



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237830
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: _____



1237830

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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Form	ACO1 - Well Completion
Operator	Anstine & Musgrove Inc.
Well Name	Glasgow 4
Doc ID	1237830

All Electric Logs Run

Dual Induction
Microresistivity
dual compensated porosity
borehole compensated sonic
sonic bond



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 # 269846

Invoice Date: 07/31/2014 Terms: 0/30/10,n/30 Page 1

ANSTINE & MUSGROVE OIL CO
P.O. BOX 391
PONCA CITY OK 74602
(580) 762-6355

GLASGOW #4
46426
16/35S/4E
07/29/2014
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	200.00	15.7000	3140.00
1102	CALCIUM CHLORIDE (50#)	350.00	.7800	273.00
1118B	PREMIUM GEL / BENTONITE	600.00	.2200	132.00
1110A	KOL SEAL (50# BAG)	1000.00	.4600	460.00
1107A	PHENOSEAL (M) 40# BAG)	400.00	1.3500	540.00
4114	RECIPROCATING CEMENT BAS	3.00	290.0000	870.00
4136	TURBOLIZER 5 1/2"	8.00	75.7500	606.00
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

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1363.50

Description	Hours	Unit Price	Total
446 CEMENT PUMP	1.00	1085.00	1085.00
446 EQUIPMENT MILEAGE (ONE WAY)	70.00	4.20	294.00
479 TON MILEAGE DELIVERY	665.00	1.41	937.65
479 CASING FOOTAGE	1150.00	.23	264.50

PAID ATM
CHECK NO. 16535
AMOUNT 17,061.60
DATE 8-7-14

OK
[Signature]

JDC

Amount Due 9655.41 if paid after 08/10/2014

Parts:	6648.75	Freight:	.00	Tax:	338.25	AR	8204.65
Labor:	.00	Misc:	.00	Total:	8204.65		
Sublt:	-1363.50	Supplies:	.00	Change:	.00		

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 46426
LOCATION 180
FOREMAN Jacob Storm

269846

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API: 15-035-24596-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
7-29-14	1098	Glasgow #4	16	35S	4E	Cowley																
CUSTOMER Ansistine and Musgrave			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>446</td> <td>JOSH</td> <td></td> <td></td> </tr> <tr> <td>479</td> <td>mark</td> <td></td> <td></td> </tr> <tr> <td>702</td> <td>Jacob</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	446	JOSH			479	mark			702	Jacob		
TRUCK #	DRIVER	TRUCK #					DRIVER															
446	JOSH																					
479	mark																					
702	Jacob																					
MAILING ADDRESS PO BOX 391																						
CITY Ponca city	STATE OK	ZIP CODE 74602																				

JOB TYPE Longstring B HOLE SIZE 7 7/8 HOLE DEPTH 3877 CASING SIZE & WEIGHT 5 1/2 K.5.16
 CASING DEPTH 3076 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 52.72 WATER gal/ok _____ CEMENT LEFT in CASING 1-ft
 DISPLACEMENT 87.48 DISPLACEMENT PSI 1100 MIX PSI 300 RATE 6.6 bpm

REMARKS: Safety meeting centralizer on 1,3,5,7,9,15,25,35 Baskets on 10,20,30, circulator. Hole with mud for 45 min, pump 10 bbl fresh water flush, mix 200 sks class A 2 1/2 cc 3 1/2 gal 5% kol-seal, 2% pheno-seal, displaced with 87.48 bbl landing plug at 1500 psi check float float held Job complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	70	MILEAGE	4.20	294.00 ✓
5407A	70 x	9.5 ton mileage x	1.41	937.65 ✓
5402	1150	footage	.23	264.50 ✓
1104S	200	class A	15.70	3140.00 ✓
1102	350	calcium chloride	.78	273.00 ✓
1118 B	600	gel	.22	132.00 ✓
1110 A	1000	kol-seal	.46	460.00 ✓
1107 A	400	pheno-seal	1.35	540.00 ✓
4114	3	5 1/2 Baskets	290.00	870.00 ✓
4136	8	5 1/2 troubalizer	75.75	606.00 ✓
4159	1	5 1/2 A.Fu. Shar	361.00	361.00 ✓
4454	1	5 1/2 latch down plug	266.75	266.75 ✓
		Subtotal		9229.90 ✓
		discount		- 1363.50 ✓
				7866.40 ✓
		SALES TAX		338.25 ✓
		ESTIMATED TOTAL		8204.65 ✓

Rev'n 3737

AUTHORIZATION [Signature] TITLE Prod Supt 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

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
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INVOICE

Invoice # 269677

Invoice Date: 07/31/2014 Terms: 0/30/10, n/30 Page 1

ANSTINE & MUSGROVE OIL CO
P.O. BOX 391
PONCA CITY OK 74602
(580)762-6355

GLASGOW #4
46384
16/35/4
07/24/2014
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	140.00	15.7000	2198.00
1102	CALCIUM CHLORIDE (50#)	336.00	.7800	262.08
1118B	PREMIUM GEL / BENTONITE	280.00	.2200	61.60
1107	FLO-SEAL (25#)	75.00	2.4700	185.25

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-812.08

Description	Hours	Unit Price	Total
467 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
467 EQUIPMENT MILEAGE (ONE WAY)	69.00	4.20	289.80
681 TON MILEAGE DELIVERY	483.00	1.41	681.03

EJC *OK*

Amount Due 4721.00 if paid after 08/10/2014

Parts:	2706.93	Freight:	.00	Tax:	121.27	AR	3856.95
Labor:	.00	Misc:	.00	Total:	3856.95		
Sublt:	-812.08	Supplies:	.00	Change:	.00		

Signed _____ Date _____

