



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1247604  
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: \_\_\_\_\_



1247604

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)*

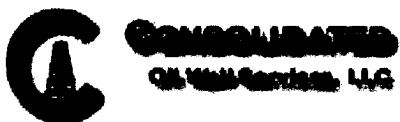
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**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

Invoice

Invoice#

801948

Invoice Date: 11/19/14

Terms: Net 30

Page 1

Kansas MB Project, LLC  
 P.O. Box 27864  
 San Diego CA 92198  
 USA  
 760-212-0606

WALTER MOORE NB #6

BARTLESVILLE, OK  
918/338-0808

EL DORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7554

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

11/24/2014 JM 918 FT 861



522000096

CEMENT FIELD TICKET AND TREATMENT REPORT

KANSAS NE Project		CHARGE NO. Kansas		CLASS A
Lone Star		3		275
USMC		24		13.6
Water Meter No 28		13		8.1
				1.8
				170
				54.4
		4 1/2		25
		6 3/4		500
ELUNGA		1073		159
		1078		35
501	CEMENT PUMP @ 1000 GPM	1	2 HOUR RATE	\$1,000.00
502	EQUIPMENT @ 1000 GPM (CHLORINE)	45	PER HOUR	\$4.00
507	MIL. BULK BRACKET @ 1000 GPM	1	PER LOAD	\$200.00
508	MHC CLAMP @ 1000 GPM	2	PER HOUR	\$210.00
0		0		\$0.00
0		0		\$0.00
0		0		\$0.00
0		0		\$0.00
0		0		\$0.00
<b>EQUIPMENT TOTAL</b>				<b>\$2,850.00</b>
1176	MHC. CEMENT @ 1000 GPM	170	0	\$18.75
1177A	PHENOLICAL	160	0	\$1.25
1178A	MIL. BULK @ 1000 GPM	1000	0	\$0.25
1179	GRANULATED BOLT AND NUT BY 2	1000	0	\$0.25
1180	FORMALIN @ 1000 GPM	200	0	\$0.25
0		0		\$0.00
0		0		\$0.00
0		0		\$0.00
0		0		\$0.00
0		0		\$0.00
0		0		\$0.00
1123	CITY WATER (PER 1000 GAL)	6	0	\$17.30
<b>CHEMICAL TOTAL</b>				<b>\$3,776.30</b>
501C	WATER TREATMENT @ 1000 GPM	6	TRUCK TRANSPORT @ 1000 GPM	\$120.00
502C	60 GAL. VACUUM TRUCK @ 1000 GPM	6.5	M. VACUUM TRUCK @ 1000 GPM	\$0.00
0		0		\$0.00
<b>TRANSPORT TOTAL</b>				<b>\$120.00</b>
0	Chlorine	0		\$0.00
0		0		\$0.00
0	Flux	0		\$0.00
0	Flux Cap	0		\$0.00
0	Grate	0		\$0.00
0	Balls and Flange Flaps	0		\$0.00
0	Proter	0		\$0.00
0	DV Tools	0		\$0.00
0	End Valve, Swallow, Clamps, Misc.	0		\$0.00
0		0		\$0.00
0		0		\$0.00
0		0		\$0.00
404	Flange and End Brackets	1	PER UNIT	\$47.25
0	Driveline Tools	0		\$0.00
<b>CEMENT FLOATING EQUIPMENT TOTAL</b>				<b>\$47.25</b>
<b>SUB TOTAL</b>				<b>\$3,943.55</b>
8.10% SALES TAX				<b>\$320.43</b>
<b>TOTAL</b>				<b>\$4,263.98</b>
0% (-DISCOUNT)				<b>\$0.00</b>
<b>DISCOUNTED TOTAL</b>				<b>\$4,263.98</b>

APPROVED: Couchy  
 DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 FORWARDED: \_\_\_\_\_

I ACKNOWLEDGE THAT THE PAYMENT TERMS, UNLESS SPECIFICALLY APPROVED BY WRITING ON THE FRONT OF THE FORM OR IN THE CUSTOMER'S ACCOUNT RECORDS, AT OUR OFFICE.

P. O. Box 884  
Chanute, Kansas 66720  
Phone 620-431-9210

# CONSOLIDATED OIL WELL SERVICES, LLC

# PURCHASE ORDER

No. 113899  
101245-1807

THE ABOVE ORDER NUMBER  
MUST BE SHOWN ON ALL PACKING  
LISTS, INVOICES, PACKAGES AND  
CORRESPONDENCE.

G+S Well Service

ALL INVOICES MUST  
BE ACCOMPANIED  
WITH THIS PURCHASE ORDER

DATE 11-17-14

DATE REQUIRED \_\_\_\_\_

AFES \_\_\_\_\_

G+SWEL

65000-0170

SHIP TO	VIA	F.O.B.	TERMS	TRUCK #	DEPARTMENT
Eureka					170
ITEM	QUANTITY	DESCRIPTION		UNIT PRICE	TOTAL COST
	5.5 hr	Hauled 80Bbl load of water 114 Kansas MB Walter Moore #MB-6 Ticket # 5220000 996		100.00 per hr	\$550.00

CONSOLIDATED OIL WELL SERVICES, LLC.

  
Approval

