



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1236208
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: _____

1236208

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> _____				
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

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

TICKET NUMBER 46543
LOCATION EL Doundo
FOREMAN Fuzzy

272116

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-28-14	4291	Templar 17-2	17	30	5	Kowley
CUSTOMER Jones + Buck Development			TRUCK # DRIVER TRUCK # DRIVER 446 Josh 491 Steven			
MAILING ADDRESS						
CITY	STATE	ZIP CODE	Haverhill Red + Rock BIKTA 1 W. 314 N W. N			

JOB TYPE surface HOLE SIZE 12 1/4 HOLE DEPTH 222' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 222' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 1.26 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 12.8 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Dixon Dns. Ris up and mix 1355KS
Class A 370cc 1 1/2" poly flake. Displace 12 3/4 BBL and
shot in.

Cement did circulate approx 5 BBL to pit

Thanks
Fuzzy + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00 ✓
5406	30	MILEAGE	4.20	126.00 ✓
5407	6.3 down	Tow mileage Delivery (min)	1.41	368.00 ✓
11045	1355KS	Class 'A'	15.20	2119.50 ✓
1102	400#	Calcium Chloride	.78	312.00 ✓
1107	75#	Poly flake	2.47	185.25 ✓
		subtotal		3980.25
		Discount		785.02 ✓
		subtotal		3195.23
		SALES TAX		117.24 ✓
		ESTIMATED TOTAL		3312.97 ✓

Ravin 3737

Grant D...
AUTHORIZATION _____ 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



CONSOLIDATED
Oil Well Services, LLC

JM 710

FT 730

INVOICE # 81869

TICKET NUMBER 46546

LOCATION EL Dorado

FOREMAN FuzzY

PO Box 684, 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																
11-2-14	4291	Templar 17-2	17	30	5	Cowley																
CUSTOMER Jones + Buck Development			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>760</td> <td>Chris</td> <td></td> <td></td> </tr> <tr> <td>213</td> <td>Jud</td> <td></td> <td></td> </tr> <tr> <td>692</td> <td>Mark</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	760	Chris			213	Jud			692	Mark		
TRUCK #	DRIVER	TRUCK #					DRIVER															
760	Chris																					
213	Jud																					
692	Mark																					
MAILING ADDRESS P.O. Box 68																						
CITY Sedan	STATE ks	ZIP CODE 67361																				
Haworth Red Rock BIKTP 1 w 1/2 w w/w																						

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 3260' CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH 3252' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 32.9 WATER gal/sk _____ CEMENT LEFT in CASING 10'
 DISPLACEMENT 708 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Dixon Org. Float equip Turbolizers 1-3-5-6-7 Basket on #8. Rig up and circulate 1/2 hr. Pump 10963 water mix 125 sacks Class A 30% 200cc w 5* Kol-seal per sk. Wash pump and lines. Drop plug and displace 75' 2 BBL. 500* lift press land plug @ 1150*. Float held

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	30	MILEAGE	4 ²⁰	126 ⁰⁰
5407	5.9 ton	Ton mileage Delivery (min)	1 ¹¹	368 ⁰⁰
5402	1000 st	casing Footage	.23	230 ⁰⁰
5502	5 hrs	80 one wheel Truck	90 ⁰⁰ hr	450 ⁰⁰
1177 11045	125	Class A	15 ²⁰	1962 ⁵⁰
1102	250*	Calcium Chloride	.78	195 ⁰⁰
1110A	625	Kolseal	.46	287 ⁵⁰
1118B	350*	Gel	.22	77 ⁰⁰
4114	1	5 1/2 - Basket (w)	290 ⁰⁰	290 ⁰⁰
4159	1	5 1/2 - WFO Float shoe	361 ⁰⁰	361 ⁰⁰
4154	1	5 1/2 - Hatchdown Assy	266 ²⁵	266 ²⁵
41365	5	5 1/2 - S-Band Turbolizers	132 ⁵⁰	662 ⁵⁰
		subtotal		6361 ²⁵
		disc		756 ⁰⁰
		subtotal		5604 ²⁵
		SALES TAX		24.12
		ESTIMATED TOTAL		\$5818.77

Ravin 3737

AUTHORIZATION [Signature] 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.

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