

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1360092
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: _____

1360092



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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Taos Resources Operating Company LLC
Well Name	LFJ 3
Doc ID	1360092

All Electric Logs Run

DIL
CDNL
BCS
ML



REMIT TO **20589**
 Consolidated Oil Well Services, LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

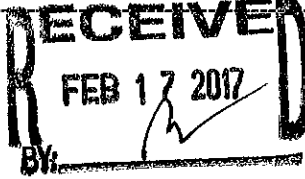
MAIN OFFICE

P.O.Box 884
 Chanute, KS 66720
 620/431-9210, 1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 809579

Invoice Date: 02/13/17 Terms: Net 30 Page 1

TAOS RESOURCES OPERATING, LLC
 1455 WEST LOOP SOUTH, ST. 600
 HOUSTON TX 77254
 USA
 7139930774



LFS #3
 15-035-24665-00-00

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	50.000	7.1500	45.000	196.63
CE0710	Cement Delivery Charge	445.000	1.7500	45.000	428.31
CC5800A	Class A Cement - Sack	190.000	20.0000	45.000	2,090.00
CC5325	Calcium Chloride	550.000	1.2500	45.000	378.13
CC5965	*Bentonite*	350.000	0.3000	45.000	57.75
CC6075	Celloflake	50.000	2.0000	45.000	55.00

Subtotal 7,328.75
 Discounted Amount 3,297.94
 SubTotal After Discount 4,030.81

Amount Due 7,645.49 If paid after 03/15/17

Tax: 174.21
 Total: **4,205.03**

WELL ID/AFE # 175D749
 CODE 830.130
 N OR R AP
 APPROVAL



CONSOLIDATED
Oil Well Services, LLC

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

7534
Field #4400
7428

API # 15-035-24665-00-00

TICKET NUMBER 52046

LOCATION El Dorado

FOREMAN Fuzz

**FIELD TICKET & TREATMENT REPORT
CEMENT**

Invoice # 809579
CS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-10-17	2871	LFS #3	34	32	5	Cowley
CUSTOMER Taps Resources operating Co. Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1455 West Loop S 54600			603	Tracy		
CITY Houston			667	Jeremy		
STATE TX		ZIP CODE 77029				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 276' CASING SIZE & WEIGHT 8 5/8 24#
 CASING DEPTH 276 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 48.4 WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 16.3 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on w.w. #8 Rig up and pump 5 BBL water. Mix 190 lbs class A 300cc 290cc w/4# poly flake Displace 16 BBLs and shut in.

Cement did circulate approx 8 BBL to bit.

Thanks Fuzz
+ crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500 ⁰⁰	1500 ⁰⁰
CE0002	50	MILEAGE	7.15	357.50
CE0710	8.9 ton	Ton Mileage Delivery	125	778.75
CE5800A	190 sks	Class A	20 ⁰⁰	3800 ⁰⁰
CE5825	550 #	Calcium chloride	1.25	687.50
CE5865	350 #	Gal	.30	105 ⁰⁰
CE6075	50 #	Poly flake	2 ⁰⁰	100 ⁰⁰
		Subtotal		7328.75
		disc count 45%		3297.93
		Subtotal		4030.82
		SALES TAX		174.21
		ESTIMATED TOTAL		4205.03

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.



