

#### Kansas Corporation Commission Oil & Gas Conservation Division

1053075

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

## WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R 🗌 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:
☐ Oil         ☐ WSW         ☐ SIOW           ☐ Gas         ☐ D&A         ☐ ENHR         ☐ SIGW           ☐ OG         ☐ GSW         ☐ Temp. Abd.           ☐ CM (Coal Bed Methane)         ☐ Cathodic         ☐ Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	·
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Conv. to ENHR	Chloride content: ppm Fluid volume: bbls  Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date  Recompletion Date  Recompletion Date	

#### **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
Letter of Confidentiality Received
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II Approved by: Date:

Side Two



Operator Name:				_ Lease N	lame:			Well #:			
Sec Twp	S. R	East	West	County:							
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	sures, bottom h	ole temp	erature, fluid	
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample	
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum	
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No								
List All E. Logs Run:											
		Report all	CASING I		New	Used mediate, producti	on, etc.				
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)		Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives		
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD					
Purpose:  — Perforate — Protect Casing — Plug Back TD — Plug Off Zone  Depth Top Bottom  Type of Cement				# Sacks	# Sacks Used Ty			e and Percent Additives			
Shots Per Foot	PERFORATI Specify I	ON RECORD - Footage of Each	Bridge Plugs Interval Perfo	s Set/Type orated			cture, Shot, Cemei mount and Kind of N		d	Depth	
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:					
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0			
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Water		ols.	Gas-Oil Ratio		Gravity	
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTIO	ON INTER	VAL:	
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually ( (Submit AC		nmingled mit ACO-4)				



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

# FIELD SERVICE TICKET 1718 03147 A

PRESSL	JRE PUMF	PING & WIRELINE		,			DATE TICKET NO	Taper
DATE OF 1-9-	// [	DISTRICT PRATI	1/s	5	NEW O	AELT	PROD [IN] WDW CÜS	STOMER DER NO.:
CUSTOMER L D	PI	escente.			LEASE A	125	T DUWO	WELL NO
ADDRESS					COUNTY	BM	STATE \$5	, ,
CITY	efisi -	STATE			SERVICE CR	EW /	14 MAMMIN 1	1200
AUTHORIZED BY					JOB TYPE:	CI	UW-LOWG5//	2 Juc
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRŞ	TRUCK CALLED	AM TIME
1970/		19826	1/				ARRIVED AT JOB	AM SOU
-225->-		19860	12				START OPERATION	AM 1/6()
17/03	1/2			- 1			FINISH OPERATION	AM 1130
19702	10			- 1			RELEASED	AM 12/5/
The second second				-			MILES FROM STATION TO WELL	25

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written concept of an officer of Basic Energy Services I.P.

become a part of this contract without the written consent of an officer of Basic Energy Services LP. SIGNED: (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT) ITEM/PRICE REF. NO \$ AMOUNT UNIT QUANTITY UNIT PRICE MATERIAL, EQUIPMENT AND SERVICES USED 0 SUB TOTAL CHEMICAL / ACID DATA: SERVICE & EQUIPMENT %TAX ON \$ MATERIALS %TAX ON \$ TOTAL

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT



### TREATMENT REPORT

Customer	DIR	120	Lease	No.				Date					
Lease Z	11237	000	wo Well	7-	3/	9348C.		1	- 9-	11			
Field Order#	Station	PRATI	1. Ks.	III.	Casing	77	5705	County 5	ART	w	State KS		
Type Job	nw	-60	WESTI	2 M	UC	Forma	tion	3715	Legal De	scription 3	1-18-15		
PIPE	E DATA	PERF	ORATING DA	TA	FLUID (	JSED		TREA	TMENT F	RESUME			
Casing Size	Tubing Size	Shots/F		A	cid	_		RATE PRE	SS	ISIP			
Depth-705	Depth	From	То	Pi	re Pad		Max			5 Min.			
Volume	Volume		- TÖ	P	ad.	many region and included and region of		the second second second	o management of the state of				
Max Press	Max Press	From	То	Fr	rac		Avg			15 Min.			
Well Connection	on Annulus Vo	From	То	•			HHP Use	d		Annulus P	Annulus Pressure		
Plug Depth	Packer Dep	th From	То		ush		Gas Volu	Gas Volume			Total Load		
Customer Rep	presentative	LI	S	ation Ma	nager 5	011	y	Treater	0000	Suc	2		
Service Units	1990	27	199	03	-19	90	4	198	26-	198	60		
Driver Names	16			111	20m	12	5 线相关		13/	200			
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped		Rate			Serv	rice Log				
2500		) e	CONTRACTOR			01	V60	1172	UN	12	8-51		
						Ku	W 37	08'3	1/11	CSC.	-575		
T 5 1/4	1951			100		Coll-	FDF. Sh	OB, I	W STY	11	COLLA		
						Cen	VI-1	1-3-	5 -	7-9	2		
	1000	naciani	- 1. Gra	and the same		IHE	B0118)	11-1/R	PB	Het	CARE		
				+		5	ET 5	nA)	3/0	W4	HLAND		
				-		Sito	TCOU.	MA	( See	unis	LEVEL		
	and residence of the fire	1 1			7	- 1	2 5	7	110	0/37	1.7.16		
1100	500		12		6	1	em/	10 5	21.	10 1	Cuch		
	360	W 1	2		6	5	mit 2	2 1	11	440	FIMSH		
	300		2/		6	11.	17-1	150	CV 1	00/4	to Pis		
	200		- 2/			18	0/5121	- 1/3 9	100	21/4	31,-1181		
			100	7		54	12050	11150	47	100	500		
	e francis	11- 51			" yet "	- 11/6	4-112	uP de	DIE	- BR	SPAIN		
for the second	0		n	6	(1)	<	1700	· 1/2	5				
	700		68	1	1/2	200	1 56	1 80	ma	VI			
	COU		85		3	to the	510	11/1	172				
1130	1000	E 35 (F)	90.3	X 1375	3	1.4.3	19	116	8000	W-	1/20		
		E III, Iga	on the constitution is	15.5	ME ONLY	PUI	PAS	HOLE	- 305	k 60,	40 Poz		
							0				/		
1700	77					50	15/0	m Ke	26	- 1	= 122		