



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237886
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: _____



1237886

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 5983	API # 15-207-28774-00-00
Operator: Victor J Leis	Lease: Tannahill
Address: PO Box 223	Well # A-17
Phone: 785-313-2567	Spud Date: 9-17-14 Completed: 9-22-14
Contractor License: 33900	Location: Sec: 4 TWP: 24 R: 16
T.D. 1120	Bite Size: 5 7/8 165 ft. from north line
Surface Pipe Size: 8 5/8	Surface Depth: 43 ft. 180 ft. from west line
Kind of Well: Oil	County: Woodson

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	5	Oil Sand	1028	1031
Clay	5	15	Shale	1031	1037
Shale	15	28	Oil Sand	1037	1041
Lime	28	31	Shale	1041	1064
Shale	31	44	1 st Lime Cap	1064	1067
Gray Sand	44	65	Pure Oil Sand	1067	1080
Shale	65	221	Broken Sand	1080	1083
Lime	221	410	Shale	1083	1120
Shale	410	425			
Lime	425	492			
Shale	492	505			
Lime	505	507			
Shale	507	521			
Lime	521	523			
Shale	523	553			
Lime	553	679			
Shale	679	816	T.D. 1120 ft.		
Lime	816	820			
Shale	820	870			
Lime	870	880			
Shale	880	941			
Lime	941	946			
Shale	946	955			
Lime	955	963			
Shale	963	972			
Lime	972	975			
Shale	975	986			
Lime	986	990			
Shale	990	1007			
Lime	1007	1014			
Shale	1014	1019			
Cap Rock	1019	1020			
Shale	1020	1024			
Broken Oil Sand	1024	1028			



CONSOLIDATED
Oil Well Services, LLC

271407

TICKET NUMBER 48215
LOCATION Ottawa KS
FOREMAN Fred Mader

PO Box 894, Chanute, KS 66720
620-431-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9.23.14	5353	Tannahill # A-17	NW 4	24	16	WO
CUSTOMER Mid Way Oil Co			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 227 W. Maple St			712	Fred Mader	558	Bob Bir
CITY Columbus			495	Harbor		
STATE KS			675	KalDot		
ZIP CODE 66725			548	Dem Wks		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1120 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 1114 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 6.48 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold new safety mixture. Establish pump rate. Mix + Pump 100 #
Gal flush. Pump 11 BBL Tattah dye. Mix + Pump 103 SKS
50/50 Por mix Cement 7% Gel. Follow w/ 35 SKS OWC Cement
Flush pump + lines clean Displace 2k Rubber plug to casing
TD. Pressure to 800 PSI. Release pressure to set float
Valve. Shut in casing.

Steve Hais Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00
5406	5 Mi	MILEAGE	495	21.00
5402	1114	Casing footage		NK
5407	275.01	Ton Miles	548	387.76
5409	108.15	Ton Miles	558	152.49
5502C	2 hrs	60 BBL Vac Truck	675	210.00
1124	103 SKS	50/50 Por mix Cement	1184.50	
1126	35 SKS	OWC Cement	691.25	
1188	620 #	Pro mixed Gel	136.40	
		Material	2012.15	
		Less 30%	- 603.65	
		Total		1408.50
4402	1	2 1/2" Rubber Plug		29.50
				4033.09
			7.15%	102.84
			SALES TAX	102.84
			ESTIMATED	3387.06
			TOTAL	3387.06

Revin 3737

AUTHORIZATION [Signature] TITLE _____ DATE 3387.06

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.