REMIT TO **20589**
 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#

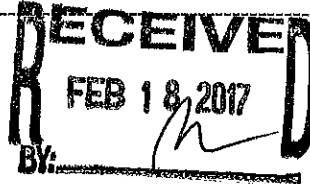
809590

Invoice Date: 02/14/17

Terms: Net 30

Page 1

TAOS RESOURCES OPERATING, LLC
 1455 WEST LOOP SOUTH, ST. 600
 HOUSTON TX 77254
 USA
 7139930774



LFJ #3

15-035-24665-00-00

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0452	Cement Pump Charge 3001' - 4000'	1.000	2,300.0000	45.000	1,265.00
CE0002	Equipment Mileage Charge - Heavy Equipment	50.000	7.1500	45.000	196.63
CE0710	Cement Delivery Charge	530.000	1.7500	45.000	510.13
WE0853	80 BBL Vacuum Truck (Cement Services)	7.000	100.0000	45.000	385.00
WC6159	City Water	3,000.000	0.0200	45.000	33.00
CC5800A	Class A Cement - Sack	225.000	20.0000	45.000	2,474.98
CC5325	Calcium Chloride	450.000	1.2500	45.000	309.38
CC5965	*Bentonite*	650.000	0.3000	45.000	107.25
CC6077	Kolseal	1,125.000	0.5000	45.000	309.38
CC6079	PhenoSeal Formica Flakes	200.000	1.3500	45.000	148.50
CP8485	5 1/2" Float Shoe, AFU	1.000	585.0000	45.000	321.75
CP8254	5 1/2" Latch Down Plug & Assembly	1.000	400.0000	45.000	220.00
CP8576	5 1/2" Turbolizer	7.000	110.0000	45.000	423.50
CP8651	5 1/2" Cement Basket Reciprocating	2.000	360.0000	45.000	396.00

WELL ID/AFE #	_____
CODE	_____
N OR R	_____
APPROVAL	



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#

809590

Invoice Date: 02/14/17

Terms: Net 30

Page 2

TAOS RESOURCES OPERATING, LLC

1455 WEST LOOP SOUTH, ST. 600

HOUSTON TX 77254

USA

7139930774

LFJ #3

15-035-24665-00-00

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE1130	Specialized Iron Requirements or Rig Up	1.000	200.0000	100.000	0.00

Subtotal 13,110.00

Discounted Amount 6,009.50

SubTotal After Discount 7,100.50

Amount Due 13,692.19 If paid after 03/16/17

Tax: 320.20

Total: 7,420.70

WELL ID/AFE #	1750749
CODE	930.130
<input checked="" type="radio"/> N <input type="radio"/> R	<i>[Signature]</i>
APPROVAL	



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

7346 Field Hst doc
7439

TICKET NUMBER 52047

LOCATION El Dorado

FOREMAN Fuzz4

API# 15-035-24665-0000
FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 809590

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-13-17	2871	LFT #3	34	32	5	Cowley
CUSTOMER Tos Resources Oper Co. Inc			Cowley 1			
MAILING ADDRESS 1455 W. Loop S Suite #600			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Houston			182	Tracey		
STATE TX			667	Jeremy		
ZIP CODE 77027			692	Mark		
			725	Fuzz4		

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 3560 CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH 3547.58 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 52.7 WATER gal/sk 6.4 CEMENT LEFT In CASING 9.02
 DISPLACEMENT 84.2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on w.w #8 Float ramp - Turbolizers 3-6-9-12
 16-19-22 Baskets #15-24. Circ 1/2 way in for 20 min. PIPERON
 bottom circulate 10 min. Pump 3 BBL water, mix 25 kg cement
 in RH. mix 20 kg cement as scavenger @ 12.5# mix 180 kg
 class 'A' 39 gal 29 gal w/1# phenoxal presk. Wash pump and
 lines. Drop plug and displace 85 BBLs 1200# high press
 land plug @ 1700#. Float held.

THANKS FUZZ4 & CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0452	1	PUMP CHARGE	2300.00	2300.00
CE0002	50 miles	MILEAGE	7.15	357.50
CE0710	10.6 Ton	Tow mileage delivery	12.9	927.50
WC0853	7 TRKS	80 BBL UAC Truck	100.00	700.00
WC6159	3000 gal	City water	.02	60.00
CEPS800A	11348 225 sks	Class 'A'	20.00	4500.00
CE5325	450#	Calcium chloride	1.25	562.50
CE5965	650#	Gel	.30	195.00
CE6077	1125 #	Kolscol	1.50	562.50
CE6079	200 #	Phenoxal	1.35	270.00
CP8485	1	5 1/2 - AFO float shoe	585.00	585.00
CP8254	1	5 1/2 - Hatchdown plug & Assy	400.00	400.00
CP8576	7	5 1/2 - S-Band Turbolizers (w)	110.00	770.00
CP8651	2	5 1/2 recip Baskets (w)	360.00	720.00
CE1130	1	5 1/2 - 8' Landing Jt	200.00	200.00
		SUBTOTAL		12910.00
		discount		5809.50
		SUBTOTAL		7100.50
		SALES TAX		320.20
		ESTIMATED TOTAL		7420.70

SCANNED

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.

