



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1306020
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: _____

1306020

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

4775 Field #1420
4726
Invoice # 806431

TICKET NUMBER **46525**
LOCATION **180**
FOREMAN **L...**

FIELD TICKET & TREATMENT REPORT

CEMENT **API-15-035-24651-00-00**

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-12-15	9999	COPTINAND 1-A	17	34 S	2E	Cowley
CUSTOMER PETERS Petroleum Resources LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 200E 1st St Ste 307			760	Chels	574	Jeff
CITY Winchita			611	Terry		
STATE KS			713	Terrence		
ZIP CODE 67202			725	L...		
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
Prod B	7 7/8	3850	5 1/2 17 lb			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
3836						
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
14.5	32 1/2		7 1/2			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
889 bbls	750	100	5.2 bbl/s			
REMARKS: 1st Stage 100 sks Thickset + 5 lbs Kol seal - Cement turned shoes at 29 1/2 bbls - 1897 pressure 750 lbs - hauled plug at 1850 lbs - Released Mouth of Opened Dr Tool at 1130 lbs - Circulated Tools Cement to Plat. Circulated 4 hrs - Cemented 2nd Stage Dr at 2942 ft - MRB 240 sks 50/50 lbz + 6% Gel + 5 lbs Kol seal. - Closed Dr Tools at 1700 lbs - 110 bbls left. Dr Tool - 2942 Cent 1-3795 2-8714 3-3631 7-3549 10-3428 12-3346 15-3225 18-3104 20-3023 23-2902 Baskets 27-2738 33-2494						

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0452	1	PUMP CHARGE		2300.00
CE0002	60	MILEAGE	7.15	429.00
CE0450	2 mo	Pump Charge		1500.00
CC5860	100	skt Thickset	25.00	2500.00
CC5840	240	skt 50/50 lbz-MR	13.50	3240.00
CC5325	320	lbs CACR	1.00	320.00
CC6077	1400	lbs Kol seal	.50	700.00
CC5965	1400	lbs Gel	.30	420.00
CP8576	10	Cent S-Camp Turbo	110.00	1100.00
CP8485	1	5/8 API Mouth Shoes	585.00	585.00
CP8629	2	Cement Baskets	385.00	770.00
CP8801	1	5/8 Dr Tool	570.00	570.00
CS3800	1	5 1/2 x 7 1/2 shoes	25.00	245.00
CC6125	500	gals Mud Flush	.65	325.00
CE0710	60	Bulk Delivery X 14 tons X	1.75	1470.00
WJ2402	9 hrs	Water Transport	100.00	N/A
				2186.00
		DRs Count	48%	10505.00
		SALES TAX		548.36
		ESTIMATED TOTAL		11929.36

AUTHORIZATION [Signature] TITLE Owner DATE 11-12-15

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.

actual tax 568.17
1892 bbls total



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#

806366

Invoice Date: 11/16/15

Terms: Net 30

Page 1

Kansas Petroleum Resources, LLC
200 E. 1st Street, Suite 307
Wichita KS 67202
USA

COPE LAWA 1A

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	48.000	780.00
CE0002	Equipment Mileage Charge - Heavy Equipment	60.000	7.1500	48.000	223.08
CC5846	Poz-Blend IV A (70:30)	165.000	16.5000	48.000	1,415.70
CC5965	Bentonite	500.000	0.3000	48.000	78.00
CC6075	Celloflake	82.000	2.0000	48.000	85.28
CC5325	Calcium Chloride	400.000	1.0000	48.000	208.00
CE0710	Cement Delivery Charge	465.000	1.7500	48.000	423.15
WE0851	80 BBL Vacuum Truck > 2 Hours	4.000	100.0000	100.000	0.00

Subtotal 6,579.25

Discounted Amount 3,366.04

SubTotal After Discount 3,213.21

Amount Due 6,811.21 If paid after 12/16/15

Tax: 120.62

Total: 3,333.83

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

4766
Field Hst det
11/13

Invoice # **806366**

TICKET NUMBER **51098**

LOCATION **180**

FOREMAN **LADAY, BOOM**

FIELD TICKET & TREATMENT REPORT

CEMENT

APL-15-035-24651-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-6-15	9999	Cape Lawd 1A	17	34	3E	Cowley
CUSTOMER: KANSAS Petroleum Resources LLC						
MAILING ADDRESS: 800 E 1st St. Ste 307						
CITY: Wichita		STATE: KS	ZIP CODE: 67202			

TRUCK #	DRIVER	TRUCK #	DRIVER
760	Chris		
611	Stacy		
692	Mark		
705	Harry		

JOB TYPE: SURFACE	HOLE SIZE: 12 1/4	HOLE DEPTH: 309	CASING SIZE & WEIGHT: 8 5/8
CASING DEPTH: 308	DRILL PIPE: _____	TUBING: _____	OTHER: _____
SLURRY WEIGHT: 14.8	SLURRY VOL: _____	WATER gal/sk: _____	CEMENT LEFT in CASING: 20 ft
DISPLACEMENT: 19.05	DISPLACEMENT PSI: _____	MIX PSI: _____	RATE: _____

REMARKS: **Block Circulation - MRWD 165 lbs 3% PACER + 3% Selt + 1/2 lb Poly - Displaced 18 bbls - Circulated Cement to Surface.**

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450	1	PUMP CHARGE	1500.00	1500.00
CE 0002	60	MILEAGE	7.15	429.00
CC 5846	165	5Ks 70/30 Poz	16.50	2722.50
CC 5965	500	16s Gel	.30	150.00
CC 6075	82	16s Poly	2.00	164.00
CC 5325	400	16s CACK-2	1.00	400.00
CE 0710	60	Bulk x 7.75 tons x	1.75	813.75
WE 0851	4	hrs 80 hbl vac Truck	100.00	400.00
SCANNED			Discount	48%
				6779.25
				2866.04
				3213.21
			SALES TAX	120.62
			ESTIMATED TOTAL	3333.83

AUTHORIZATION: MJ Jack TITLE: Tool Pusher DATE: 11-6-15

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



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#

806431

Invoice Date: 11/24/15

Terms: Net 30

Page 1

Kansas Petroleum Resources, LLC
 200 E. 1st Street, Suite 307
 Wichita KS 67202
 USA

COPELAND 1-A

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0452	Cement Pump Charge 3001' - 4000'	1.000	2,300.0000	47.999	1,196.03
CE0002	Equipment Mileage Charge - Heavy Equipment	60.000	7.1500	47.999	223.09
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	47.999	780.02
CC5860	ThixdoBlend I	100.000	25.0000	47.999	1,300.03
CC5840	Poz-Blend I A (50:50)	240.000	13.5000	47.999	1,684.84
CC5325	Calcium Chloride	320.000	1.0000	47.999	166.40
CC6077	Kolseal	1,400.000	0.5000	47.999	364.01
CC5965	Bentonite	1,440.000	0.3000	47.999	224.65
CP8576	5 1/2" Turbolizer	10.000	110.0000	47.999	572.01
CP8485	5 1/2" Float Shoe, AFU	1.000	585.0000	47.999	304.21
CP8629	5 1/2" Basket	2.000	385.0000	47.999	400.41
CP8801	5 1/2" DV Tool	1.000	5,970.0000	47.999	3,104.48
CP8351	5 1/2" Flush Joint Guide Shoe	7.000	35.0000	47.999	127.40
CC6125	Mud Flush, Viscous	500.000	0.6500	47.999	169.00
CE0710	Cement Delivery Charge	840.000	1.7500	47.999	764.42