



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1119535  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

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

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
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1119535

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](mailto: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  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				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*  
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 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)*

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

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR: \_\_\_\_\_ Producing Method:  
 Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Edison Operating Company LLC
Well Name	Barbara 1-31
Doc ID	1119535

All Electric Logs Run

Dual
CDNL
Micro
sonic

# BASIC

energy services, LP

## TREATMENT REPORT

Customer Aison Operating Company, LLC	Lease No. Well #	Date
Lease Barbara	Well # 1-31	12-16-12
Field Order # 244	Station Pratt, Kansas	County Stafford
Type Job C.N.M. - Surface	Casing 8" 24 1/2	Depth 292 Feet
	Formation	State Kansas
		Legal Description 31-245-13W

PIPE DATA				PERFORATING DATA				FLUID USED				TREATMENT RESUME			
Casing Size	Tubing Size	Shots/Ft	Acid	Pre Pad	Pad	Rate	Press	ISIP	Depth	Volume	From	To	Flush	Gas Volume	Total Load
8 1/2	4 1/2		50 sacks	5H-Serv Lite cement	13.4 Lb/Gal.	28	Calcium Chloride	25 Lb/5k	292	5 Min	From	To	18 Bbl. Fresh Water		
Depth	Depth	From	To	Pre Pad	Pad	Max	Min	10 Min			From	To			
292	292	From	To	13.4 Lb/Gal.	5 Min	8.24 Gal	1.64 C	15 Min			From	To			
Volume	Volume	From	To	50 sacks	5 Min	28	Calcium Chloride	25 Lb/5k			From	To			
8.0 Bbl.	8.0 Bbl.	From	To	50 sacks	5 Min	28	Calcium Chloride	25 Lb/5k			From	To			
Max Press	Max Press	From	To	5.6 Lb./Gal. S.	5.6 Lb./Gal. S.	Avg	Gal/5k	1.20 CW			From	To			
200 P.S.I	200 P.S.I	From	To	5.6 Lb./Gal. S.	5.6 Lb./Gal. S.	23	Gal/5k	1.20 CW			From	To			
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure			From	To			
Fluo. Com	Fluo. Com	From	To								From	To			
Plug Depth	Packer Depth	From	To								From	To			
24	24	From	To								From	To			

Customer Representative Bob Kasper	Station Manager David Scott	Treater Clarence R. Messick
Service Units 37216	19903	19905
Driver Messick	Matthai	Lawrence
Time AM	Pressure	Pressure

Time AM	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:15					Cement and Float Equipment on location. Trucks on location and hold safety meeting.
5:00					5:05 19Maverick Drilling start to run 7 Toints new 24 Lb 17.8 5/8" casing.
7:46					Casing in well. Circulate for 5 minutes.
7:50	275		5		Start Fresh water Pre-Flush.
			10		Start mixing 150 sacks A-Serv Lite cement.
			54		Start mixing 150 sacks Common cement.
			86		Stop pumping. Shut in well. Release wooden Plug. Open well.
8:10	150		5		Start Freshwater Displacement.
8:15	360		18		Plugdown Shut in well.
					Circulated 10 sacks cement to the pit.
					Wash up pump truck
					Tab Complete
9:00					Thank You
					Clarence Mike Mike

# BASIC

energy services, LP

## TREATMENT REPORT

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8 1/2	4 1/2			5.6 lb/lite cement	13.4 lb/gal.	28 gal	1.64	1.20 cu	292	10 Min	From	To	18 Bbl. Fresh Water		
8 1/2	4 1/2			5.6 lb/lite cement	13.4 lb/gal.	28 gal	1.64	1.20 cu	292	10 Min	From	To	18 Bbl. Fresh Water		
8 1/2	4 1/2			5.6 lb/lite cement	13.4 lb/gal.	28 gal	1.64	1.20 cu	292	10 Min	From	To	18 Bbl. Fresh Water		
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Customer Representative Bob Kasper	Station Manager David Scott	Treater Clarence R. Messick
Service Units 37216	19903	19905
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Time AM	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:15					Cement and float equipment on location. Trucks on location and hold safety meeting.
5:00					Trucks on location and hold safety meeting.
7:46					5.6 lb/lite cement start to run 7 Taints now 24 lb/lite 8 5/8" casing.
7:50	275		5		Casing in well. Circulate for 5 minutes. Start Fresh water Pre-Flush.
			10	5	Start mixing 150 sacks A-Serv Lite cement.
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					Circulated 10 sacks cement to the pit.
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					Tab Complete
9:00					Thank You
					Clarence Mike Mike



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

FIELD SERVICE TICKET  
1718 07629 A

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

DATE OF JOB <u>12-23-2012</u> DISTRICT _____		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 <u>EDISON OPERATING CO. LLC</u>		LEASE <u>BARBARA</u>		WELL NO. <u>1-31</u>					
ADDRESS _____		COUNTY <u>STAFFORD</u>		STATE <u>Ks.</u>					
CITY _____ STATE _____		SERVICE CREW <u>LESLEY, MARQUEZ, PAGE</u>							
AUTHORIZED BY _____		JOB TYPE: <u>CNW - 5 1/2" 2.5.</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>37586</u>	<u>6</u>					<u>12-23-12</u>		<u>PM</u>	<u>6:00</u>
<u>19903-19905</u>	<u>6</u>					ARRIVED AT JOB		<u>AM</u>	<u>8:00</u>
<u>70959-19918</u>	<u>6</u>					START OPERATION		<u>AM</u>	<u>10:00</u>
						FINISH OPERATION		<u>AM</u>	<u>1:30</u>
						RELEASED		<u>AM</u>	<u>2:30</u>
						MILES FROM STATION TO WELL	<u>25</u>		

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: Bob Kasper  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA2 CEMENT	SK	125		2,125.00
CP 103	100/40 P02	SK	50		600.00
CC 105	C-41P DEFOAMER	lb	30		120.00
CC 111	SALT	lb	573		286.50
CC 115	C-44	lb	118		607.70
CC 129	FLA-302 LOWFLUID LOSS	lb	59		442.50
CC 201	GILSONITE	lb	625		418.75
CF 607	LATCH DOWN PLUG & BAFFLE, 5 1/2"	EA	1		400.00
CF 1251	AUTO FILL FLOAT SHAPE, 5 1/2"	EA	1		360.00
CF 11051	TURBOXIZER, 5 1/2"	EA	7		770.00
CC 155	SUPER FLUSH II	GAL	500		765.00
E 100	PICKUP MILEAGE	MI	25		106.25
E 101	HEAVY EQUIPMENT MILEAGE	MI	50		350.00
E 113	BULK DELIVERY CHARGE	TM	201		322.00
CE 205	DEPTH CHARGE, 4001-5000'	HR	1.4		2,520.00
CE 240	BLENDING SERVICE CHARGE	SK	175		245.00
CE 504	PLUG CONTAINER CHARGE	SDR	1		250.00
S 003	SERVICE SUPERVISOR	EA	1		175.00

SUB TOTAL 8,147.78  
DLS

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Devon Jesley THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Bob Kasper  
FIELD SERVICE ORDER NO. \_\_\_\_\_ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

March 20, 2013

David Withrow  
Edison Operating Company LLC  
8100 E. 22ND ST. N., BLDG 1900  
WICHITA, KS 67226

Re: ACO1  
API 15-185-23781-00-00  
Barbara 1-31  
SW/4 Sec.31-24S-13W  
Stafford County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
David Withrow