

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242518
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: _____

1242518



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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

1180
Invoice #802316 1185

TICKET NUMBER 47793
LOCATION Oakley KS
FOREMAN Dane Retzlaff

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	
11/21/14	6290	CK Gaither OK #1-3	3	15	24	Trego	
CUSTOMER		Mailing Address		TRUCK #		DRIVER	
Phillips Exploration		Vodz RD 5 to RDY East to 310 S 2 South West		722		Mike	
CITY		STATE		ZIP CODE		TRUCK #	
				SA		Lance	

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 222 CASING SIZE & WEIGHT 8 5/8 34 LBS
 CASING DEPTH 220.23 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk 6.5 CEMENT LEFT in CASING 20
 DISPLACEMENT 12.75 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up. Break circulation with rig pump. Mix 165 sks of Class A 396 cc 290 gal. Displace 12.75 BBls of water. Shut in. Rig down. Cement did circulate.

Thanks Dane + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401c	1	PUMP CHARGE	1150.00	1150.00
5406	7.35 3.5	MILEAGE	5.25	183.75
5407	7.75	Ten Mileage Delivery (min)	1.75	430.00
11043	165 sks	Class A cement	18.55	3060.75
1102	465 [#]	Calcium Chloride	.94	437.10
1185	310 [#]	Bentonite	.27	83.70
1111	100 [#]	Salt	N/C	N/C
			Sub	5345.30
			10% 10%	534.53
			Total	4810.77
			SALES TAX	246.60
			ESTIMATED TOTAL	5057.37

RAVIN 3737 AUTHORIZATION Ag. [Signature] TITLE TOP 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.



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 47874
LOCATION Oakley, KS
FOREMAN Andy Y Miles S

1201
1223
1232
INVOICE #802308

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-29-14	6290	CK Garther OK-13	3	15s	24w	Trego
CUSTOMER Phillips Exploration			Wkeonay			
MAILING ADDRESS			S to X			
CITY			W to 230			
STATE			Yes			
ZIP CODE			W into			
TRUCK #	DRIVER	TRUCK #	DRIVER			
529 T118	Cody R	assist	Jordan L			
566	Bill S					
528 T127	Collin S					
assist	rent driver					

JOB TYPE 2 Stage HOLE SIZE 7 7/8 HOLE DEPTH 4249 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 4035 DRILL PIPE _____ TUBING _____ OTHER DV Tool @ 1690
 SLURRY WEIGHT 142/11 SLURRY VOL 1.42/3 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 98/414 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig upon Martin 16 min float equipment centralizers on 1, 4, 6, 8, 10, 12, 15, 54 baskets 1/2" on 2, 16, 35. DV Tool top at 55 @ 1690' run casing to bottom pump ball thru & circ. vis. V. 36 pump 5160 ahead 500 gal mud flush 5 bbl spacer mix 175 sks OWC shut down wash pump & lines release plug displace with 99 bbl fresh water 500# lift plug landed @ 1000' released float held open tool @ 900' & circulate 3 hrs pump 5 bbl 160 ahead 500 gal mud flush 5 bbl spacer mix 225 sks CMD with 1/4" float shut down release plug wash pump & lines displace with 42 bbl 160 350# lift plug landed & tool closed @ 1400' released back & float held.

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3175.00	3175.00
5406	35	MILEAGE	5.25	183.75
5407A	21.15	Ton mileage delivery	1.23	12.9544
1126	175 sks	OWC	23.70	4147.50
1110A	875#	Kol Seal	56	490.00
1104D	275 sks	CMD	2792	7678.00
1107	69 #	float	292	20493
1144g	1000 gal	mud flush	1.00	1000.00
1142A	4 gal	KOL	41.10	164.40
4104	3	5 1/2 basket (w)	290.00	870.00
4130	8	5 1/2 centralizers (w)	61.00	488.00
4159	1	5 1/2 AFU float shoe (w)	433.25	433.25
4277	1	5 1/2 DV tool (I)	3381.00	3381.00
4120	40	5 1/2 reciprocity scratchers (w)	82.00	3280.00
			Subtotal	26791.11
			less 10% disc	2679.11
			Subtotal	24112.00
			SALES TAX	1524.18
			ESTIMATED TOTAL	25636.79

AUTHORIZATION [Signature] 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.