

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

1064416

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:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	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 SWD 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? Yes No  If yes, show depth set: Feet  If Alternate II completion, cement circulated from: sx cmt
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:  Deepening Re-perf. Conv. to ENHR Conv. to SWD  Conv. to GSW	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 Twp S. R
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or 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 III Approved by: Date:									

Side Two



Operator Name:			Lease Name	e:			_ Well #:	
Sec Twp	S. R	East West	County:					
time tool open and clos	sed, flowing and shut s if gas to surface tes	I base of formations per in pressures, whether s it, along with final chart well site report.	shut-in pressure	reached s	static level,	hydrostatic press	sures, bottom h	ole temperature, fl
Orill Stem Tests Taken (Attach Additional S		Yes No		Log	Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolo		☐ Yes ☐ No	N	lame			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes No Yes No Yes No						
List All E. Logs Run:			RECORD [		Used			
	Size Hole	Report all strings set- Size Casing	-conductor, surface Weight		ate, producti Setting	on, etc.  Type of	# Sacks	Type and Percen
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
		ADDITIONA	L OFMENTING (	00115575	DECORD			
		ADDITIONA	L CEMENTING / :	SQUEEZE	RECORD			
Purpose:  Perforate Protect Casing Plug Back TD Plug Off Zone	Perforate Top Bottom Type of Cernetit  Protect Casing Plug Back TD		# Sacks Used	d		Type and F	Percent Additives	
Shots Per Foot		ON RECORD - Bridge Plu ootage of Each Interval Pe				cture, Shot, Cement mount and Kind of Ma	•	d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Line	r Run:	Yes No		
Date of First, Resumed I	Production, SWD or ENI	HR. Producing Me	thod:	Gas Li	ift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	В	ols. (	Gas-Oil Ratio	Gravity
DISPOSITIO	Used on Lease	Open Hole	METHOD OF COM Perf. D (Sub	MPLETION: ually Comp omit ACO-5)	. Cor	nmingled mit ACO-4)	PRODUCTIO	DN INTERVAL:
(If vented, Sub	mit ACO-18.)	Other (Specify) _						

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	HALL 'I' 2-1
Doc ID	1064416

#### Tops

Name	Тор	Datum
HEEBNER	3283	-1353
TORONTO	3302	-1372
DOUGLAS	3318	-1388
BROWN LIME	3408	-1478
LANSING	3420	-1490
BASE KANSAS CITY	3637	-1707
VIOLA	3674	-1744
SIMPSON SHALE	3724	-1794
ARBUCKLE	3772	-1842



#### **FIELD SERVICE TICKET** 1718 04789 A

			ING & WIRELINE	ne 620-6/2-1	201			DATE	TICKET NO		4.	
DATE OF JOB OE -	12-1	// D	ISTRICT PRATI	KS		NEW D C	VELL   F	PROD   INJ	□ WDW	□ Si	USTOMER RDER NO.:	
CUSTOMER	4.0	DR	21/lase			LEASE /	ALL	I	£2	-/	WELL NO.	
ADDRESS	- ;					COUNTY S	THA	ORD	STATE	KS	m.5.	
CITY			STATE			SERVICE CR	EWS.	Muca)	nelson,	P	bye	
AUTHORIZED B	Υ					JOB TYPE:	CNU	878	Surfax e			
EQUIPMENT	-	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CAL	0 10	DAT	PM //./	/E
199/0 - 19	08-20970 25 mi							ARRIVED AT	Q	11		Q_
37900	900							START OPE	<del></del>		PM 3/d	-
P. William Co.								FINISH OPE RELEASED	HATION	-	AM 3/3	7-1
									M STATION TO	WELL	AM 40	
		001	DAGE CONDITIONS (T)			l la afa sa Nove de la la			- a la dalli		- 2	
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												erials,
become a part of th	ppiles inclu is contract	without	or and only those terms and c the written consent of an office	onditions appear cer of Basic Ene	ring on rgy Se	the front and back rvices LP.			tional or substitute	e terms	and/or conditions	s snaii
A August							S	GNED: (WELL OWN	ER, OPERATOR,	CONT	ACTOR OR AC	SENT)
ITEM/PRICE REF. NO.	100	M	ATERIAL, EQUIPMENT A	AND SERVICE	s us	ED	UNIT	QUANTITY	UNIT PRIC	Œ	\$ AMOUN	IT
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SERVICE REPRESENTATIVE /

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

(WELL OWNER OPERATOR CONTRACTOR OF AGENT)

FIELD SERVICE ORDER NO.



