



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1254033
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: _____



1254033

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 45875

LOCATION El Dorado

FOREMAN Fuzz

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
4-22-15	3631	Howell Seab		24	23	4	Ks Reno
CUSTOMER		Mailing Address		TRUCK #	DRIVER	TRUCK #	DRIVER
Howell Oil Co.		2400 River Birch Road		603	Tanner		
CITY		STATE	ZIP CODE	611	TERRY		
Hutchinson		Ks	67502				

JOB TYPE Surface HOLE SIZE 17 1/2" HOLE DEPTH 340 CASING SIZE & WEIGHT 13 3/8 48#
 CASING DEPTH 309' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 21.5 WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 45.4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Fass 1 #3. Rig up and circulate
Mix 300 SKS Class 'A' 390cc 290cc w 1/2" poly flake. Displace
45 1/2 BBL and shut in.
Cement did not circulate
Run 40' of 1" down outside of casing cement to surface
with 200 SKS Class A 290cc. Cement did circulate
 Thanks

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401a	1	PUMP CHARGE	870.00	870.00
5406	55	MILEAGE	4.20	231.00
5407A	23.5 ton	Ton mileage Delivery	1.41	1822.42
11045	500 SKS	Class 'A'	15.70	7850.00
1102	1250 #	Calcium Chloride	.78	975.00
1118B	600 #	G-1	.22	132.00
1107	150 #	Poly-flake	2.42	370.50
		Subtotal		12350.92
		disc		2798.25
		Subtotal		9452.67
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

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.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 45876
LOCATION EL Dorado
FOREMAN Fuzz4

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
4-28-15	3631	Howell SWO	24	23	4	Rawl	
CUSTOMER		Burdaw w/cty Lino		TRUCK #		DRIVER	
MAILING ADDRESS		10- w- Sin		760		Chris	
CITY		STATE		611			
Hutchinson		KS		667			
ZIP CODE							

JOB TYPE 2-stage (B) HOLE SIZE 9 5/8 HOLE DEPTH 3890' CASING SIZE & WEIGHT 7" 23#
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 89.7 WATER gal/sk _____ CEMENT LEFT in CASING 1'
 DISPLACEMENT 125/28 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Tossil # 3 Float equip Turbines 1-3-5-7-9
14-19-24 Baskets - 6-15-30-73-79, cent 77-83-87 - DV Tool # 74
Rig up and circulate pipe into hole. Circulate 45 min on bottom.
Mix 325s class A 470cc, 290cc, 5* Kol-seal w/1* phenoxal, wash
pump and line. Drop plug and displace ~~150~~ Bkts w/1* and 29 BBL mid
1550 lbf press. hand plug @ 1850#. 125 Press fill out to 400#
shot in and wait 4 hrs. for cement to set up.

Thanks Fuzz4 review

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
8406	50	MILEAGE	4.20	210.00
3407A	17 van	Tow mileage Delivery	14.1	1198.50
3407	1500	Casing footage	.23	345.00
11045	325s	Class A	1.53	5102.50
1118B	1300#	Gel	.22	286.00
1102	500#	Calcium chloride	.78	390.00
1110A	1425#	Kol-seal	.46	747.50
1107A	325#	Phenoxal	1.35	438.75
4164	1	7" AFO Flange (w)	577.50	577.50
4455	1	7" Latchdown assy	325.00	325.00
4135	8	7" Turbolas - 5-band (w)	86.00	688.00
4107	3	7" Cement Baskets	336.00	1008.00
		Subtotal		12402.25

Ravin 3797

AUTHORIZATION [Signature] TITLE _____ DATE _____
 SALES TAX ESTIMATED TOTAL

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CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 45877

LOCATION El Dorado

FOREMAN Fuzz 4

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-28-15	3631	Howell SWD	24	23	4	Ks
CUSTOMER Howell Oil Co.			Ks			
MAILING ADDRESS 2400 Riverbark Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Hutchinson			621	Chris		
STATE Ks			3890	Terry		
ZIP CODE						

JOB TYPE 2-stage (T) HOLE SIZE 9 5/8 HOLE DEPTH 3890' CASING SIZE & WEIGHT 7" 23#
 CASING DEPTH DU 718' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 10.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 28.3 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Fossil Dig #3. After waiting 4 hrs release press and drop DU Bomb open DU Tool @ 800# Establish circulation. Pump 2 BBL water mix 200SKS 60/40 POS 69 gal 2" 90cc, 5# Kol-seal, 1/2# poly-flake. Wash pump and lines. Drop plug and displace 28 1/2 BBL 400# KIP press close DU Tool @ 1300#. Cement did circulate in cell.

Thanks Fuzz 4 crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	50	MILEAGE	1085.00	1085.00
5407A	10 Tow	Tow mileage Delivery	4.20	W/C
1131	200SKS	60/40 POS	1.45	705.00
118B	1200#	Gal	13.18	2436.00
1102	400#	Calcium Chloride	.22	264.00
110A	1000#	Kol-seal	.78	312.00
1107	50#	Poly-flake	.46	460.00
	3	7" Centralizers (W)	2.47	123.30
	2	7" Cement Baskets (W)	72.50	217.50
	1	7" DU Tool	385.00	770.00
			4271.50	4271.50
		Subtotal		10644.50
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

AUTHORIZATION [Signature]

TITLE _____

DATE _____

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