

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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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# 806709

Invoice Date: 12/29/15

Terms: C.O.D.

Page 1

IGWT, INC
P.O. BOX 5550
ROSE HILL KS 67133
USA
3162537265

PIERCE #3

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE2001	Additional Hours, Per Cement Pump/Hour	2.000	200.0000	0.000	400.00
CE0002	Equipment Mileage Charge - Heavy Equipment	5.000	7.1500	100.000	0.00
Subtotal					435.75
Discounted Amount					35.75
SubTotal After Discount					400.00
Amount Due 435.75 If paid after 01/28/16					
Tax:					0.00
Total:					400.00

A292



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.Box884
Chanute, KS 66720
620/431-9210, 1-800/467-8676
Fax 620/431-0012

Invoice

Invoice#

806605

Invoice Date: 12/14/15

Terms: C.O.D.

Page 1

IGWT, INC

P.O. BOX 5550
ROSE HILL KS 67133
USA

3162537265

PIERCE #3

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	900.0000	53.000	423.00
CE0002	Equipment Mileage Charge - Heavy Equipment	10.000	7.1500	100.000	0.00
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	53.000	310.20
CC5842	Poz-Blend II A (60:40)	225.000	14.7500	53.000	1,559.81
CC5965	Bentonite	1,825.000	0.3000	53.000	257.33
CC6077	Kolseal	1,125.000	0.5000	53.000	264.38
CC6075	Celloflake	56.000	2.0000	53.000	52.64
WE0853	80 BBL Vacuum Truck (Cement Services)	3.000	100.0000	53.000	141.00
WC6159	City Water	3,000.000	0.0200	100.000	0.00

Subtotal 6,532.25

Discounted Amount 3,523.90

SubTotal After Discount 3,008.35

Amount Due 6,842.80 If paid after 12/14/15

Tax: 144.06

Total: 3,152.42

9308

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



CONSOLIDATED
Oil Well Services, LLC

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

4960
Field Note
4868
Invoice # 806605

TICKET NUMBER 51128
LOCATION G.L. Dorado
FOREMAN Fuzz

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-015-24062-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-7-15	3801	Pierce #3	23	25	4	Butler
CUSTOMER IGWT			TRUCK# DRIVER TRUCK# DRIVER			
MAILING ADDRESS P.O. Box 550			760 Chris			
CITY STATE ZIP CODE Rosehill KS 67033			491 Juel			
			692 Mark			

JOB TYPE 2 stage HOLE SIZE 7 7/8 HOLE DEPTH 2884 CASING SIZE & WEIGHT 5 1/2 17#
 CASING DEPTH 1890 DRILL PIPE TUBING OTHER
 SLURRY WEIGHT 10.5 SLURRY VOL WATER gal/sk CEMENT LEFT in CASING
 DISPLACEMENT 46.3 DISPLACEMENT PSI MIX PSI RATE

REMARKS: Safety meeting on C&G #1. Pump 5 BBL water. Mix 225 sks 60/40 seal w/ 5# Kalseal and 1/4# polyflake per sks. Wash pump and lines. Drop plug and displace w/ 5 BBL 600# List Close DU Tool @ 1500#

Cement did circulate approx 2842 depth.

THANKS
FUZZ

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	900.00	900.00
CE0002	10	MILEAGE	7.5	N/C
CE0711		Ten Mileage Delivery (min)	1.25	660.00
CC5842	7191 225	60/40 pos	14.75	3318.75
CC5965	1825#	Gal	.30	547.50
CC6077	1125#	Kalseal	.50	562.50
CC6075	56#	Polyflake	2.00	112.00
WE0853	3 hrs	80 BBL VAC Truck	100.00	300.00
WC 6159	3000	city water	.102	N/C
		subtotal		6400.75
		disc 53%		3392.39
		subtotal		3008.36

SCANNED

SALES TAX 144.06
ESTIMATED TOTAL 3152.42
DATE 12-7-15

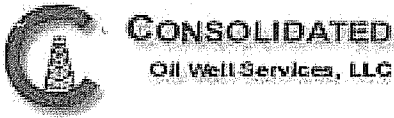
Revin 3737

AUTHORIZATION

TITLE

C.O.O

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.



