



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1173018  
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: \_\_\_\_\_

1173018

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	AGV Corp.
Well Name	Spicer Lake 2
Doc ID	1173018

Tops

Name	Top	Datum
Heebner	3528	-2214
Iatan	3922	-2608
Kansas City	4098	-2784
Cherokee Sh.	4484	-3170
Mississippi	4578	-3264
Kinderhook Sh	4830	-3516
Maquoketa	4932	-3618
Viola	4948	-3634
Simpson Sd	5052	-3738





# BASIC<sup>SM</sup>

ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

0040265875  
FIELD SERVICE TICKET

1718 03140 A

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

DATE OF JOB <b>12-21-10</b> DISTRICT <b>PRATT/Rs</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>AGU CORP.</b>		LEASE <b>SPRINGER LAKE</b> WELL NO. <b>2</b>							
ADDRESS		COUNTY <b>BAMBER</b> STATE <b>KS</b>							
CITY STATE		SERVICE CREW <b>W.G., C.H.P., B.L.A.D.</b>							
AUTHORIZED BY		JOB TYPE: <b>CRW - PTA</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<b>19907</b>							<b>12-21</b>	PM	<b>0300</b>
						ARRIVED AT JOB		AM	<b>0900</b>
<b>27463</b>	<b>1</b>					START OPERATION		AM	<b>1200</b>
						FINISH OPERATION		AM	<b>1335</b>
<b>19959</b>	<b>1</b>					RELEASED		AM	<b>1400</b>
<b>21010</b>						MILES FROM STATION TO WELL			<b>65</b>

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
<b>CP103</b>	<b>60/40 Pb2</b>	<b>SK</b>	<b>170</b>		<b>2040.00</b>
<b>CC200</b>	<b>CEMENT GEL</b>	<b>lb.</b>	<b>294</b>		<b>73.50</b>
<b>E100</b>	<b>PICKUP MILEAGE</b>	<b>mile</b>	<b>65</b>		<b>276.25</b>
<b>E101</b>	<b>TRUCK MILEAGE</b>	<b>mile</b>	<b>130</b>		<b>910.00</b>
<b>E113</b>	<b>BULK DELIVERY</b>	<b>TM</b>	<b>478</b>		<b>764.40</b>
<b>CE201</b>	<b>PUMP CHARGE</b>	<b>BAR</b>	<b>1</b>		<b>1200.00</b>
<b>CE240</b>	<b>BLENDING CHARGE</b>	<b>SK.</b>	<b>170</b>		<b>238.00</b>
<b>S003</b>	<b>SERVICE SUPERVISOR</b>	<b>BAR</b>	<b>1</b>		<b>175.00</b>

SUB TOTAL

CHEMICAL / ACID DATA:			

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

TOTAL  
**DLS 4087.55**

SERVICE REPRESENTATIVE <b>K. Conley</b>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <b>Josh Con</b> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.

Job # 5700    Lease No. \_\_\_\_\_    Date 12-21-10  
 Operator WELLS CORP.    Well # 2  
 Station PRATT, KS.    Casing \_\_\_\_\_    Depth \_\_\_\_\_    County BARBER    State KS.  
 Type Job CNW-PTA    Formation TD-5137    Legal Description 11-34-10

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid <u>170 SK 60/40 P02</u>	RATE	PRESS	ISIP	
Depth	Depth	From	To	Pre-Pad <u>4% GEL</u>	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative KENT    Station Manager SCOTT    Treater GORDIEY

Service Units	<u>19907</u>	<u>27463</u>	<u>19959-21010</u>				
Driver James	<u>KE</u>	<u>CHRIST</u>	<u>BRAD</u>				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>0900</u>					<u>ON LOCATION</u>
					<u>PTA TD-5137</u>
<u>1200</u>					<u>1<sup>st</sup> PLUG AT 690' w/ 50 SK</u>
					<u>LOAD HOLE WITH H<sub>2</sub>O</u>
			<u>10</u>	<u>5</u>	<u>PUMP 10 bbl H<sub>2</sub>O</u>
			<u>12.7</u>	<u>5</u>	<u>PUMP 50 SK CEMENT</u>
			<u>6.5</u>	<u>5</u>	<u>PUMP 6 1/2 bbl DESP.</u>
<u>1220</u>					<u>2<sup>nd</sup> PLUG AT 300' w/ 70 SK</u>
			<u>5</u>	<u>5</u>	<u>PUMP 5 bbl H<sub>2</sub>O</u>
			<u>17.8</u>	<u>5</u>	<u>PUMP 70 SK CEMENT</u>
			<u>1</u>	<u>5</u>	<u>PUMP 1 bbl H<sub>2</sub>O</u>
<u>1330</u>					<u>3<sup>rd</sup> PLUG AT 60' w/ 20 SK</u>
			<u>1</u>	<u>2</u>	<u>BREAK CORE WITH H<sub>2</sub>O</u>
			<u>5</u>	<u>2</u>	<u>PUMP 20 SK CEMENT</u>
					<u>CIRCULATE CEMENT</u>
<u>335</u>			<u>7 1/2</u>	<u>2</u>	<u>PLUG RAT HOLE w/ 30 SK CEMENT</u>
					<u>NO MOUSE HOLE</u>
<u>1400</u>					<u>JOB COMPLETE - KEVIN</u>