



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1241117
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: _____



1241117

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	Palomino Petroleum, Inc.
Well Name	E & L Schwarz 1
Doc ID	1241117

Tops

Name	Top	Datum
Anhy.	2534	(+ 414)
Base Anhy.	2565	(+ 383)
Topeka	3758	(- 810)
Heebner	3984	(-1036)
Toronto	4009	(-1059)
Lansing	4025	(-1077)
BKC	4287	(-1339)
Marmaton	4309	(-1361)
Pawnee	4400	(-1454)
Ft. Scott	4481	(-1533)
Cherokee Sh.	4514	(-1535)
Miss.	4606	(-1658)
LTD	4678	(-1807)



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

RECEIVED

NOV 26 2014

INOICE

Invoice # 802012

Invoice Date: 11/21/2014

Terms: Net 30

Page 1

PALOMINO PETROLEUM, INC.

SCHWARZ #1

Part Number	Description	Qty	Unit Price	Discount(%)	Total
5405N	P & A New Wells	1.00	1,395.00	10.00	1,255.50
5406	Mileage Charge	20.00	5.25	10.00	94.50
5407A	Ton Mileage Delivery Charge	1.00	430.00	10.00	387.00
1131	60/40 Poz Mix	240.00	15.86	10.00	3,425.76
1118B	Premium Gel / Bentonite	826.00	0.27	10.00	200.72
1107	Flo-Seal	60.00	2.97	10.00	160.38
4432	8 5/8 Wooden Plug	1.00	100.75	10.00	90.68
Sub Total					6,238.37
Discounted Amount					623.84
SubTotal After Discount					5,614.54

Amount Due 6,589.50 if paid after 12/21/2014

Tax: 316.02
Total: 5,930.56



CONSOLIDATED
Oil Well Services, LLC

858

TICKET NUMBER 47859 ¹⁷²³ ₁₇₃₆

INVOICE # 802012

LOCATION Oakley
FOREMAN Jerry Y

PO Box 884, 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	6285	Schwarz #1	34	9S	30W	Sheridan	
CUSTOMER		MATERIALS		TRUCK #	DRIVER	TRUCK #	DRIVER
Palomino Petro		Grinnell North 1000 1 1/2 W N 11110		399	Midnell		
MAILING ADDRESS				528-7109	Cody R		
CITY		STATE	ZIP CODE				

JOB TYPE plug HOLE SIZE 7 7/8 HOLE DEPTH 4680 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 13.0 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on WW10 plug as ordered with 240 sks 60/40
406 gal 1/4" flo seal prsk
50 sks @ 2550'
100 sks @ 1700'
50 sks @ 350'
10 sks @ 40' with 8 5/8 wooden plug
30 sks RH
240

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1395.00	1395.00
5406	20	MILEAGE	525	10500
5407	10.3	ton mileage delivery (min)	430.00	430.00
1131	240 sks	60/40 poz mix	15.86	3806.40
1186	826 #	gel	27	22302
1107	60 #	4 flo seal	297	17820
4432	1	8 5/8 wooden plug	100.25	100.25
			Subtotal	62385.7
			20% 10% disc.	62385.7
			Subtotal	56145.4
			SALES TAX	316.02
			ESTIMATED TOTAL	5930.56

Ravin 3737

AUTHORIZATION [Signature] TITLE TIP DATE 11-2-14

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

RECEIVED

OCT 31 2014 MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE Invoice # 272090

Invoice Date: 10/28/2014 Terms: 10/10/10,n/30 Page 1

PALOMINO PETROLEUM, INC.
4924 SE 84TH STREET
NEWTON KS 67114-8827
() -

E & L Schwartz
~~FML~~ SCHWARZ #1
34-9-30
47823
10/25/2014
KS

Description	Hours	Unit Price	Total
CEMENT PUMP (SURFACE)	1.00	1150.00	1150.00
EQUIPMENT MILEAGE (ONE WAY)	20.00	5.25	105.00

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	210.00	18.5500	3895.50
1102	CALCIUM CHLORIDE (50#)	592.00	.9400	556.48
1118B	PREMIUM GEL / BENTONITE	395.00	.2700	106.65

Sublet Performed	Description	Total
9995-130	CEMENT EQUIPMENT DISCOUNT	-168.50
9996-130	CEMENT MATERIAL DISCOUNT	-455.86

Description	Hours	Unit Price	Total
466 TON MILEAGE DELIVERY	1.00	430.00	430.00

Amount Due 6615.15 if paid after 11/07/2014

Parts:	4558.63	Freight:	.00	Tax:	334.37	AR	5953.64
Labor:	.00	Misc:	.00	Total:	5953.64		
Sublt:	-624.36	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

272090

TICKET NUMBER 47823

LOCATION Osage Co. ks.

FOREMAN Cory Danks
Jerry Y.

