

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	LFJ 6
Doc ID	1416277

Tops

Name	Top	Datum
TOPEKA	1206	75
LATON LM	1907	-627
LAYTON SAND	2365	-1085
KC LIME	2529	-1249
CHEROKEE	2870	-1590
CHAT	3106	-1826
MISS-LIME	3120	-1840
KINDERHOOK SHALE	3499	-2219
WOODFORD SHALE	3532	-2252



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#

813628

Invoice Date: 07/17/18

Terms: Net 30

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TAOS RESOURCES OPERATING, LLC

10700 North Freeway, Suite 930

Houston TX 77037

USA

7139930774

LFJ #6

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE1130	Specialized Iron Requirements or Rig Up	1.000	100.0000	35.000	65.00
Subtotal					13,019.50
Discounted Amount					4,556.83
SubTotal After Discount					8,462.67

Amount Due 13,567.74 If paid after 08/16/18

Tax: 356.36

Total: 8,819.05

WELL ID/AFE #	175D879
CODE	830.130
N OR R	
APPROVAL	



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

MAIN OFFICE
 P.O.Box884
 Chanute,KS 66720
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 Fax 620/431-0012

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Page 1

TAOS RESOURCES OPERATING, LLC

10700 North Freeway, Suite 930
 Houston TX 77037
 USA
 7139930774

LFJ #6

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0452	Cement Pump Charge 3001' - 4000'	1.000	2,300.0000	35.000	1,495.00
CE0002	Equipment Mileage Charge - Heavy Equipment	50.000	7.1500	35.000	232.38
CE0710	Cement Delivery Charge	530.000	1.7500	35.000	602.88
WE0853	80 BBL Vacuum Truck (Cement Services)	9.000	100.0000	35.000	585.00
WC6159	City Water	3,000.000	0.0200	35.000	39.00
CC5800A	Class A Cement - Sack	225.000	20.0000	35.000	2,925.00
CC5325	Calcium Chloride	450.000	1.2500	35.000	365.63
CC5965	Bentonite	650.000	0.3000	35.000	126.75
CC6079	PhenoSeal Formica Flakes	200.000	1.3500	35.000	175.50
CC6077	Kolseal	1,150.000	0.5000	35.000	373.75
CP8485	5 1/2" Float Shoe, AFU	1.000	585.0000	35.000	380.25
CP8254	5 1/2" Latch Down Plug & Assembly	1.000	400.0000	35.000	260.00
CP8651	5 1/2" Cement Basket Reciprocating	2.000	360.0000	35.000	468.00
CP8554	5 1/2" Centralizer	7.000	81.0000	35.000	368.55



PRESSURE PUMPING LLC

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

11114
11000

FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 54519
LOCATION GL Domingo, KS
FOREMAN Fuzzy

Invoice # 813628

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-0-18	2871	LFJ #6	34	32	5	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Taps Resources Oper. Co. LLC			760	Chris		
MAILING ADDRESS			692	Tracy		
10700 N. Freeway #930			713	Jud		
CITY	STATE	ZIP CODE	725	Fuzzy		
Houston	Tx	77037				

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 3555' CASING SIZE & WEIGHT 5 1/2 - 15.5#
 CASING DEPTH 3544' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.5-14.2 SLURRY VOL 52.7 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 84.3 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on well #4 Float equip Cont 3-6-9-12-16-19-22
Baskets 15-24, Rig up and establish circulation for 40 min,
Pump 5 BBL water, mix 255#s in pit. Mix 200#s class 'A'
300gal, 290cc, 1# phenosol and 5# Kolsol per sk. Wash
pump and lines. Drop plug and displace 84 BBL. 1100#
lift and land plug @ 1500#. Float held.

Thanks Fuzzy + 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	1.25	927.50
WE0853	9 hrs	80 BBL vac Truck	100 ⁰⁰	900 ⁰⁰
WE6154	3000	City water	1.02	60 ⁰⁰
CE5800A	2255#s	Class 'A'	20 ⁰⁰	4500 ⁰⁰
CE5325	450 #	Calcium Chloride	1.25	562.50
CE5965	650 #	Gel	.30	195 ⁰⁰
CE6079	200 #	Phenosol 1	1.35	270 ⁰⁰
CE6077	1150 #	Kolsol	.50	575 ⁰⁰
CP8485	1	5 1/2 - AFU float shoe	585 ⁰⁰	585 ⁰⁰
CP8254	1	5 1/2 - latchdown plug + assy.	400 ⁰⁰	400 ⁰⁰
CP8651	2	5 1/2 - reciprocating Baskets	360 ⁰⁰	720 ⁰⁰
CP8554	7	5 1/2 - Centralizers	81 ⁰⁰	567 ⁰⁰
CE6130	1	Landring fit ravel	100 ⁰⁰	100 ⁰⁰
		subtotal		13019.50
		discount	35%	4556.82
		subtotal		8462.68
		SALES TAX		356.05
		ESTIMATED TOTAL		8819.05

Ravin 3737

MARY

SCANNED

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.



