

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 Recompletion Date _____ 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	LFJ 5
Doc ID	1363558

Tops

Name	Top	Datum
Topeka	1210	71
Laton Lime	1911	-631
KC Lime	2531	-1251
Marmaton Lime	2738	-1458
Cherokee	2867	-1587
Miss Chart	3119	-1839
Miss Lime	3133	-1853
Kinderhook Shale	3504	-2224
Woodford Shale	3450	2260

Form	ACO1 - Well Completion
Operator	Taos Resources Operating Company LLC
Well Name	LFJ 5
Doc ID	1363558

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
1	set plug at 3315'. Perf 3290-3305', 3255-80', 3227-33', 3190-3217'	74,340# of 100 mesh,3,000 gal 15% HCL, 6891 bbl slick water.	3190-3305



REMIT TO **20589**
 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, 1-800/467-8876
 Fax 620/431-0012

Invoice

Invoice#

810454

Invoice Date: 06/12/17

Terms: Net 30

Page 1

TAOS RESOURCES OPERATING, LLC
 1455 WEST LOOP SOUTH, ST. 600
 HOUSTON TX 77264
 USA
 7139930774

RECEIVED
 JUN 13 2017

LFJ #5

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	50.000	750.00
CE0002	Equipment Mllege Charge - Heavy Equipment	50.000	7.1500	50.000	178.75
CC5800A	Class A Cement - Sack	175.000	20.0000	50.000	1,750.00
CC5325	Calcium Chloride	450.000	1.2500	50.000	281.25
CC5985	Bentonite	350.000	0.3000	50.000	52.50
CC6075	Celloflake	100.000	2.0000	50.000	100.00
CE0710	Cement Delivery Charge	430.000	1.7500	50.000	376.25
Subtotal					6,977.50
Discounted Amount					3,488.75
SubTotal After Discount					3,488.75
Amount Due 7,272.31 If paid after 07/12/17					

Tax: 147.40

Total: **3,636.15**

WELL ID/AFE # **175D771**
 CODE **830.130**
 (N OR R) **[Signature]**
 APPROVAL



API # 15-035-24671-00-00

8209
8211

TICKET NUMBER 53396

LOCATION Eldorado

FOREMAN Brad Butler

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 810454
Ks.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-8-17	2871	LFJ # 5	34	32s	5E	Cowley
CUSTOMER			182nd			
MAILING ADDRESS			Cowley 2			
CITY			North into			
STATE			North into			
ZIP CODE			North into			
CUSTOMER			182nd			
MAILING ADDRESS			Cowley 2			
CITY			North into			
STATE			North into			
ZIP CODE			North into			

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 233' CASING SIZE & WEIGHT 8 5/8" - 24lb
 CASING DEPTH 218' DRILL PIPE _____ TUBING _____ OTHER 15" Landing Joint
 SLURRY WEIGHT 14.4 SLURRY VOL 42 Bbls WATER gal/sk 6.0 CEMENT LEFT IN CASING 20"
 DISPLACEMENT 13.4 Bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting > Rig up to 8 5/8" casing, break circulation with fresh water
 Mixer 175 sac Reg. cement w/ 3% CACL2, 2% Gel and 1/2 lb Poly Flake or 14 1/2 P/GAL
 Displaced cement with 13 1/2 Bbls fresh water, shut down - close casing no. - Job complete with good
 cement returns - Approx 9 Bbls slurry

"Thank you"

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
CC5800A	175 SACKS	Class "A" cement	20.00	3500.00
CC5825	450 lbs	Calcium Chloride	1.25	562.50
CC5965	350 lbs	Gel	.30	105.00
CC6075	100 lbs	Poly-FLAKE	2.00	200.00
CE0710	8.6 Ton 430	Bulk Truck Delivery charge	1.75	752.50
Sub Total				6977.50
Discount				500
SALES TAX 6.75%				294.81
ESTIMATED TOTAL				3783.56

Revln 3/87

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.

1974.40
3636.15



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#

810479

Vicky Habliscan

Invoice Date: 06/14/17

Terms: Net 30

Page 1

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

RECEIVED
 JUN 30 2017
 BY: *[Signature]*

LFJ #5

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0462	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
WE0853	80 BBL Vacuum Truck (Cement Services)	7.000	100.0000	45.000	385.00
CE0710	Cement Delivery Charge	530.000	1.7500	45.000	510.13
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	Calcium 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
CP8486	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 07/14/17

WELL ID/AFE # 1750771
 CODE 840.540
 (NOR R) *[Signature]*
 APPROVAL

Tax: 291.62

Total: 6,968.64



PRESSURE PUMPING

PO Box 884, Chanute, KS 67020
620-431-9210 or 800-467-8878

8344 / 8241

TICKET NUMBER 53356

LOCATION Eldorado KS

FOREMAN Jeremy

ELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 810479

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-11-17	2891	LFS #5	34	32	5	Cowley
CUSTOMER THOS Resources operating LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1455 West Loop South St 608			866	Jeremy A		
CITY STATE ZIP CODE Houston TX 77054			446	Jeremy M		
			681	Tracy		

JOB TYPE Long string HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH 3569 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.2 SLURRY VOL 52.4 WATER gal/sk 6.9 CEMENT LEFT IN CASING _____
 DISPLACEMENT 84.9 DISPLACEMENT PSI 450 MIX PSI 2 RATE _____

REMARKS: Safety meeting hooked up to ~~the casing~~ 2 3/8 tubing pumped 3 bbl of cement in rat hole then hooked up to 5 1/2 casing with plug container broke circulation then pumped 225 sks of cement shut down washed pump & lines then displaced 25 bbl of water landed plug @ 1500 psi

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0452	1	PUMP CHARGE	2300.00	2300.00
CE0002	50	MILEAGE	7.15	357.50
WE0853	700	80 UAC	100.00	700.00
CE0710	10.6 Ton 590	Ton mileage delivery	1.75	185.50
WC6159	3000 GAL	City water	.02	60.00
CC5800A	225 SKS	Class A	20.00	4500.00
CC5325	450 #	Calcium Chloride	1.25	562.50
CC5965	650 #	Gravel	.30	195.00
CC6079	200 #	Phenoseal	1.35	270.00
CC6077	1125 #	Kedseal	.50	562.50
CP8485	1	5 1/2 AFW float shoe	585.00	585.00
CP8254	1	5 1/2 Latchdown Plug	400.00	400.00
CP8651	2	5 1/2 Baskets reciprocating	360.00	720.00
		Subtotal		12140.00
		Discount	4576	5463.00
		Total		12140.00
		SALES TAX		= 291.602
		ESTIMATED TOTAL		6677.00

Havin 8787

AUTHORIZATION

TITLE

DATE

6/9/18 LA

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.