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
10/25/14	6285	Emt Schwarz # 1	34	9	30	Sheridan
CUSTOMER <u>Palonino</u>		Grinnell N to RO 100 with 1/2 n. N into	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			771	Jeremy R.		
CITY			466	Lance R.		
STATE						
ZIP CODE						

JOB TYPE surface HOLE SIZE 12 1/4 HOLE DEPTH 301 CASING SIZE & WEIGHT 8 5/8 23 LBS
 CASING DEPTH 295 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20
 DISPLACEMENT 17.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Softly meeting - Rig up on W W 10 Run casing - Break circulation with rig pump
Hook up to pump truck Mix 210 sks class A cement 3% CC 2% gel wash up pump and lines
Displace 17.6 BBL of water shove in and Rig down

cement Old Circulat

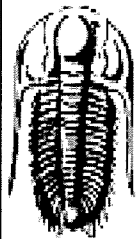
Approx 1/2 BBL to pit

Thanks cory and crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1,150.00	1,150.00
5406	20	MILEAGE	5.25	105.00
5407	9.87	Ten Mileage Delivery (min)	430.00	430.00
11045	210	Class A cement	18.55	3,895.50
1102	592	Calcium chloride	.94	556.48
11188	395	Bentonite (gel)	.27	106.65
			sub total	6243.63
			Less 10%	624.36
			sub total	5619.27
			SALES TAX	884.38
			ESTIMATED TOTAL	5953.65

Revin 3737 AUTHORIZATION [Signature] TITLE J.P. DATE 10-25-14

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.



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Palomino Petroleum

34-9s-30w Sheridan KS

4924 SE 84th St
New ton KS, 67114

E&L Schwarz #1

Job Ticket: 60627

DST#: 1

ATTN: Ryan Seib

Test Start: 2014.10.30 @ 03:55:00

GENERAL INFORMATION:

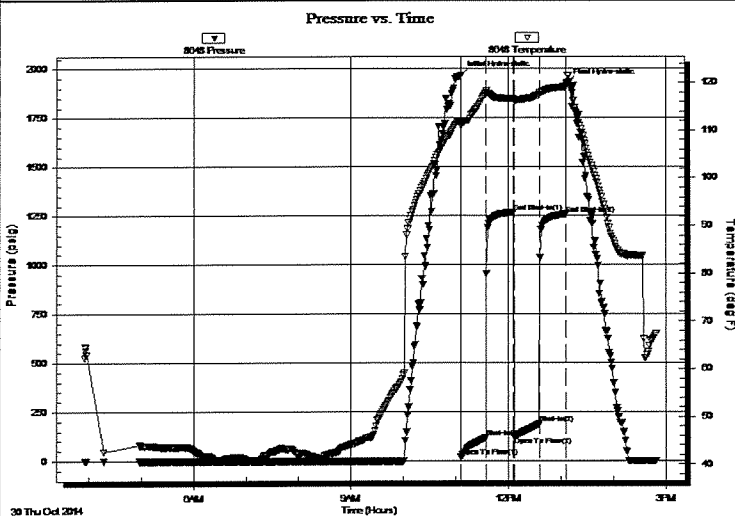
Formation: **LKC "C"**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Initial)
 Time Tool Opened: 11:05:45
 Tester: Cody Bloedorn
 Time Test Ended: 14:48:45
 Unit No: 73
 Interval: **4037.00 ft (KB) To 4065.00 ft (KB) (TVD)**
 Reference Elevations: 2948.00 ft (KB)
 Total Depth: 4065.00 ft (KB) (TVD)
 2943.00 ft (CF)
 Hole Diameter: 7.88 inches
 Hole Condition: Fair
 KB to GR/CF: 5.00 ft

Serial #: 8648

Inside

Press@RunDepth: 188.76 psig @ 4042.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.10.30 End Date: 2014.10.30 Last Calib.: 2014.10.30
 Start Time: 03:55:05 End Time: 14:48:45 Time On Btm: 2014.10.30 @ 11:05:30
 Time Off Btm: 2014.10.30 @ 13:06:00

TEST COMMENT: 30 - IF- B.O.B. in 30 minutes
 30 - IS- No return
 30 - FF- 7" blow
 30 - FS- No return



PRESSURE SUMMARY

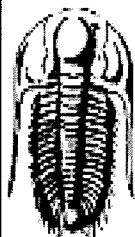
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1967.17	111.89	Initial Hydro-static
1	19.57	110.88	Open To Flow (1)
29	119.06	117.79	Shut-In(1)
60	1268.40	116.67	End Shut-In(1)
61	122.12	116.24	Open To Flow (2)
90	188.76	117.49	Shut-In(2)
120	1258.97	119.10	End Shut-In(2)
121	1925.33	119.31	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
248.00	MV, 5%M, 95%W	2.39
124.00	MV, 30%M, 70%W	1.74

