



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1233482
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: _____

1233482

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
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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> <i>(Submit ACO-4)</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

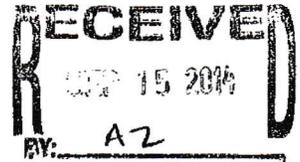
Invoice # 270939

Invoice Date: 09/11/2014 Terms: 0/30/10,n/30

Page 1

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

THOMSON S-1
48632
5/33/5
09/06/2014
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#)	100.00	2.7400	274.00

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-999.49

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
479 TON MILEAGE DELIVERY	390.00	1.41	549.90

WELL ID/AFE # 175D527
 CODE 830.130
 NOR R [Signature]
 APPROVAL

Amount Due 5174.62 if paid after 09/21/2014

Parts:	3331.50	Freight:	.00	Tax:	149.25	AR	4111.16
Labor:	.00	Misc:	.00	Total:	4111.16		
Sublt:	-999.49	Supplies:	.00	Change:	.00		

Signed _____ Date _____

- BARTLESVILLE, OK 918/338-0808
- EL DORADO, KS 318/322-7022
- 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

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

270939

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 48632

LOCATION El Dorado

FOREMAN Fuzz4

CS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
9-6-14	2871	Thomson-5-1	5	33	5	Cowley			
CUSTOMER		TRUCK #		DRIVER		TRUCK #		DRIVER	
TMS Resources Oper. LLC		446		Josh					
MAILING ADDRESS		479		Dustin					
1455 W Loop South Ste 600									
CITY	STATE	ZIP CODE							
Houston	TX	77254							

count
T
160s
2-10
1-10
125
win

JOB TYPE surface HOLE SIZE _____ HOLE DEPTH 264' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 264' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 1.36 WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 15.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on UAL #3. Rig up and circulate. Mix 165 s/s class 'A' 370cc 207000 1/2" poly flake. Displace 15' 1/2 BBL and shut in.

Cement did circulate approx 4 BBL to PV.

THANKS

Fuzz4 + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00 ✓
5406	50	MILEAGE	4.20	210.00 ✓
5407A	7.8 tons	ton mileage delivery	70.50	549.00 ✓
11045	165 s/s	Class 'A'	15.20	2508.00 ✓
1102	500*	Calcium chloride	.78	390.00 ✓
1188	350*	Gel	.22	77.00 ✓
1107	100*	Poly-flake	2.74	274.00 ✓
		subtotal		4961.00
		3090 disc cement materials		999.49
		subtotal		3961.91
		SALES TAX		149.25
		ESTIMATED TOTAL		4111.16 ✓

Rev'n 3737

AUTHORIZATION [Signature] TITLE [Signature] DATE 9/6/2014

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
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

SEP 18 2014
A7

INVOICE

Invoice # 271036

Invoice Date: 09/15/2014 Terms: 0/30/10,n/30 Page 1

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

THOMSON 5-1
46431
5/33/5
09/10/2014
KS

WELL ID/AFE # 1750527
CODE 840-130
NDRR
APPROVAL *[Signature]*

Description	Hours	Unit Price	Total
TON MILEAGE DELIVERY	616.00	1.41	868.56
CASING FOOTAGE	2173.00	.23	499.79

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	825.00	.2200	181.50
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"	3.00	290.0000	870.00
4136S	TURBOLIZER S BAND 5 1/2"	7.00	134.0500	938.35
4159	FLOAT SHOE AFU 5 1/2"	1.00	433.7500	433.75
4234	5 1/2" ALUMINUM BAFFLE P	1.00	66.2500	66.25
4454	5 1/2" LATCH DOWN PLUG	1.00	318.2500	318.25

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1642.41

Description	Hours	Unit Price	Total
446 CEMENT PUMP	1.00	1085.00	1085.00
446 EQUIPMENT MILEAGE (ONE WAY)	44.00	4.20	184.80

Amount Due 11843.13 if paid after 09/25/2014

Parts:	8651.30	Freight:	.00	Tax:	448.57	AR	10095.61
Labor:	.00	Misc:	.00	Total:	10095.61		
Sublt:	-1642.41	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

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

TICKET NUMBER 46431
LOCATION 180
FOREMAN Jeff Shell

271036

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-035-24592-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/10/14	2871	Thameson 5-1	5	33	5	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
T905 Resources CO.			446	Jeremy		
MAILING ADDRESS			713	Dustin		
1455 W loop S STE 600			539	Jeff		
CITY	STATE	ZIP CODE				
Houston	TX	77027				

