

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1328158
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: _____

1328158

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

Invoice

Invoice#

808549

Invoice Date: 09/13/16

Terms: C.O.D.

Page 1

GILES, BEN

346 S. LULU
WICHITA KS 67211
USA
3162651992

WRIGHT #1

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	12.000	7.1500	45.000	47.19
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	45.000	363.00
CC5800A	Class A Cement - Sack	200.000	20.0000	45.000	2,200.00
CC5325	Calcium Chloride	500.000	1.0000	45.000	275.00
CC6075	Celloflake	150.000	2.0000	45.000	165.00
CC5965	Bentonite	600.000	0.3000	45.000	99.00
WE0853	80 BBL Vacuum Truck (Cement Services)	3.000	100.0000	45.000	165.00
WC6159W	City Water	3,360.000	0.0500	45.000	92.40
CP8633	10 3/4" Basket	2.000	635.0000	45.000	698.50
CP8430	10 3/4" Insert Float, Flapper Style	1.000	425.0000	45.000	233.75
CP8530	10 3/4" Float Collar, Sure Seal (Ball & Spring)	1.000	125.0000	45.000	68.75

Subtotal 9,513.80

Discounted Amount 4,281.21

SubTotal After Discount 5,232.59

Amount Due 9,984.14 If paid after 09/13/16

Cement Wright

Tax: 258.69

Total: 5,491.28



CONSOLIDATED
Oil Well Services, LLC

6620
Field Kit del
6518

TICKET NUMBER 51366

LOCATION 180

FOREMAN LARRY STORUM

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

FIELD TICKET & TREATMENT REPORT
CEMENT

INVOICE # 808549

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-7-16	3079	Wright #1	32	255	4E	Butler
CUSTOMER <u>Ben Coles</u>			TRUCK #			
MAILING ADDRESS <u>346 S Lulu</u>			DRIVER			
CITY <u>Wichita</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>67211</u>			TRUCK #			
JOB TYPE <u>Surface</u>			DRIVER			
HOLE SIZE <u>20"</u>			TRUCK #			
HOLE DEPTH <u>—</u>			DRIVER			
CASING SIZE & WEIGHT <u>1034</u>			TRUCK #			
CASING DEPTH <u>204.70</u>			DRIVER			
DRILL PIPE			TRUCK #			
TUBING			DRIVER			
OTHER			TRUCK #			
SLURRY WEIGHT			DRIVER			
SLURRY VOL			TRUCK #			
WATER gal/sk			DRIVER			
CEMENT LEFT in CASING <u>20 ft</u>			TRUCK #			
DISPLACEMENT <u>18.5</u>			DRIVER			
DISPLACEMENT PSI <u>150</u>			TRUCK #			
MIX PSI <u>0</u>			DRIVER			
RATE <u>3.5</u>			TRUCK #			
REMARKS: <u>Pumped 10 bbls dye water ahead of break (Preparation)</u>						
<u>Mix 200 lbs A + 3% CMC + 3% Gel + 34 lb Poly Flakes; Displaced</u>						
<u>18.5 bbls - Cement to Surface 2 bbls - Was falling back</u>						

Circulation Cement to Surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE		1500.00
CE0002	12	MILEAGE	7.15	85.80
CE0711	1	Mix Bulk Delivery		660.00
CC5800	200	5/8 Class H	40.00	8000.00
CC5325	500	1bs CMC	1.00	500.00
CC6075	150	1bs Poly Flakes	2.00	300.00
CC5965	600	1bs Gel	.30	180.00
WE0853	3	80 gal	100.00	300.00
WE159U	2360	CITY WATER	.05	168.00
CP8633	2	1034 Cement Buckets	635.00	1270.00
CP8430	1	1034 Float Insert	425.00	425.00
CP8530	1	1034 Casing Collar	125.00	125.00
				9513.80
		Less Discount 45%		4281.21
		Subtotal		5232.59
		SALES TAX		258.69
		ESTIMATED TOTAL		\$ 5491.28

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.