



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1058256

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 # \_\_\_\_\_

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      ☐ SIOW
- ☐ Gas      ☐ D&A      ☐ ENHR      ☐ SIGW
- ☐ OG      ☐ GSW      ☐ Temp. Abd.
- ☐ 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 ENHR      ☐ Conv. to SWD
- ☐ Conv. to GSW
- ☐ Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- ☐ Commingled      Permit #: \_\_\_\_\_
- ☐ Dual Completion      Permit #: \_\_\_\_\_
- ☐ SWD      Permit #: \_\_\_\_\_
- ☐ ENHR      Permit #: \_\_\_\_\_
- ☐ GSW      Permit #: \_\_\_\_\_

Spud Date or      Date Reached TD      Completion Date or  
Recompletion Date           Recompletion Date

API No. 15 - \_\_\_\_\_

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

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total 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**

☐ Letter of Confidentiality Received

Date: \_\_\_\_\_

☐ Confidential Release Date: \_\_\_\_\_

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1058256

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

 Drill Stem Tests Taken ☐ Yes ☐ No  
 (Attach Additional Sheets)

 Samples Sent to Geological Survey ☐ Yes ☐ No

 Cores Taken ☐ Yes ☐ No

 Electric Log Run ☐ Yes ☐ No

 Electric Log Submitted Electronically ☐ Yes ☐ No  
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample  
 Name Top Datum
CASING RECORD ☐ New ☐ 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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

**FIELD SERVICE TICKET**  
1718 04054 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>5-15-11</b>		DISTRICT <b>Pratt KS</b>		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:	
CUSTOMER <b>L.D. Drilley</b>		LEASE <b>Swider</b>		WELL NO. <b>1-8</b>	
ADDRESS		COUNTY <b>Lawe</b>		STATE <b>KS</b>	
CITY		STATE		SERVICE CREW <b>Sullivan, Nelson, Phye, Hunter</b>	
AUTHORIZED BY		JOB TYPE: <b>CNW 4 1/2 For Stage</b>			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS
33208-20920	75				
15960-19918	75				
19831-21010					
37900					
TRUCK CALLED <b>5-15-11</b>				DATE	TIME
ARRIVED AT JOB				AM	PM
START OPERATION				AM	PM
FINISH OPERATION				AM	PM
RELEASED				AM	PM
MILES FROM STATION TO WELL				100	

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 consent of an officer of Basic Energy Services LP.

SIGNED: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 P2Z CMT	SK	200		2,400.00
CP 101	H-CON CMT	SK	425		2,650.00
CC 102	Cal Foke	lb	150		555.00
CC 105	De-foamer	lb	43		172.00
CC 111	Solt	lb	1777		888.50
CC 112	CMT Friction Reducer	lb	129		774.00
CC 201	oil soluble	lb	996		1,667.32
CC 109	Calcium chloride	lb	1200		1,260.00
PF 350	Wash shoe 4 1/2	PA	1		340.00
PF 400	Two Stage Tool	PA	1		4,500.00
PF 600	Letch down Plug Baffle	SA	1		720.00
PF 1770	Cont.	SA	7		770.00
CF 1900	Basket	SA	1		270.00
C 704	HCL Soln.	GAL	1		35.00
PC 151	MUD Wash	GAL	500		430.00
E 100	polymer	mi	100		425.00
P 101	Heavy 800 ml/gal	mi	300		2,100.00

SUB TOTAL

DCS

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$

TOTAL

SERVICE REPRESENTATIVE

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



**BASIC**  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

## FIELD SERVICE TICKET

1718 ~~04055~~ A

CONT

DATE      TICKET NO. \_\_\_\_\_

DATE OF JOB 5-15-11		DISTRICT PRATT KS		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:			
CUSTOMER L.D. Driller				LEASE Sawdce		WELL NO. 1-8			
ADDRESS /				COUNTY LANE		STATE KS			
CITY		STATE		SERVICE CREW Sullivan, Nelson, Phyr, Hunter					
AUTHORIZED BY				JOB TYPE: COW 4 1/2 TON STAGE					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
83708-20970						ARRIVED AT JOB		AM PM	
19960-19918						START OPERATION		AM PM	
19831-21010						FINISH OPERATION		AM PM	
37900						RELEASED		AM PM	
						MILES FROM STATION TO WELL			

**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 consent of an officer of Basic Energy Services LP.

SIGNED: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

[illegible]