REMIT TO
 Consolidated Oil Well Services, LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
 Chanute,KS 66720
 620/431-9210,1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 806604

Invoice Date: 12/14/15 Terms: C.O.D. Page 1

IGWT, INC
 P.O. BOX 5550
 ROSE HILL KS 67133
 USA
 3162537265
 PIERCE #3

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0451	Cement Pump Charge 1501' - 3000'	1.000	1,900.0000	53.000	893.00
CE0002	Equipment Mileage Charge - Heavy Equipment	6.000	7.1500	100.000	0.00
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	53.000	310.20
CC5800A	Class A Cement - Sack	125.000	20.0000	53.000	1,175.00
CC5965	Bentonite	350.000	0.3000	53.000	49.35
CC5325	Calcium Chloride	300.000	1.0000	53.000	141.00
CC6077	Kolseal	625.000	0.5000	53.000	146.88
CP8485	5 1/2" Float Shoe, AFU	1.000	585.0000	53.000	274.95
CP8801	5 1/2" DV Tool	1.000	5,970.0000	53.000	2,805.90
CP8629	5 1/2" Basket	4.000	385.0000	53.000	723.80
CP8554	5 1/2" Centralizer	8.000	81.0000	53.000	304.56
WE0853	80 BBL Vacuum Truck (Cement Services)	3.000	100.0000	53.000	141.00
WC6159	City Water	3,000.000	0.0200	100.000	0.00

Subtotal 14,923.40

Discounted Amount 7,957.77

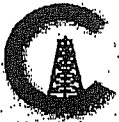
SubTotal After Discount 6,965.63

9308

Amount Due 15,755.03 If paid after 12/14/15

Tax: 388.97

Total: 7,354.61



CONSOLIDATED
Oil Well Services, LLC

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

4958
field ticket doc
4866
INVOICE # 806604

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-015-24062-00-00

TICKET NUMBER 51127
LOCATION El Dorado
FOREMAN Fuzzy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-7-15	3801	Piece # 3	23	25	4	Butler
CUSTOMER J G W T			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 550			760 / Chris			
CITY STATE ZIP CODE Rose Hill KS 67133			611 / Jud			
			637 / Mark			

JOB TYPE 2-stage (B) HOLE SIZE 7 7/8 HOLE DEPTH 2874 CASING SIZE & WEIGHT 5" x 17#
CASING DEPTH 2861 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 12'
DISPLACEMENT 66 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on CTS #1. Float equip 1-3-5-7-9-11-13
Bask #6 - 18 - 22 - 44 - DU Tool Top #20. Rig up - circulate
30 mins. Mix 12595 3/4 gal. 2 Gall w/5# Kalscal pigst. Wash
pump had lines drop plug and displace 66 3/4 BBL. 600' lift
land plug @ 1200'. Float held. Drop DU Bomb wait 10 min and open
DU Tool @ 1400'. Circulate 3 hrs.

Thanks Fuzzy
crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
660451	1	PUMP CHARGE	1900.00	1900.00
660002	10	MILEAGE	75	N/C
60711		Tow mileage Delivery (min)		660.00
665800	7185 12595	Class A	20.00	2500.00
665965	350#	Gel	.30	105.00
665325	300#	Calcium Chloride	1.00	300.00
660777	625#	Kalscal	.50	312.50
665485	1	5 1/2 - AFLU float shoe	585.00	585.00
665801	1	5 1/2 - DU Tool w/hold down Assy	5970.00	5970.00
665625	4	5 1/2 - BASKETS	385.00	1540.00
665554	8	5 1/2 - CENTRALIZERS	81.00	648.00
660853	3	8 BB UAC TRUCK	100.00	300.00
666159	3000	CITY WATER	.02	N/C
		Subtotal		14820.00
		disc	53%	7854.86
		SALES TAX		6965.69
		ESTIMATED TOTAL		388.97
				7354.61

SCANNED

AUTHORIZATION _____ TITLE C.O.O DATE 12-7-15

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

4930
Field Ht dr
4838

INVOICE # 806571
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 51092
LOCATION El Dorado
FOREMAN Fuzz

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-3-15	3801	Piece #3	23	25	4	Butler
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
J.G.W.T.			760	CHRIS		
MAILING ADDRESS			491	Jud		
P.O. Box 550						
CITY	STATE	ZIP CODE				
Rose Hill	KS	67133				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 223' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 219' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 13.0 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safely meeting on C+G #1. Rig up and establish circulation
mix 140SKS CLASS 'A' 3% cc, 2% gel w/ 1/4" poly flake per sk.
Displace 13 BALS + shut in.
Cement did circulate approx 6 BALS to pit.

Thanks Fuzz & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0430	1	PUMP CHARGE	1500.00	1500.00
CE0007	10	MILEAGE	7.15	71.50
CE0711		Tow mileage Delivery (min)	1.25	660.00
CC5800A	140 SKS	Class 'A'	20.00	2800.00
CC5965	280 #	Gel	.30	84.00
CC5325	360 #	Calcium chloride	1.00	360.00
CC6075	35 #	Poly flake	2.00	70.00
		Subtotal		5474.00
		less disc	53%	2901.23
				2572.77

SCANNED

Ravin 8737

SALES TAX 105.13
ESTIMATED TOTAL \$ 2677.91

AUTHORIZATION _____

TITLE C.O.O.

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.