

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

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)</i> <i>(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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Form	ACO1 - Well Completion
Operator	Taos Resources Operating Company LLC
Well Name	REED 34-1
Doc ID	1363392

Tops

Name	Top	Datum
Topeka	1210	96
IATON Lime	1913	-608
KC Lime	2528	-1223
Marmaton Lime	2744	-1439
Cherokee	2861	-1556
Miss Chert	3123	-1818
T Miss Lime	3130	-1825
Kinderhook	3496	-2191
Woodford Shale	3537	-2232

Form	ACO1 - Well Completion
Operator	Taos Resources Operating Company LLC
Well Name	REED 34-1
Doc ID	1363392

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
1	3312-26', 3260-3300', 3245-51', 3230-3236', 3184-3208	77,120# of 100 mesh 3,000 gal 15% HCL, 7,283 bbl slick water	3361-3459
1	3312-26', 3260-3300', 3245-51', 3230-3236', 3184-3208	77,120# of 100 mesh, 3000 gal 15% HCL, 5,928 bbls slick water.	3184-3326
	CIBP@ 3550		



REMIT TO

QES Pressure Pumping LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

20589

MAIN OFFICE

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

Invoice

Invoice#

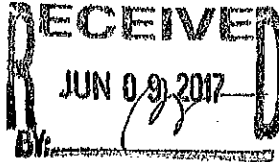
810385

Invoice Date: 05/31/17

Terms: Net 30

Page 1

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



reed 34-1

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0460	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	50.000	750.00
CE0002	Equipment Mileage Charge - Heavy Equipment	50.000	7.1500	50.000	178.75
CE0710	Cement Delivery Charge	430.000	1.7500	50.000	376.25
CC5800A	Class A Cement - Sack	175.000	20.0000	50.000	1,750.00
CC5325	Calclum Chloride	450.000	1.2500	50.000	281.25
CC5965	Bentonite	350.000	0.3000	50.000	52.50
CC6075	Celloflake	100.000	2.0000	50.000	100.00

Subtotal 6,977.50

Discounted Amount 3,488.75

SubTotal After Discount 3,488.75

Amount Due 7,272.31 If paid after 06/30/17

Tax: 147.40

Total: 3,636.15

WELL ID/APE #	175D770
CODE	830.130
N OR R	<i>[Signature]</i>
	APPROVAL



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8876

API # 15-035-24672-00-00

8251 / 8145

TICKET NUMBER 53372

LOCATION Ch Dorado

FOREMAN Fuzz Y

FIELD TICKET & TREATMENT REPORT

CEMENT

INVOICE # 810385

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-31-17	2871	Royal 34-1	34	32	5	Cowley
CUSTOMER TAS Resources Opns Co, LLC			172 ^{1/2} Cowley			
MAILING ADDRESS 1455 W. Loop 15, Suite 600			1 E South			
CITY Houston	STATE TX	ZIP CODE 77062	TRUCK # 760	DRIVER CHM S	TRUCK # 713	DRIVER Jude

JOB TYPE surface HOLE SIZE _____ HOLE DEPTH 251' CASING SIZE & WEIGHT 8 1/2"
 CASING DEPTH 251' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.2 SLURRY VOL. 412.3 bbls WATER gal/bk 6.5 CEMENT LEFT IN CASING 20'
 DISPLACEMENT 14 3/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on well #14 establish circulation
Pump 5 bbl water mix 175 sbs class 'A' 37.0 cc 25000
w/ 1/2% poly slat pack. Displace 14 3/4 bbls and shut in
Cement did circulate approx 5 bbls to pit.

Thanks
Fuzz Y / Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
660450	1	PUMP CHARGE	1500.00	1500.00
660002	60	MILEAGE	7.28	436.80
660710	8.2 for 430	Tow Mileage Delivery	123	752.40
668000A	175 sbs	Class 'A'	20.00	3500.00
668325	450#	Calcium Chloride	1.25	562.50
668965	350#	Gel	1.80	105.00
666075	100#	Poly. Slat	2.00	200.00
		subtotal		7112.70
		discount	500	6977.50
		subtotal		3188.75
		Asphalt		
		SALES TAX		147.40
		ESTIMATED TOTAL		3636.15

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.



