

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 7
Doc ID	1416261

Tops

Name	Top	Datum
Topeka	1207	65
Laton Lm	1911	-639
Layton Sand	2372	-1100
KC Lime	2523	-1251
Cherokee	2858	-1586
Chat	3114	-1842
Miss-Lime	3128	-1856
Kinderhook Shale	3498	-2226
Woodford Shale	3532	-2260

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:	40.265372
Long/Lat Projection:	NAD83
True Vertical Depth (TVD):	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	10.00%	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



PRESSURE PUMPING LLC

REMIT TO 20589
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#

813564

Invoice Date: 07/06/18

Terms: Net 30

Page 1

TAOS RESOURCES OPERATING, LLC

10700 North Freeway, Suite 930
Houston TX 77037
USA

7139930774

LFJ #7

RECEIVED
JUL 10 2018
BY: [Signature]

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)	7.000	100.0000	35.000	455.00
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

Subtotal 12,719.50

Discounted Amount 4,451.83

SubTotal After Discount 8,267.67

Amount Due 13,267.74 If paid after 08/05/18

WELL ID/AFE # 350877
 CODE 630.130
 N O'R'R
 APPROVAL [Signature]

Tax: 356.36

Total: 8,624.05



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

API # 15-035-24686-00-0

11047 / 10936

TICKET NUMBER 54516

LOCATION EL Dundo, KS

FOREMAN Fuzzy & Jacob

FIELD TICKET & TREATMENT REPORT
 CEMENT

INVOICE # 813564_{KS}

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-4-18	2871	LFJ #7	34	32	5	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
TADS Resources OPERA LLC			603	Tracy	577	Jacob
MAILING ADDRESS			713	Jud		
10700 N. Freeway #930			692	MARK		
CITY	STATE	ZIP CODE	725	Fuzzy		
Houston	KS	77037				

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 3580' CASING SIZE & WEIGHT 5 1/2 15.5#
 CASING DEPTH 3578' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.2 SLURRY VOL 51.2 WATER gal/sk 6.46 CEMENT LEFT in CASING 10'
 DISPLACEMENT 84.9 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting a.u. w-w #4 Float equip cent 3-6-9-12
 16-19-22 BASKETS 15-24. Rig up and circulate 20 min
 Pump 5 BBL water, mix 25SKS in RH. mix first 20SKS cement
 @ 12.5# to "scour" pipe. mix 180SKS 3% gel, 2% cc, 5# Kolsal
 and 1# phenosol per sk. Wash pump and lines. Drop plug and
 displace 83 3/4 BBL. Lift Press 1000# hand plug @ 1500#
 float held.
 225SKS CLASS 'A' 3% gel 2% cc. Thanks Fuzzy & Crew
 5# Kolsal, 1# phenosol

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	Ton mileage Delivery	1.25	927.50
WE0853	7 hrs	80 BBL UAC Truck	700 ⁰⁰	700 ⁰⁰
WC6159	3000 gal	CITY water	1.02	60 ⁰⁰
CC5800A	225 gals	Class 'A'	20 ⁰⁰	4500 ⁰⁰
CC5325	450 #	Calcium Chloride	1.25	562.50
CC5965	650 #	Gel	.30	195 ⁰⁰
CC6079	200 #	Phenosol	1.35	270 ⁰⁰
CC6077	1150 #	Kolsal	.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 - Recip BASKETS	360 ⁰⁰	720 ⁰⁰
CP8554	7	5 1/2 - Centralizers	81 ⁰⁰	567 ⁰⁰
		subtotal		12719.50
		discount 3540		4451.52
		subtotal		8267.99
		SALES TAX		356.36
		ESTIMATED TOTAL		8624.05

Ravin 9737

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 *21589*
 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#

813547

Invoice Date: 06/30/18

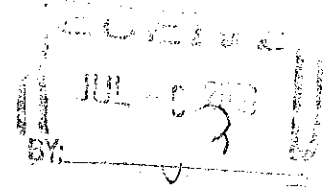
Terms: Net 30

Page 1

TAOS RESOURCES OPERATING, LLC

10700 North Freeway, Suite 930
 Houston TX 77037
 USA
 7139930774

LFJ #7



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	400.000	0.3000	35.000	78.00
CC6075	Celloflake	100.000	2.0000	35.000	130.00

Subtotal 7,425.00
 Discounted Amount 2,598.75
 SubTotal After Discount 4,826.25

Amount Due 7,743.99 If paid after 07/30/18

Tax: 207.34

Total: 5,033.60

WELL ID/AFE # 175D077
 CODE 830.130
 FOR R [Signature]
 APPROVAL



API #

15.035-24680-010921

11030

TICKET NUMBER 54513

LOCATION El Dorado, KSFOREMAN Fuzz YPRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676FIELD TICKET & TREATMENT REPORT
CEMENTInvoice # 813547

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6.30.18	2871	LFJ #7	34	32	5	Cowley
CUSTOMER TAOS Resources Oper Co. Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 10700 N. Freeway Ste 930			603	Tracy		
CITY Houston			775	Jud		
STATE TX			725	Fuzz Y		
ZIP CODE 77037						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 253' CASING SIZE & WEIGHT 8 5/8 - 23 lb
 CASING DEPTH 253' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 47.2 WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 14.8 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on W-W #4. Rig up and establish circulation
Pump 5 BBL water. Mix 1955Ks class 'A' 3%cc 2%cc
w 1/2" poly flake/sk. Displace 14 3/4 BBL and shut in.

cement did circulate approx 10+ BBL to pit

Thanks Fuzz Y 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	715	357 ⁵⁰
CE0711	9.1 Ton	Ton mileage delivery (min)	660 ⁰⁰	660 ⁰⁰
7225 CC5800A	1955Ks	Class 'A'	20 ⁰⁰	3900 ⁰⁰
CC5325	550 [#]	Calcium chloride	1.25	687 ⁵⁰
CC5965	400 [#]	Gel	1.30	120 ⁰⁰
CC6075	100 [#]	Poly-flake	2 ⁰⁰	200 ⁰⁰
		subtotal		7425 ⁰⁰
		discount	3590	2598 ⁷⁵
		subtotal		4826 ⁷⁵
		SALES TAX		207.31
		ESTIMATED TOTAL		5033.06

Ravin 3737

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.