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Last Fracture Date: 3/14/2017
 County: Cowley
 API Number (14 Digits): 15-035-24665-00-00
 Operator Name: Taos Resources Operating Company, LLC
 Well Name and Number: LEJ #3
 Latitude:
 Longitude:
 Datum:
 Production Type: Oil
 True Vertical Depth (TVD): 3560
 Total Base Fluid Volume (gal)**: 606,858



Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address and Phone Number
Water	Taos Resources	Carrier/Base Agent	WATER	7732-18-5	100%	94.48%	
100 MESH PREMIUM SANSPS	SPS	PROPPING AGENT	CRYSTALLINE SILICA	14808-60-8	100%	2.75%	
15% HCL ACID	SPS	ACID	HYDROCHLORIC ACID	7647-01-0	37	0.98	
A-1 CORROSION INHIBIT	COMPLETION SPEED	CORROSION INHIBITOR	ETHYLENE GLYCOL	107-21-1	20%	0.00054%	
			N,N-DIMETHYL FONNAANIDE	68-11-2	20%	0.00054%	
			2-BULOZETHANOL	111-76-2	5%	0.01300%	
			ISOPROPANAL	67-63-0	5%	0.00013%	
			WATER	7732-18-5	50%	0.00134%	
HNE-2 NON-EMULSIFIER	COMPLETION SPEED	NON-EMULSIFIER	NONYL PHENOL ETHOXYLATED ISOPROPANAL	127087-87-0	15%	0.00037%	
			POLYOXY-1,2-ETHANEDIVL, A-HYDRO-M	67-63-0	30%	0.00074%	
			WATER	7732-18-5	2%	0.00005%	
			CITRIC ACID	77-92-9	55%	0.00134%	
IS-10	BRAINERD	ACIDIZING	WATER	7732-18-5	50%	0.00299%	
			PETROLEUM DISTILLATE HYDROTREATE	7732-18-5	50%	0.00299%	
FRA-2 FRICTION REDUCER	CHEMPLEX	FRICTION REDUCER	COPOLYMER OF 2-PROPENAMIDE	064742-47-8	20%	.00906%	
			AMMONIUM CHLORIDE ((NH4)CI)	79-06-01	30%	0.01359%	
			OLELE ACID DIETHANOLAMIDE	12125-02-09	1%	0.00045%	
			WATER	93-83-4	1%	0.00045%	
			CORROSION INHIBITOR	7732-18-5	60%	0.02717%	
LBC-1	COMPLETION SPEC	WATER TREATMENT	METHANOL	PROPRIETARY	70%	0.01496%	SPS, ROCKY LEACH, 421 NORTH 20TH ST. BLACKWELL, OK 74631 (580) 401-5454
			WATER	67-56-01	30%	0.00641%	
W-11	ESS	NE/SURFACTANT	SODIUM CARBONATE	7732-18-5	85%	0.01876%	
			(R)-P-MENTHA-1,8-DIENE	497-19-8	12%	0.00265%	
			ISOROPANOL	5989-27-5	5%	0.00116	
AR-104-ACID GEL	COMPLETION SPEC	ACID GEL/RETARDER	ETHOXYLATED FATTY AMINE	67-63-0	60%	0.00716	
			ACETIC ACID	PROPRIETARY	30%	0.00358%	SPS, ROCKY LEACH, 421 NORTH 20TH ST. BLACKWELL, OK 74631 (580) 401-5454
				64-19-7	10%	0.00119%	

**Total Water Volume sources may include fresh water, produced water, and/or recycled water. **Information is based on the maximum potential for concentration and thus the total may be over 100%.
 Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers' Material Safety Data Sheets (MSDS).