	CALCIUM CHLORIDE (50#)	700.00	.7800	546.00
1118B	PREMIUM GEL / BENTONITE	450.00	.2200	99.00
1107	FLO-SEAL (25#)	115.00	2.4700	284.05
4432	8 5/8" WOODEN PLUG	1.00	84.0000	84.00

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1338.47

Description	Hours	Unit Price	Total
446 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
446 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
681 MIN. BULK DELIVERY	1.00	368.00	368.00

Amount Due 6284.47 if paid after 05/29/2014

Parts:	4545.55	Freight:	.00	Tax:	205.26	AR	4860.34
Labor:	.00	Misc:	.00	Total:	4860.34		
Sublt:	-1338.47	Supplies:	.00	Change:	.00		

Signed _____ Date _____

