



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1254616
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: _____



1254616

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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Form	ACO1 - Well Completion
Operator	AAS Oil Co., Inc.
Well Name	Carter A#1
Doc ID	1254616

All Electric Logs Run

Dual Compensated Porosity
Microresistivity
Dual Induction
Computer Processed Interpretation



LM 1564 FT 1513

TICKET NUMBER 48537
 LOCATION EL Dondo
 FOREMAN Fuzzy

INVOICE # 802709

FIELD TICKET & TREATMENT REPORT

PO Box 884, Chanute, KS 66720
 820-431-9210 or 800-467-8676

CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-18-14	1091	Carter A-1	24	34	2	Sucamore
CUSTOMER AAS			Good			
MAILING ADDRESS 2508 Edgemont Drive Ste 4			Spgs			
CITY Arkansas City			S-282			
STATE KS			1/2 w			
ZIP CODE 67005			min			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			760	Chris		
			713	Terry		
			692	Mark		

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 3675' CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 52.3 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 86.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Glick Dalg. Float equip Turbos
1-3-5-7-9-11-19-29. Baskets 10-20-30 Dis up and circulate
30 min. Pump 5 BBL water, 500gal mud flush, 5 BBL water
mix 200skts CLASS A, 300cc C, 200cc w/5* Kol-sal presk. Wash
pump and lines. Drop plug and displace 87 1/2 BBL, 900' lift
1400' Land pressure. Float held.

Thanks Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	60	MILEAGE	4.20	252.00
5407A	9.4 down	Tow mileage delivery	1.41	795.24
5402	1100'	Casing Footage	1.23	253.00
11045	200	CLASS A	15.20	3140.00
1118B	600*	Gel	.22	132.00
1102	400*	Calcium chloride	.78	312.00
1110A	1000*	Kol-sal	.46	460.00
11446	500gal	Mud flush	1.16	558.00
4454	1	5 1/2 - Anchor down Assy	266.25	266.25
41365	8	5 1/2 - S-Band Turbolizers	132.00	1040.00
4104	3	5 1/2 - Baskets	290.00	870.00
4159	1	5 1/2 - ATU Float shoe	361.00	361.00
4310	1	5 1/2 - collar	24.04	24.04
4310	1	5 1/2 - closed nipple	110.00	110.00
		subtotal		9670.99
		disc		1213.20
		subtotal		8457.79
		6.65 SALES TAX		403.82
		ESTIMATED TOTAL		8861.65

AUTHORIZATION Day One TITLE Prod Supt DATE 12-18-14

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

Jm 1482

FT 1448

TICKET NUMBER 48536

LOCATION El Dorado

FOREMAN Fuzz

INVOICE # 802684

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
12-13-14	1091	Center A-1	24	34	2	Sumner
CUSTOMER AAS			Gueda Springs			
MAILING ADDRESS 2508 Edgemont Dr. Ste 4			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Arkansas City			5-282	467 / Ron		
STATE KS			11/2 W	681 / Steven		
ZIP CODE 67005						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 266' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 266' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 39.9 WATER gal/ek _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 15.7 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Gullett Dale. Ris up and circulate.
Mix 165 gals class 'A' 370cc 28 gal w/ 12 poly slate. Displace
15 1/2 BBL and shut in.
Cement did circulate approx 5 BBLs to bit.

Thanks Fuzz your

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	60	MILEAGE	4.20	252.00
5407	7.8 tow	Tow mileage Delivery	1.11	659.88
11045	165 gals	Class 'A'	15.20	2508.00
1102	500#	Calcium Chloride	.78	390.00
1118B	350#	Gel	.22	77.00
1107	100#	Poly. Slate	2.47	247.00
		subtotal		5086.38
		discount		991.35
		subtotal		4095.03
		SALES TAX	6.65	153.82
		ESTIMATED TOTAL		4248.85

Ravin 3737

AUTHORIZATION m. Jett

TITLE Tool Pusher

DATE 12-13-14

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