20589
REMIT TO

QES Pressure Pumping 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#

810415

Invoice Date: 06/06/17

Terms: Net 30

Page 1

TAOS RESOURCES OPERATING, LLC

1455 WEST LOOP SOUTH, ST. 600
HOUSTON TX 77254
USA

reed 34-1

7139930774

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	60.000	7.1500	45.000	196.63
WE0853	80 BBL. Vacuum Truck (Cement Services)	7.000	100.0000	45.000	386.00
CE0710	Cement Delivery Charge	530.000	1.7600	45.000	610.13
WC6159	City Water	3,000.000	0.0200	45.000	33.00
CC5800A	Class A Cement - Sack	225.000	20.0000	45.000	2,475.00
CC5325	Calclum Chloride	450.000	1.2500	45.000	309.38
CC5965	Bentonite	650.000	0.3000	45.000	107.25
CC6079	PhenoSeal Formica Flakes	200.000	1.3500	45.000	148.50
CC6077	Kolseal	1,125.000	0.5000	45.000	309.38
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
CP8651	5 1/2" Cement Basket Reciprocating	2.000	360.0000	45.000	396.00

Subtotal 12,140.00

Discounted Amount 5,463.00

SubTotal After Discount 6,677.00

Amount Due 12,670.21 If paid after 07/06/17

WELL ID/AFE #	1730770
CODE	830-132
NORR	<i>[Signature]</i>
	APPROVAL

Tax: 291.62

Total: 6,968.64



API # 15-035-24672-000

8272 / 475

TICKET NUMBER 53382

LOCATION El Dorado

FOREMAN Fuzz & Brad

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 81045

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
6-3-17	2871	Reed 34-1	34	22	5	Cowley	
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER	
Taps Resources Op & Co. LLC			760	CHRIS		BRAD	
MAILING ADDRESS			611	Jeremy M			
1455 W Loop S Suite 600			637	Jud			
CITY	STATE	ZIP CODE	725	Fuzz F			
Hoodson	TX	77027					
JOB TYPE	PRODUCTION	HOLE SIZE	7 7/8	HOLE DEPTH	3567'	CASING SIZE & WEIGHT	5 1/2 15.5
CASING DEPTH	3564'	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT	14.2	SLURRY VOL	52.7	WATER gal/ok	6.9	CEMENT LEFT IN CASING	10'
DISPLACEMENT	24 1/2	DISPLACEMENT PSI		MIX PSI		RATE	

REMARKS: Safety meeting on W.W. #14. 5 float valves centralizers 3-6-9-12-16-19-22 (provided by customer) Baskets #15, 24. Rig up circulate 20 min. Mix 25 sacks in RH Pump 5 BBL washed mix 20 sacks "circulate" @ 12" mix 180 sacks class 300 and 2900 w/ 1" phenoxal and 5" Kolsoal per 5" wash pump and lines. Drop plug and displace 85 BBL 900' lift land plug @ 1200'. Float held

7. Centralizers provided by customer.

Thanks Fuzz & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0452	1	PUMP CHARGE	2300.00	2300.00
CE0002	50	MILEAGE	7.14	357.00
CE0853	7 hrs	80 BBL Vac Truck	100.00	700.00
CE0710	10.6 Tons	Town Mileage Delivery	121	927.00
W66189	3000 gal	City Water	10.2	60.00
CE5800A	22 Sacks	Class 'A'	20.00	4500.00
CE5225	450 #	Calcium Chloride	1.23	562.50
CE5465	650 #	Gal	1.30	195.00
CE6079	200 #	Phenoxal	1.35	270.00
CE6077	1125 #	Kolsoal	.50	562.50
CE8484	1	5 1/2 BFL Float shoe	585.00	585.00
CE8254	1	5 1/2 latchdown plugging	400.00	400.00
CE8661	2	5 1/2 non-rotating baskets	360.00	720.00
		Subtotal		12140.00
		discount	4500	5468.00
		Subtotal		6677.00
		SALES TAX		291.67
		ESTIMATED TOTAL		6968.67

Flavin 3787

AUTHORIZATION 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.

