



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1230308
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: _____

1230308

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> _____	PRODUCTION INTERVAL: _____ _____
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20589



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
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

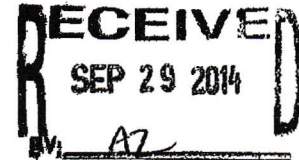
Invoice # 271276

Invoice Date: 09/24/2014 Terms: 0/30/10,n/30

Page 1

TAOS RESOURCES OPERATING, LLC
1455 WEST LOOP SOUTH, ST. 600
HOUSTON TX 77027
(713)993-0774

LFJ #2
34732/5
46479
09/23/2014
KS



Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	165.00	15.7000	2590.50
1102	CALCIUM CHLORIDE (50#)	500.00	.7800	390.00
1118B	PREMIUM GEL / BENTONITE	350.00	.2200	77.00
1107	FLO-SEAL (25#)	83.00	2.4700	205.01

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-978.75

Description	Hours	Unit Price	Total
491 TON MILEAGE DELIVERY	390.00	1.41	549.90
603 CEMENT PUMP	1.00	1085.00	1085.00
603 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00

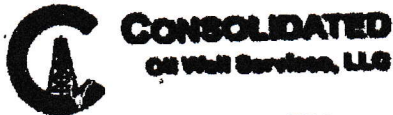
WELL ID/AFE # 1750536
 CODE 830-130
 NORR [Signature]
 APPROVAL

Amount Due 5316.21 if paid after 10/04/2014

Parts:	3262.51	Freight:	.00	Tax:	146.16	AR	4274.82
Labor:	.00	Misc:	.00	Total:	4274.82		
Sublt:	-978.75	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



TICKET NUMBER 46479
 LOCATION Gr. boards
 FOREMAN Fuzz

271276

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-487-8878

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-23-14	2871	LFS #2	34	32	5	Cowley
CUSTOMER Taos Resources			#160 Cowley 1125 G.M.			
MAILING ADDRESS 1455 W. Loop South Ste 600			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Houston			603	Tracey		
STATE TX			491	Dustin		
ZIP CODE 72254						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 267' CASING SIZE & WEIGHT 8 1/2
 CASING DEPTH 267' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 1477 SLURRY VOL 6.36 WATER gal/sk 6.5 CEMENT LEFT IN CASING 20'
 DISPLACEMENT 15.7 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Surface monitoring on Val #3. ris up and circulate. Mix 1655Ks Class A
390cc, 290cc, 112# poly slake. Displace 1 3/4 #9L and shut in.
cement disp circulate approx 5 BALS top.

Thanks
 Fuzz & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4.20	210.00
5407A	7.840N	Town mileage Delivery	1.41	549.92
1104S	1655Ks	Class 'A'	15.70	2590.00
1102	500#	Calcium chloride	.78	390.00
1118B	350#	Bal.	1.22	77.00
1107	83#	Poly slake	2.47	205.01
		Subtotal		5107.41
		disc		978.25
		Subtotal		4128.66
		SALES TAX		146.16
		ESTIMATED TOTAL		4274.82

Revin 3737

AUTHORIZATION

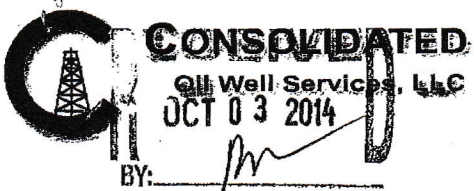
[Signature]
 TITLE TAOS

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.

350

20589



REMIT TO
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 # 271446
=====

Invoice Date: 09/30/2014 Terms: 0/30/10,n/30 Page 1

TAOS RESOURCES OPERATING, LLC
1455 WEST LOOP SOUTH, ST. 600
HOUSTON TX 77027
(713) 993-0774

LFJ #2
46482
34/32S/5E
09/28/2014
KS

Description	Hours	Unit Price	Total
CEMENT PUMP	1.00	1085.00	1085.00
EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
TON MILEAGE DELIVERY	645.00	1.41	909.45
CASING FOOTAGE	2000.00	.23	460.00

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	275.00	15.7000	4317.50
1118B	PREMIUM GEL / BENTONITE	800.00	.2200	176.00
1102	CALCIUM CHLORIDE (50#)	550.00	.7800	429.00
1110A	KOL SEAL (50# BAG)	1375.00	.4600	632.50
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	433.7500	433.75
4454	5 1/2" LATCH DOWN PLUG	1.00	318.2500	318.25
4136S	TURBOLIZER S BAND 5 1/2"	6.00	132.5000	795.00
4104	CEMENT BASKET 5 1/2"	2.00	290.0000	580.00
4136	TURBOLIZER 5 1/2"	1.00	75.7500	75.75

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1666.50

WELL ID/AFE # 840-130
 CODE 750536
 APPROVAL _____

Amount Due 11503.90 if paid after 10/10/2014

Parts:	8307.75	Freight:	.00	Tax:	425.04	AR	9730.74
Labor:	.00	Misc:	.00	Total:	9730.74		
Sublt:	-1666.50	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 620/839-5289
- GILLETTE, WY 307/686-4914
- CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

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

271446

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 46482
LOCATION El Dorado
FOREMAN Fuzzy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-28-14	2871	LF3 #2	34	325	5E	Cowley
CUSTOMER TAOS operating Reservoirs			160+ Cowley #1			
MAILING ADDRESS 1455 W. Loop South 64600			1125			
CITY Houston			TX			
STATE			ZIP CODE 77254			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			760	Chris		
			713	Jud		

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH 3692 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 1.48 WATER gal/sk 7.1 CEMENT LEFT in CASING 46'
 DISPLACEMENT 86.7 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on UAH3. Floatgroup Turbolines 36-9-12-15-19-35
 Baskets 15-25. Rebrand circulate 1 hr, Pump 5 BBL water, 500gal
 Mud flush, 5 BBL water. Mix 30SKS AH. Mix 245SKS CLASS 'A' 3700cc
 290cc w/sk Kolsol/sk. Wash pump and lines. Drop plug and displace
 87 3/4 BBL. 900' lift land plugs 1500'. Float hold

Thanks
Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4.20	210.00
5407A	12.9 don	Ton Mileage Delivery	1.41	909.45
5402	2000'	Casing footage	.23	460.00
41045	27 SKS	CLASS 'A'	15.20	4317.50
1118 B	800#	Gel	.22	176.00
1102	550#	Calcium Chloride	.78	429.00
1110A	1375#	Kolsol	.46	637.50
11446	500gal	mud flush	1.10	550.00
4159	1	5 1/2 - AFO Chockshoe (w)	433.25	433.25
4454	1	5 1/2 - Latel down Assy (w)	318.25	318.25
41365	1	5 1/2 - S-Brand Turbolines	132.50	795.00
4104	2	6 1/2 - Cement Baskets	290.00	580.00
4136	1		75.25	75.25
				1097.20
			disc	1666.50
				9305.20
			SALES TAX	425.04
			ESTIMATED TOTAL	9730.74

Revin 3787

AUTHORIZATION

Gary H

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