SUB TOTAL

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		

TOTAL

Thank you

DLS 24.911.67

SERVICE REPRESENTATIVE <i>Robert P. Hain</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>L.D. Diller</i>	Lease No.	Date <i>5-15-11</i>
Lease <i>SNIOCK</i>	Well # <i>1-8</i>	
Field Order # <i>4054</i>	Station <i>PRATT KS</i>	Casing <i>4 1/2</i>
		Depth <i>7622'</i>
Type Job <i>CNW 4 1/2 Long Stair</i>	Formation	Legal Description <i>8-17-29</i>
		County <i>LANE</i>
		State <i>KS</i>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>4 1/2</i>	<i>2 1/2</i>	<i>Tool 2248'</i>					
Depth	Depth	From	To	Pre Pad	Max		5 Min.
<i>7622'</i>							
Volume	Volume	From	To	Pad	Min		10 Min.
<i>11.6</i>							
Max Press	Max Press	From	To	Frac	Avg		15 Min.
<i>2,000</i>							
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
<i>P.C.</i>							
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load
<i>7622'</i>							

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Sullivan</i>
Service Units <i>37900 33208 20920 19960 19918 19831 21010</i>		
Driver Names <i>Sullivan m.olson</i>	<i>Phyllis</i>	<i>Hunter</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1045 am</i>					<i>and hcs Softy mcty</i>
					<i>Run 107 ITS 4 1/2 11.6 CST.</i>
					<i>DV Tool "55 - 2248' cont 1,3,5,7,9,11,13</i>
					<i>Basket w/ DV Tool "55 - 2242.18</i>
<i>0230</i>					<i>CASING ON 130 Horn</i>
<i>0240</i>					<i>Hook Rig To Circ.</i>
<i>0345</i>	<i>150</i>		<i>32</i>	<i>4</i>	<i>St mud flush AND 20 BBL KCL H<sub>2</sub>O</i>
				<i>5</i>	<i>mud cont 200 # 60/40 P.O. 15 PPS.</i>
			<i>44</i>		<i>cont mixed. Shut down wash pump, hcs</i>
					<i>Release Plug</i>
<i>0405</i>				<i>6</i>	<i>St Dip. 7 in 4 1/2 4 1/4 2<sup>nd</sup> mud</i>
	<i>250</i>		<i>55</i>		<i>litt Ps.</i>
	<i>500</i>			<i>4</i>	<i>Slow Rate</i>
<i>0418</i>	<i>1500</i>		<i>71 1/2</i>		<i>plug down</i>
<i>0420</i>					<i>DROP DV 13000B.</i>
<i>0433</i>	<i>850</i>				<i>OPEN DV Tool w/ Truk.</i>
<i>0440</i>					<i>Hook Rig Circ.</i>
					<i>Bottom Stage Complete</i>

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Customer <i>L.D. Dally</i>	Lease No.	Date <i>5-15-11</i>
Lease <i>Wider</i>	Well # <i>1-8</i>	
Field Order # <i>4054</i>	Station <i>PRATT KS</i>	Casing <i>4 1/2</i>
		Depth <i>2248</i>
Type Job <i>CNW 4 1/2 long study</i>	Formation	Legal Description <i>8-17-29</i>
		County <i>LANE</i>
		State <i>KS</i>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>4 1/2</i>							
Depth	Depth	From	To	Pre Pad	Max		5 Min.
<i>2248</i>							
Volume	Volume	From	To	Pad	Min		10 Min.
<i>25</i>							
Max Press	Max Press	From	To	Frac	Avg		15 Min.
<i>1500</i>							
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
<i>PC</i>							
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load
<i>2248</i>							

Customer Representative Station Manager *DAVE SCOTT* Treater *Robert Johnson*

Service Units									
Driver Names	<i>Sullivan</i>	<i>Melso</i>	<i>Phila</i>	<i>Harden</i>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0530</i>			<i>3</i>	<i>6</i>	<i>St Spacer</i>
	<i>200</i>			<i>6.5</i>	<i>St mix cont 425 sk A-con cont</i>
					<i>cont to surface</i>
					<i>cont mixed, shut down</i>
			<i>220</i>		<i>wash, pump, lines</i>
					<i>Release Plug</i>
	<i>300</i>			<i>3</i>	<i>St Disp.</i>
	<i>450</i>				<i>Let PS</i>
	<i>500</i>			<i>3.5</i>	<i>Slow Rate</i>
<i>0610</i>			<i>35</i>		<i>plug down 40 sk run to pit</i>
<i>1800</i>	<i>1800</i>				<i>PS. up AND close D.V. Tool</i>
			<i>6</i>		<i>plug R.H.</i>
					<i>SOB Complete</i>
					<i>Thank you</i>