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Palomino Petroleum

34-9s-30w Sheridan KS

4924 SE 84th St
New ton KS, 67114

E&L Schwarz #1

Job Ticket: 60627

DST#: 1

ATTN: Ryan Seib

Test Start: 2014.10.30 @ 03:55:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

90000 ppm

Viscosity: 50.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.40 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1400.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
248.00	MW, 5%M, 95%W	2.386
124.00	MW, 30%M, 70%W	1.739

Total Length: 372.00 ft Total Volume: 4.125 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: .11 @ 66 Degrees = 90000

Serial #: 8648

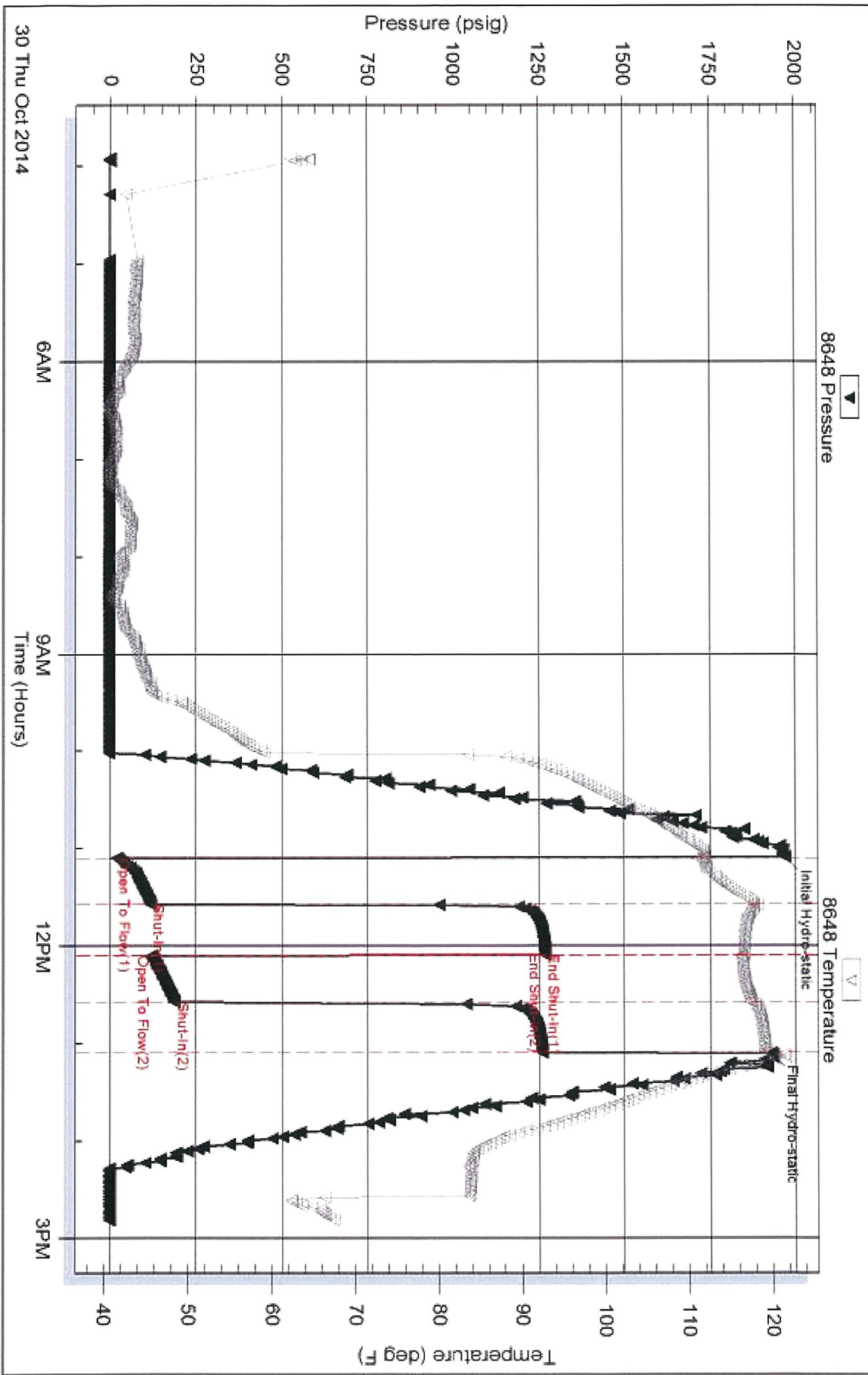
Inside

Palomino Petroleum

E&L Schw arz #1

DST Test Number: 1

Pressure vs. Time



Tribble Testing, Inc

Ref. No: 60627

Printed: 2014.10.30 @ 15:08:11