



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238790
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: _____



1238790

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> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
FINV
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 # 269761

Invoice Date: 07/28/2014 Terms: 30/0/10,n/30

Page 1

KINGMAN OIL LLC
2394 UTAH ROAD
RANTOUL KS 66079
(785)214-9472

L SPRATT KO-12
47466
NW29-17-21
07/18/2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	100.00	11.5000	1150.00
1118B	PREMIUM GEL / BENTONITE	268.00	.2200	58.96
1107A	PHENOSEAL (M) 40# BAG	50.00	1.3500	67.50
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-382.94

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1085.00	1085.00
368 EQUIPMENT MILEAGE (ONE WAY)	15.00	4.20	63.00
368 CASING FOOTAGE	754.40	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00
558 MIN. BULK DELIVERY	1.00	368.00	368.00

Amount Due 3071.87 if paid after 08/07/2014

Parts:	1305.96	Freight:	.00	Tax:	70.62	AR	2659.64
Labor:	.00	Misc:	.00	Total:	2659.64		
Sublt:	-382.94	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

269761

TICKET NUMBER 47466
LOCATION Ottawa
FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-18-14	5542	L. Spratt KO-12	NW 29	17	21	FR

CUSTOMER
Kingman Oil
MAILING ADDRESS
2394 Utah Rd
CITY
Rantop STATE
KS ZIP CODE
66079

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Alan Mader	Safety	Meat
368	Art McD		
369	Mik Hess		
558	Brubir		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 769 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 754.4 DRILL PIPE _____ TUBING _____ OTHER BF 722.85
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 4.2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meetings. Established rate. Mixed & pumped 100# gel followed by 100 SS 50/150 cement plus 2% gel & 1/2# phenoseal per sack. Circulated cement. Flushed pump. Pumped plug to bottom. Well held 800 PSI. Set first. Closed valve.

Utah, Waylon

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1080.00 ✓
5406	15	MILEAGE	368	63.00 ✓
5402	754.40	casing Postage	368	— ✓
5407	min	ten miles	558	368.00 ✓
5502 L	1 1/2	80 vac	368	150.00 ✓
1124	100	50/150 cement	1150.00	— ✓
1118B	268	gel	58.96	— ✓
1107A	50#	phenoseal	167.50	— ✓
		material sub	1276.46	— ✓
		less 30% -	382.94	— ✓
4402	1	2 1/2 plug	material sub	893.52 ✓
				29.50 ✓
			3071.87	

SALES TAX 70.64 62 ✓
ESTIMATED TOTAL 2659.63 64 ✓
AUTHORIZATION No company rep TITLE _____ DATE _____
Jim DK'd

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 for

LEASE NAME: Larry Spratt OPERATOR: Utah Oil

START DATE: 7-17-14

WELL # KO-12 LOCATION: Franklin

API # 15-059-26497

SURFACE PIPE: 7" Ft 20.05' Cement #bags: 6

KO-12

PRODUCTION: used PIPE: 754.40 SIZE: 2 7/8" = FT Baffle 31.55 @ 723.85

TD 769

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
1	Soil		1	1	Coal		498
8	Rock/Clay		9	4	Shale		502
12	Shale	Some Sandstone	21	8	Lime		510
8	Grey Sand		29	11	Shale		521
4	Shale		33	2	Lime		523
8	Grey Sand		41	8	Shale		531
64	Shale		105	1	Lime		532
18	Lime		123	4	Shale		536
13	Shale		136	2	Lime		538
2	Lime		138	2	Shale		540
13	Shale		151	3	Lime		543
2	Lime		153	2	Lime	Soft Oil Show No Bleed	545
5	Red Bed		158	1	Lime	Hard Show No Bleed	546
34	Shale		192	1	Lime	Sandy Light Bleed	547
11	Lime		203	6	Shale		553
2	Shale		205	2	Shale	Broken Sand No Show	555
4	Lime		209	2	Broken Sand	50% Heavy Bleed	557
10	Shale		219	1	Broken Sand	50% Light Bleed	558
24	Lime		243	2	Broken Sand	30% No Show	560
1	Shale		244	48	Shale		608
2	Lime		246	1	Broken Sand	50% No Show	609
11	Shale		257	9	Sand	Solid Smell No Bleed	618
19	Lime		276	39	Shale		657
5	Coal		281	2	Lime	Some Coal	659
12	Lime	K.L	293	1	Shale		660
30	Shale		323	1	Lime		661
6	Grey Sand	No Oil Show	329	2	Coal		663
73	Shale		402	16	Shale		679
1	Lime		403	1	Broken Sand	Smell No Bleed	680
10	Grey Sand	No Oil Show	413	1	Sand Solid	Good Bleed C.P	681
18	Shale		431	2.75	Sand Solid	Good Bleed	683.75
8	Lime		439	1	Broken Sand	90% Good Bleed	684.75
7	Shale		446	1	Sand Solid	Good Bleed	685.75
14	Lime		460	7.5	Shale		688.25
37	Shale		497	.75	Sand Solid	Good Bleed	689