## TREATMENT REPORT

Customer	0.00	Man	10. 5 1 6	Lease No.		. 81		Date			
Lease	444	+		Well #	2-/	1 4			08-19	- //	
Field Order	Statio	PRAT	T K		Casi	ng. Dept	h 54	County	TAFFOR	0	State
Type Job	100	5/8 S	instace			Formation	n		Legal	escription	
PIP	É DATA	15 C		NG DATA	FLU	IID USED		TF	REATMENT	RESUME	:.6:
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Depth	Depth	From		Го	Pre Pad		Max			5 Min.	8.7
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Max Press	Max Pres	s From		Го	Frac		Avg			15 Min.	
Well Connecti	on Annulus \	/ol. From		Го			HHP Use	d		Annulus P	ressure
Plug Depth	Packer D	epth From		б	Flush		Gas Volui	me		Total Load	W. The second
Customer Rep	presentative			Station	Manager	DAUE S	co4	Treater	Robert	fullo	· Cusi
Service Units	3790A	33708	2097	1996	0 1991	<i>ş</i> -					S
Driver Names	Sullings	mel	50N	PI	hue						
Time	Casing Pressure	Tubing Pressure	Bbls. F	Pumped	Rate			5	Service Log		
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10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

# FIELD SERVICE TICKET 1718 04793 A

	PRESSURE PUM	PING & WIRELINE				DATE	TICKET NO			
DATE OF JOB	23-//	DISTRICT PRATI	NEW (2)	WELL	PROD INJ	□ WDW □	CUSTOI ORDER	MER NO.:		
CUSTOMER	L. D. P.	2. Huse		LEASE	HALL	T	2-1	WE	LL NO.	-
ADDRESS				COUNTY STAFFURD STATEKS						
CITY		STATE		SERVICE C	REW S	Miser L	owspece.			
AUTHORIZED B	Υ					P. T. A				
EQUIPMENT	# HRS	EQUIPMENT#	HRS EQ	UIPMENT#	HRS	TRUCK CAL	LED S-25	DATE A	M TIM	E /
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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.	No.	MATERIAL, EQUIPMENT	AND SERVICES US	SED	UNIT	QUANTITY	UNIT PRICE	\$	AMOUN <sup>-</sup>	T
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THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

REPRESENTATIVE

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SERVICE



### TREATMENT REPORT

Customer	D. DO. 0	0		Lease No.					Date				
Lease	HALL 7	1		Well#	-/-		3-16		0	5 - 23	11		
Field Order		PRA+	+ KS			Casing C.P	Dep 3	oth 785	County	TATFURD		State	
Type Job	iw P.	1.4	· ·				Formatio	on		Legal D	escription	14	
	E DATA		FORATIN	G DATA	Π	FLUID U	SED		TF	REATMENT	RESUME		
Casing Size	Tubing Siz				Acid			+		PRESS	ISIP		
Depth	Depth	From	То		Pre F	Pad	Max - Min		(		5 Min.		
Volume	Volume	From	То		Pad						10 Min.		
Max Press	Max Press		То		Frac			Avg			15 Min.		
Well Connection	on Annulus V		То					HHP Use	ed		Annulus F	Pressure	
Plug Depth	Packer De		То		Flush	1		Gas Volu	Gas Volume		Total Load		
Customer Rep	presentative	11.000	1 10		n Manag	ger 🔑	UE S	r the	Treater	Robert	110	Cllina	
Service Units	37500	33708	20910	1996	6 10	91100				- Maria	- COLLEGE		
Driver Names	Sullivon	Low		Cat		,							
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OMeo (620) 388-4250

James C. Musgrove Pandeum Geologiet 212 Main St. • P.O. Box 215 • Classo, KS 67525

Home (620) 587-3444

3784-1854.

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THE NO! 工 #2-1

REWARKS

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3	RILLING TIN	NE AND SAMPL	LE LOG	
COMPANY L.D. Daill LEASE Hall I :	1	ELEVATIONS 1930		
LOCATION Se-Ne-S SEC 1 TWSP COUNTY Stafford	GL	1925 Urements Ara Ali		
CONTRACTOR Petron SPUD 08-16-2011 RTD 3784 WUD UP 2887	17D N	3-201 1/A	PROGU	GASING GENERAL SURVEY
SAMPLES SAVED FROM ORTELING TIME KEP SAMPLES EXAMINED F GEOLOGICAL SUPERVI CEOLOGIST ON WELL	FROM ROM STON FROM.	3/00 3/00 3200	10.	3784 3784 3784 3784
FORMATION TOPS Heebner Toronto Douglas Brown Lime Lansing Base Kansas Gity Viola Simpson Shale Arbuskie Rotony Total Depth	No hog	3318 -1 3408 -1 3420 -1 3637 -1 3674 -1 3724 -1 3772 -1	353 372 388 478 490 707	-8

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