



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1263361
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: _____



1263361

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

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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CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 45872
LOCATION CL Dorado
FOREMAN Fuzzy

Surface

FIELD TICKET & TREATMENT REPORT
CEMENT

Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-11-15	3631	Howell #4	24	23 S	4 W	RENO
CUSTOMER Howell Oil Co.		Bentonite w- cylinder n- curves low stain	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 2400 Riverbush Rd			4116	John		
CITY Hutchinson	STATE Ks		ZIP CODE 67502	491	Jud	

JOB TYPE conductor HOLE SIZE 17 1/4 HOLE DEPTH 312' CASING SIZE & WEIGHT 13 3/8 48*
CASING DEPTH 310' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.6 SLURRY VOL 72.6 WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
DISPLACEMENT 44 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Susy weather on Fossil #3. Rig up. Mix 300sks
Class 'A' 300sks 290cc 290cc w/ 1/2* poly-flake. Displace
44 BBLs and shot in.
Cement did circulate approx 3 BBLs to pit
Thanks Fuzzy & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		870 ⁰⁰
5406	55	MILEAGE	4.20	231 ⁰⁰
5407	14.1 ton	Tow mileage delivery	14	1093 ⁴⁵
11045	300sks	Class 'A'	15.70	4710 ⁰⁰
1102	850#	Calcium chloride	.78	663 ⁰⁰
1118B	600#	Bentonite	.22	132 ⁰⁰
1107	150#	Poly-flake	2.42	370 ⁵⁰
		subtotal		8069 ⁹⁵
		discount		1762 ⁶⁵
		subtotal		6307 ³⁰
		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

TICKET NUMBER 45874

LOCATION El Dorado

FOREMAN Fuzzy

Long string

FIELD TICKET & TREATMENT REPORT
CEMENT

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-17-15	3631	Howell #4	24	235	4w	Reno
CUSTOMER Howell Oil Co.			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 2400 Riverbush Rd			760 CHRIS			
CITY STATE ZIP CODE Hutchinson KS			713 TRACY			

JOB TYPE Production HOLE SIZE 77/8 HOLE DEPTH 3920' CASING SIZE & WEIGHT 5 1/2 15.5 #
 CASING DEPTH 3866' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.2 SLURRY VOL 73.1 WATER gal/sk _____ CEMENT LEFT in CASING 12'
 DISPLACEMENT 91.7 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Tossil Bldg Flood equip
Turbolizers 1-3-5-7-9-14-19-24 - BASK 6-15-30, Rig up and circulate
S&B packer shoe @ 2100' circ 45 min. Pump 5 B&L water, 500 gal
mud flush, 5 B&L water, mix 20sgs RH, 20sgs MH, mix 225sgs
Class A 1% gel 290cc w/5% Kol-seal prep wash pump and lines
drop plug and displace 92" 2 B&L, 750' 1st land plus @ 1250'
Flood hold

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	55	MILEAGE	420	231 ⁰⁰
5407A	12.5 ton	Ton mileage Delivery	141	969 ³⁷
5402	2000'	CASING Footage	.23	460 ⁰⁰
11045	265'	CLASS A	1520	4160 ⁰⁰
1118B	1000 [#]	Gel	.22	220 ⁰⁰
1102	500 [#]	Calcium chloride	.78	390 ⁰⁰
1110A	1325	Kol-Seal	.46	609 ⁵⁰
4253	1	5 1/2" Packer shoe	1663 ⁰⁰	1663 ⁰⁰
4454	1	5 1/2" - hatchdown Assy & Plug	26625	26625
4136A	8	5 1/2" S-Band Turbolizers (w)	13250	1060 ⁰⁰
4104	3	5 1/2" Baskets (w)	290 ⁰⁰	870 ⁰⁰
11446	500 gal	Mud flush	110	550 ⁰⁰
		subtotal		12535 ¹²
		discount		163 ⁸⁵
		subtotal		10921 ²⁷
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

AUTHORIZATION Lang Resch 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.