



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1230335  
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: \_\_\_\_\_

1230335

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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

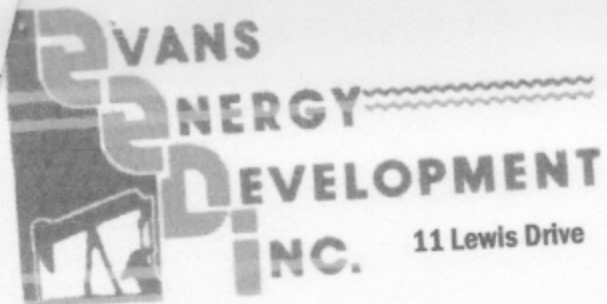
TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling  
Water Wells  
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

**WELL LOG**

Tailwater, Inc.

North Kempnich #25-IWU

API #15-003-26,251

July 30 - July 31, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
97	shale	109
25	lime	134
46	shale	180
3	lime	183
20	shale	203
11	lime	214
6	shale	220
33	lime	253
7	shale	260
21	lime	281
3	shale	284
21	lime	305 base of the Kansas City
180	shale	485
3	lime	488
4	shale	492
9	lime	501 oil show
8	shale	509
10	oil sand	519 green, ok bleeding
6	shale	525
1	coal	526
3	silty shale	529
16	broken sand	545 brown & grey ok bleeding
5	shale	550
1	coal	551
3	shale	554
8	lime	562
14	shale	576
3	lime	579
21	shale	600
11	lime	611
18	shale	629
2	lime	631
26	shale	657
0.5	oil sand	657.5 brown 100% bleeding
1.5	limy sand	659 white no oil show
1.5	oil sand	660.5 brown, 100% bleeding
0.5	broken sand	661 brown & green 20% bleeding

2.5  
21.5

broken sand  
shale

663.5 brown & green no bleeding  
685 TD

Drilled a 9 7/8" hole to 22.4'

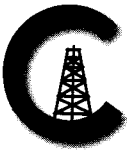
Drilled a 5 5/8" hole to 685'

Set 22.4' of 7" surface casing threaded and coupled cemented with 5 sacks of cement.

Set 680' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.

**Core Times**

	<u>Minutes</u>	<u>Seconds</u>
658	1	51
659	1	26
660		41
661		30
662		35
663		48
664		38
665		35
666		37
667		37
668		38
669		42
670		48
671		43
672		41
673		40
674		48
675		57



**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 # 270006

Invoice Date: 07/31/2014 Terms: 0/30/10,n/30

Page 1

TAILWATER, INC.  
6421 AVONDALE DRIVE, SUITE 212  
OKLAHOMA CITY OK 73116  
(405) 810-0900

N. KEMPNICH 25IWU  
47534  
NW22-20-20  
07/31/2014  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	90.00	11.5000	1035.00
1118B	PREMIUM GEL / BENTONITE	251.00	.2200	55.22
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-327.07

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1085.00	1085.00
368 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.20	105.00
368 CASING FOOTAGE	680.00	.00	.00
503 MIN. BULK DELIVERY	1.00	368.00	368.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00

Amount Due 2963.38 if paid after 08/10/2014

Parts:	1119.72	Freight:	.00	Tax:	60.64	AR	2611.29
Labor:	.00	Misc:	.00	Total:	2611.29		
Sublt:	-327.07	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

270006

TICKET NUMBER 47534

LOCATION Ottawa

FOREMAN Alan Mader

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-31-14	7806	N Kempnich 25 TWD	NW 22	20	20	AN

CUSTOMER  
Tai Water  
MAILING ADDRESS  
6421 Arondale  
CITY  
Oklahoma City STATE  
OK ZIP CODE  
73116

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Alamad	Safety	Meed
368	ArMad		
675	Mik Fox		
323	Dan Wha		

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 685 CASING SIZE & WEIGHT 2 7/8  
CASING DEPTH 680 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
DISPLACEMENT 4 DISPLACEMENT PSI 800 MIX PSI 800 RATE 46pm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 90 SK 50/50 cement plus 2 1/2 gal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI for 30 minute MTT. Set float.

Travis Evans

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1025.00 ✓
5406	25	MILEAGE	368	1025.00 ✓
5402	680	Casing footage	368	250240.00 ✓
5407	min	to 2 miles	323	368.00 ✓
5502L	2	80 W/L	675	200.00 ✓
1124	90	50/50 Cement	1035.00	93150.00 ✓
1118B	251	gel	55.22	13860.22 ✓
		Material Sub	1090.22	
		less 30%	-327.07	
		material total		763.15 ✓
4402	1	2 1/2 plug		29.50 ✓
				<b>2963.38</b>

Ravin 3737  
AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
SALES TAX 100.64 ✓  
ESTIMATED TOTAL 2611.29 ✓

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 the