

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238833
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: _____

1238833



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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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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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 # 271668

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

TOTO ENERGY, LLC
 25815 OAK RIDGE DRIVE
 SPRING TX 77380
 (713) 623-2183

DEFORE SWD 19-2
 46527
 19/33/6
 10/08/2014
 KS

Part Number	Description	Qty	Unit Price	Total
1127	70/30 POZ MIX	300.00	13.3500	4005.00
1118B	PREMIUM GEL / BENTONITE	1050.00	.2200	231.00
1102	CALCIUM CHLORIDE (50#)	550.00	.7800	429.00
1110A	KOL SEAL (50# BAG)	1500.00	.4600	690.00
1107A	PHENOSEAL (M) 40# BAG)	300.00	1.3500	405.00
4253	TYPE A PACKER SHOE61/2X6	1.00	1584.0000	1584.00
4454	5 1/2" LATCH DOWN PLUG	1.00	459.5000	459.50
4136S	TURBOLIZER S BAND 5 1/2"	8.00	132.5000	1060.00
4104	CEMENT BASKET 5 1/2"	8.00	290.0000	2320.00

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1728.00

Description	Hours	Unit Price	Total
446 CEMENT PUMP	1.00	1085.00	1085.00
446 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
491 TON MILEAGE DELIVERY	655.00	1.41	923.55
MISC CASING FOOTAGE	2000.00	.23	460.00

Amount Due 14577.80 if paid after 10/20/2014

Parts:	11183.50	Freight:	.00	Tax:	605.16	AR	12739.21
Labor:	.00	Misc:	.00	Total:	12739.21		
Sublt:	-1728.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



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

271668
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 46527
LOCATION GL Dorado
FOREMAN Fuzzz

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-8-14	8056	DeSore SWB 19.2	19	33	6	Cowley
CUSTOMER ToTo Energy LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 25815 Oak Ridge Drive			446	Josh		
CITY Spring			491	Steven		
STATE TX						
ZIP CODE 70380						

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 4015' CASING SIZE & WEIGHT 5 1/2 - 15.5
 CASING DEPTH 3617.6' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14# SLURRY VOL 1.62 WATER gal/sk _____ CEMENT LEFT in CASING 42.2'
 DISPLACEMENT 85 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Val #5 float equip Baskets 1-5-10-15-20-25-30
 35 Turbolizers 3-8-12-17-22-27-32-38 Rig up and circ 1/2 hr open +
 set packer shoe @ 1800' Pump 5 BBL water mix 30% RH
 mix 270% 70/30 pos 4% gel, 2% occ, w/5% foam and 1% Phenoseal
 per sk. Wash pump and lines Drop plug and displace 85 BBL.
 1500' lift press, hand plug @ 1800'. float held

Thanks
Fuzzz + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4.20	210.00
5407A	13.1 don	Tow mileage Delivery	1.41	923.55
5402	2000'	Casing Footage	.23	460.00
1127	300gals	70/30	13.32	4005.00
1118B	1050#	Gel	.22	231.00
1102	550#	Calcium Chloride	1.78	429.00
110A	1500#	float seal	.46	690.00
1107A	300#	Pheno-seal	1.35	405.00
4253	1	5 1/2 x 7 7/8 Packer shoe	1584.00	1584.00
4454	1	5 1/2 - Latchdown Assy (w)	459.50	459.50
4136s	8	5 1/2 - S-Band Turbolizers	132.50	1060.00
4104	8	5 1/2 - Baskets	290.00	2320.00
				13862.05
		disc		1728.00
				12134.05
		SALES TAX		605.16
		ESTIMATED TOTAL		12739.21

Revin 3737

AUTHORIZATION Stephen Ball Spitzer TITLE _____ 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.

055



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 # 271652

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

TOTO ENERGY, LLC
 25815 OAK RIDGE DRIVE
 SPRING TX 77380
 (713) 623-2183

DEFORE SWD 19-2
 46510
 19/33S/6E
 10/03/2014
 KS

=====

Description	Hours	Unit Price	Total
TON MILEAGE DELIVERY	589.00	1.41	830.49

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	240.00	15.7000	3768.00
1102	CALCIUM CHLORIDE (50#)	550.00	.7800	429.00
1118B	PREMIUM GEL / BENTONITE	350.00	.2200	77.00
1107	FLO-SEAL (25#)	100.00	2.4700	247.00
4432	8 5/8" WOODEN PLUG	1.00	84.0000	84.00

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1356.30

Description	Hours	Unit Price	Total
446 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
446 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
PLUG 8 5/8" PLUG CONTAINER	1.00	345.00	345.00
MISC EQUIPMENT STAND-BY ON LOCATION	8.00	270.00	2160.00

Amount Due 9315.22 if paid after 10/20/2014

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 Parts: 4605.00 Freight: .00 Tax: 207.93 AR 7872.12
 Labor: .00 Misc: .00 Total: 7872.12
 Sublt: -1356.30 Supplies: .00 Change: .00
 =====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 46510

LOCATION 180

FOREMAN LARRY STORM

271652

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
10-3-14	8056	DeFors SWD 19-2	19	33S	6E	Cowley
CUSTOMER 10TO Energy LLC			TRUCK #			
MAILING ADDRESS 25815 Oak Ridge Dr			446	DRIVER Josh	TRUCK #	DRIVER
CITY Spring			713	DUSTON		
STATE TX			725	LARRY		
ZIP CODE 77380						

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 8 3/8
 CASING DEPTH 257 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 25 ft
 DISPLACEMENT 28.31 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.4 bbl/s

REMARKS: Rigged up to 8 3/8 Csg - Bore Circulation - Mixed 240 sks A + 3% CASH + 2% Sol + 1/2 lb Poly - Displaced Plug with 21 bbls water.

Operated Cement to Surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	870.00	870.00 ✓
5406	50	MILEAGE	4.20	210.00 ✓
5407	50	Bulk DeFors SWD 11.78 tons	1.41	830.49 ✓
1104 S	240	sks A	15.70	3768.00 ✓
1102	350	lbs CASH	.78	429.00 ✓
1118 B	350	lbs Sol	.82	287.00 ✓
1107	100	lbs Poly	2.47	247.00 ✓
4432	1	8 3/8 TW Plug	84.00	84.00 ✓
5618	1	8 3/8 Plug CONTAINER Rental	345.00	345.00 ✓
5404	8	Waiting TIME	270.00	2160.00 ✓
				9020.49
		less DISCOUNT		7356.30 ✓
		Subtotal		7664.19
		SALES TAX		207.93 ✓
		ESTIMATED TOTAL		7872.12 ✓

Ravin 3737

AUTHORIZATION Stephen Ball TITLE _____ 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.