JOB TYPE Long String B HOLE SIZE 7 7/8 HOLE DEPTH 3680 CASING SIZE & WEIGHT 5 1/2 / 15.5 lb
 CASING DEPTH 3673 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.1 SLURRY VOL 1.46/72 WATER gal/sk _____ CEMENT LEFT In CASING 0
 DISPLACEMENT 86.5 DISPLACEMENT PSI 1300 MIX PSI 200 RATE 4.0

REMARKS: Safety Meeting, brake circ. pumped mud flush, Plugged w/ hole with 30SKS cement, pumped 245 SKS class A cement 2% calcium 3% gel 5% Kolseal downhole, pumped Plug down with 86.5 bbls fresh water landed at 1700 lbs

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	44	MILEAGE	4.20	184.80 ✓
5407A	14 Ton	Ton mileage delivery	1.41	868.56 ✓
5402	2173 ft	Casing footage (1500 ft or dec per)	.23	499.79 ✓
1104S	275 SKS	CLASS A cement	15.70	4317.50 ✓
1102	440 lbs	Calcium Chloride	.78	343.20 ✓
1118B	825 lbs	Gel	.22	181.50 ✓
1110A	1925 lbs	Kolseal	.46	622.50 ✓
1144G	.500 gal	Dr 1100 Mudflush	1.10	550.00 ✓
4104	3	5 1/2 Cement Baskets	290.00	870.00 ✓
4136S	7	5 1/2 S Band Turhalizers	134.05	938.35 ✓
4159	1	5 1/2 AFU Float Shoe	433.25	433.25 ✓
4234	1	5 1/2 Baffle Plate	66.25	66.25 ✓
4454	1	5 1/2 19tchdown Plug	318.25	318.25 ✓
		Subtotal		11,289.45 ✓
		Minus 30% material discount		1642.41 ✓
		Subtotal		9647.04 ✓
		SALES TAX		448.57 ✓
		ESTIMATED TOTAL		10095.61 ✓

Rev 01 5/7/07

AUTHORIZATION [Signature] TITLE Tool Box Rep

DATE 9/10/2014

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.

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE



Last Fracture Date:	9/24/2014
County:	Cowley
API Number (14 Digits):	15-035-24592-00-00
Operator Name:	Taos Resources Operating Company, LLC
Well Name and Number:	Thomson 5-1
Latitude:	
Longitude:	
Datum:	
Production Type:	Oil
True Vertical Depth (TVD):	3680
Total Base Fluid Volume (gal)*:	555,912

Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address and Phone Number
SP-902		Friction Reducer	Hydrotreated Light Distillate	064742-47-8	35%	0.02%	
			Petroleum Distillate	064742-94-5	40%	0.02%	
15% HCL		Acid	Hydrogen Chloride	7647-01-0	38%	0.66%	
AI-260		Inhibitor	Ethylene Glycol	107-21-1	20%	0.00%	
			N,N - Dimethyl Formamide	68-12-2	20%	0.00%	
			2-Butoxyethanol	111-76-2	5%	0.00%	
AR-104		Retarder	Methanol	67-56-1	Confidential	na	Tony Carpenter 278 CR 2706 Bartlesville, OK 74003 (918) 331-7133
SR-445		Surfactant	Isopropanol	67-63-0	Confidential	na	Tony Carpenter 278 CR 2706 Bartlesville, OK 74003 (918) 331-7133
Biostat 650		Biocide	Methanol	67-56-1	20%	0.00%	
			Isopropanol	67-63-0	5%	0.00%	
SP-950		Iron Control	Citric Acid	77-92-9	Confidential	na	Tony Carpenter 278 CR 2706 Bartlesville, OK 74003 (918) 331-7133

Ingredients shown above are subject to 29 CFR 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS.

40/70 White Sand		Proppant	Quartz (Crystalline Silicate)	14808-60-7		3.11%	
100 MESH		Proppant	Quartz (Crystalline Silicate)	14808-60-7		0.41%	

*Total Water Volume sources may include fresh water, produced water, and/or recycled water. **Information is based on the maximum potential for concentration and thus the total may be over 100%.
 Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers' Material Safety Data Sheets (MSDS).