PRESSURE PUMPING LLC

REMIT TO *2158*
QES Pressure Pumping 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#

813567

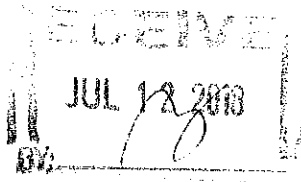
Invoice Date: 07/09/18

Terms: Net 30

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TAOS RESOURCES OPERATING, LLC

10700 North Freeway, Suite 930
Houston TX 77037
USA
7139930774



LFJ #6

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	35.000	975.00
CE0002	Equipment Mileage Charge - Heavy Equipment	50.000	7.1500	35.000	232.38
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	35.000	429.00
CC5800A	Class A Cement - Sack	195.000	20.0000	35.000	2,535.00
CC5325	Calcium Chloride	550.000	1.2500	35.000	446.88
CC5965	Bentonite	350.000	0.3000	35.000	68.25
CC6075	Celloflake	100.000	2.0000	35.000	130.00

Subtotal 7,410.00

Discounted Amount 2,593.50

SubTotal After Discount 4,816.50

Amount Due 7,728.01 If paid after 08/08/18

Tax: 206.71

Total: 5,023.22

WELL ID/APE #	<i>75D079</i>
CODE	<i>930-130</i>
N OR R	
APPROVAL	



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

11060
 10945

TICKET NUMBER 54550
 LOCATION Eldorado KS
 FOREMAN Austin

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice # 813567

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-6-18	2871	LFS #6	34	32	5	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Taps Resources operating Co LLC			866	Austin		
MAILING ADDRESS			603	Tracy		
14555 West Loop South St 600			611	SAK		
CITY	STATE	ZIP CODE				
Houston	TX	77254				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 212 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 205 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL 47.2 WATER gal/sk 6.5 CEMENT LEFT in CASING 10'
 DISPLACEMENT 13.0 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting hooked up to 8 5/8 with secondary & valve broke
 Circulation then pumped 5 bbl water then cement then disp (need
 15 bbl water left Amount 10' of cement in pipe

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
CE0711	1	min bulk delivery	660.00	660.00
CC5800A	195	CLASS A Cement	20.00	3900.00
CC5325	550	Calcium Chloride	1.25	687.50
CC5965	350	Gravel	.30	105.00
CC6075	100	Poly-styrene	2.00	200.00
		Subtotal	=	7410.00
		Discount	35%	2593.50
		total		4816.50
		SALES TAX		= 206.71
		ESTIMATED TOTAL		5023.21

Revin 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.

Fracture Start Date/Time:	3/19/15 7:44
Fracture End Date/Time:	3/23/15 9:25
State:	COLORADO
County:	WELD
API Number:	05-123-39498-00-00
Operator Number:	A1210112
Well Name:	CRUICKSHANK 1C-24HZ
Federal Well:	Yes
Tribal Well:	Yes
Longitude:	-104.718133
Latitude:	40.205372
Long/Lat Projection:	NAD83
True Vertical Depth (TYD):	7,422'
Total Clean Fluid Volume* (gal):	4,135,736



(e.g. XX-XXX-XXXX-0000)

Total Sherry Mass (Lbs)
37,455,995

Ingredients Section:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Mass per Component (LBS)	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Comments	Claimant Company	Claimant First Name	Claimant Last Name	Claimant Email	Claimant Phone (nnn-xxx-nxxx)
Water	Company 1	Carrier/Base Fluid	Water	7732-18-5	100.00%	34,512,715	92.00000%						
WHITE OTTAWA/ST. PET	CALFRAC	PROPPING AGENT		Listed Below									
7.5% HCL	CALFRAC	ACID		Listed Below									
DAP-925	CALFRAC	ACID INHIBITOR		Listed Below									
DWP-621	CALFRAC	FRICITION REDUCER		Listed Below									
DWP-944	CALFRAC	BIOCID		Listed Below									
DWP-962	CALFRAC	BIOCID		Listed Below									
			CRYSTALLINE SILICA	14808-60-7	100.00%	1,002,500	2.67647%						
			CRYSTALLINE SILICA IN THE FORM OF QUARTZ	14808-60-7	99.90%	1,001,498	2.67380%						
			HYDROCHLORIC ACID	7647-01-0	37.00%	50,020	0.13354%						
			WATER	7732-18-5	63.00%	85,169	0.22738%						
			FATTY ACIDS	Proprietary	30.00%	75	0.00020%						
			METHANOL	67-56-1	60.00%	151	0.00040%						
			OLEFIN	Proprietary	5.00%	13	0.00003%		TDeB Company	Therese	DeBenedette	tree.hand@gmail.com	720-938-6622
			POLYOXYALKENES	Proprietary	30.00%	75	0.00020%		TDeB Company	Therese	DeBenedette	tree.hand@gmail.com	720-938-6622
			PROPARGYL ALCOHOL	107-19-7	100.00%	25	0.00007%						
			NO HAZARDOUS INGREDIENTS	Not Assigned	100.00%	25,411	0.06784%		TDeB Company	Therese	DeBenedette	tree.hand@gmail.com	720-938-6622
			2,2-DIBROMO-3-NITRILOPROPIONAMIDE	10222-01-2	20.00%	2,152	0.00575%						
			TETRAKIS(HYDROXYMETHYL)PHOSPHONIUM	55566-30-8	75.00%	13,963	0.03728%						
			Ingred Other	Not Assigned				Non-MSDS Component	TDeB Company	Therese	DeBenedette	tree.hand@gmail.com	720-938-6622
			Ingred Other2	Not Assigned				Non-MSDS Component	TDeB Company	Therese	DeBenedette	tree.hand@gmail.com	720-938-6622

*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%
 All component information