



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237920
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: _____



1237920

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil & Gas Services, L.P.

271770
3349
FT 46

TICKET NUMBER 48295
LOCATION Oklahoma KS
FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10.1.14	5353	Tannehill # J-4	SW 38	23	16	WDB
CUSTOMER Midway Oil Co.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 227 W Maple St			712	Fred Maden	548	Tom White
CITY Columbus			495	Har Bee		
STATE KS			675	Ki Dat		
ZIP CODE 66725			510	Dus Web		

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 1130 CASING SIZE & WEIGHT 2 7/8 EWF
CASING DEPTH 1121 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 6.52 @ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Hold safety meeting. Established circulation. Mix Pump 100^g Gal Flan. Pump 11 BBL Tail take dyn. Mix Pump 96 SK 50/50 Por Mix Cement 6% Gel. Follow w/ 35 SKS OWC Cement. Flush pump & was clean. Displace 2 1/2" Rubber Plug to casing TD. Pressure to 800^g PSI. Monitor pressure for 30 min MIT. Release pressure to set Float Valve. Shut in Casing.

Waco Drilling - Rig #2

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	60 mi	MILEAGE	495	252 ⁰⁰
5402	1121	Casing Footage		N/C
5407A	Minimum	Ten Miles	318	365 ⁰⁰
5407A	Minimum	Ten Miles	510	365 ⁰⁰
5502C	4 hrs	80 BBL Vac. Truck	675	400 ⁰⁰
1124	96 SKS	50/50 Por Mix Cement	1104 ⁰⁰	1104 ⁰⁰
1126	35 SKS	OWC Cement	691 ²⁵	691 ²⁵
1158	584 ^g	Premium Gel	125 ⁴⁵	125 ⁴⁵
		Material	1923 ⁷³	1923 ⁷³
		Less 30%	- 577 ¹³	1346 ⁶⁰
		Total		1346 ⁶⁰
4402	1	2 1/2" Rubber Plug		295 ⁰⁰
			4565.89	
		7.15%	SALES TAX	98 ²⁹
			ESTIMATED TOTAL	3947 ⁵⁰

48

3849.11

9840

Form 3737 AUTHORIZATION [Signature] TITLE _____ DATE 3/4/15

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.

WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 5983		API # 15-207-29064-00-00	
Operator: Victor J Leis		Lease: Tannahill	
Address: PO Box 223		Well # I-4	
Phone: 785-313-2567		Spud Date: 9/30/14	Completed: 10/1/14
Contractor License: 33900		Location: Sec: 33	TWP: 23 R: 16
T.D. 1130	Bite Size: 5 7/8	1275 feet from South line	
Surface Pipe Size: 8 5/8	Surface Depth: 43 ft.	1530 feet from East line	
Kind of Well: Enh Rec		County: Woodson	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	4	Mostly Shale	1009	1013
Clay	4	8	Sand	1013	1018
Lime	8	9	Shaley Sand	1018	1040
Shale	9	14	Lime	1040	1041
Lime	14	18	Shale	1041	1043
Shale	18	181	1 st Cap Rock	1043	1044
Lime	181	188	Shale	1044	1047
Shale	188	219	2 nd Cap Rock	1047	1048
Lime	219	485	Broken Oil Sand	1048	1051
Shale	485	502	Pure Oil Sand	1051	1052
Lime	502	505	Broken Oil Sand	1052	1056
Shale	505	530	Pure Oil Sand	1056	1064
Lime	530	668	Broken Oil Sand	1064	1075
Shale	668	827	Shale	1075	1130
Lime	827	829			
Shale	829	858			
Lime	858	861			
Shale	861	898			
Lime	898	902			
Shale	902	921	T.D. 1130		
Lime	921	923			
Shale	923	926			
Lime	926	930			
Shale	930	951			
Lime	951	954			
Shale	951	954			
Shale	954	986			
Lime	986	991			
Shale	991	997			
Lime	997	998			
Shale	998	1001			
Lime	1001	1002			
Shale	1002	1005			
Broken Oil Sand	1005	1009			