



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1275110
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: _____

1275110

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:
 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

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#

806034

Invoice Date: 10/13/15

Terms: C.O.D.

Page 1

GILES, BEN
346 S. LULU
WICHITA KS 67211
USA
3162651992

RALSTON #7

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	45.000	825.00
CE0002	Equipment Mileage Charge - Heavy Equipment	7.000	7.1500	100.000	0.00
CE0711	Minimum Cement Delivery Charge	2.000	660.0000	45.000	726.00
CC5846	Poz-Blend IV A (70:30)	300.000	16.5000	45.000	2,722.50
CC5800	Class A Cement	82.000	20.0000	45.000	902.00
CC5325	Calcium Chloride	612.000	1.0000	45.000	336.60
CC5965	Bentonite	928.000	0.3000	45.000	153.12
WS2402	Water Transport (Cement Service)	2.000	120.0000	45.000	132.00
WE0850	80 BBL Vacuum Truck Minimum 2 Hours	1.000	200.0000	45.000	110.00
CC6159	City Water	9,030.000	0.0200	45.000	99.33

Subtotal 10,971.05
Discounted Amount 4,964.50
SubTotal After Discount 6,006.55

Amount Due 11,488.17 If paid after 11/12/15

Tax: 284.41

Total: 6,290.96

Cement Ralston #7



CONSOLIDATED
OIL WELL SERVICES, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

4475-
Field #1 doc
1382
Invoice # 806004

TICKET NUMBER 48396
LOCATION 180 Eldorado
FOREMAN Jacob Storm

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-2-15	3079	Ralston #7	10	26S	4E	Butler
CUSTOMER Ben Giles						
MAILING ADDRESS 346 S. Lulu						
CITY Wichita		STATE KS	ZIP CODE 67211			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		603	Tracy	574 T103	Jud	
		491	Terry	702	Jacob	
		775	mark			
		692	Jeremy			

JOB TYPE Surface B HOLE SIZE 2 1/2" HOLE DEPTH 203 ft CASING SIZE & WEIGHT 7"
 CASING DEPTH 203 ft DRILL PIPE _____ TUBING 1" OTHER _____
 SLURRY WEIGHT 14 lb SLURRY VOL 100.16 3bb1 WATER gal/sk _____ CEMENT LEFT in CASING full
 DISPLACEMENT N/A DISPLACEMENT PSI _____ MIX PSI 300 RATE 5 bpm

REMARKS: Safety meeting tie onto 7" break circulation, mix 300 sks 70/30 p22
2% gel 2% ca tail with 82 sks class A 4% gel 3% ca circulating cement to
surface, shut in.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	1500.00
CE0002	7	MILEAGE	7.15	N/C
EE0711	2	min bulk delivery	660.00	1320.00
CCS846	300	70/30	16.50	4950.00
CCS800	82	class A	20.00	1640.00
CC5325	612	calcium chloride	1.00	612.00
CC9465	928	gel	.30	278.40
WS2402	2	transport	120.00	240.00
WB0250	1	min 80 mc 2 hr	200.00	200.00
CC6159	9030	city water	.02	180.60
			Subtotal	10921.00
			4% -	436.84
			total	11357.84
			SALES TAX	284.41
			ESTIMATED TOTAL	11642.25

RAVIN 9787 AUTHORIZATION Dusty TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's

COPELAND

Acid & Cement

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

voice

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C39010-IN

BILL TO:
BEN GILES
MWM OIL CO., INC.
346 SOUTH LULU
WICHITA, KS 67211

LEASE: **RALSTON 7**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
02/29/2012	C39010		02/25/2012		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
55.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	220.00
55.00	MI	CEMENT MILEAGE PU TRUCK		0.00	2.00	110.00
1.00	EA	CEMENT PUMP CHARGE		0.00	1,600.00	1,600.00
200.00	SAX	COMMON CEMENT		0.00	11.25	2,250.00
1.00	EA	4 1/2" WIPER PLUG		0.00	65.00	65.00
200.00	EA	BULK CHARGE		0.00	1.25	250.00
470.00	MI	BULK TRUCK - TON MILES		0.00	1.10	517.00
REMIT TO: P.O. BOX 438 HAYSVILLE, KS. 67060		COP		Net Invoice:		5,012.00
RECEIVED BY		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		BUTCO Sales Tax:		109.06
		NET 30 DAYS		Invoice Total:		5,121.06

11001
8-2-13

Cement

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.

