Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1174509

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 #			API No. 15
Name:			Spot Description:
Address 1:			
Address 2:			Feet from Dorth / South Line of Section
City: Sta	ate: Zip	0:+	Feet from East / West Line of Section
Contact Person:			Footages Calculated from Nearest Outside Section Corner:
Phone: ()			
CONTRACTOR: License #			GPS Location: Lat:, Long:
Name:			(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84
Purchaser:			County:
Designate Type of Completion:			Lease Name: Well #:
	Entry	Workover	Field Name:
			Producing Formation:
		SIGW	Elevation: Ground: Kelly Bushing:
	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)			Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core	, Expl., etc.):		Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Infe	o as follows:		If yes, show depth set: Feet
Operator:			If Alternate II completion, cement circulated from:
Well Name:			feet depth to:w/sx cmt.
Original Comp. Date:	Original To	otal Depth:	
Deepening Re-perf.	Conv. to EN	NHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back	Conv. to GS	SW Conv. to Producer	(Data must be collected from the Reserve Pit)
	_		Chloride content: ppm Fluid volume: bbls
Commingled			Dewatering method used:
 Dual Completion SWD 			Leastion of fluid diamond if hould offeite
			Location of fluid disposal if hauled offsite:
			Operator Name:
			Lease Name: License #:
Spud Date or Date Rea	ched TD	Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date		Recompletion Date	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:

	Page Two	1174509
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional Sh	neets)	Yes No		0	on (Top), Depth a		Sample
Samples Sent to Geolo	gical Survey	Yes No	Name	9		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			RECORD Ne	w Used rmediate, product	ion, 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 / SQU	EEZE RECORD			
Purpose:	Depth	Type of Cement	# Sacks Used		Type and F	Percent Additives	

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

(If No, skip questions 2 and 3) (If No, skip question 3)

No

No

No

(If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION Specify Foc		RD - Bridge P Each Interval F		e		Acid, Fracture, Shot, Ce (Amount and Kind	ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed	Producti	on, SWD or ENHF	ł.	Producing M	ethod:	oing	Gas Lift	Other <i>(Explain)</i>		
Estimated Production Per 24 Hours		Oil Bbl	S.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF G	AS:			METHOD		TION:		PRODUCTION IN	TERVAL:
Vented Solo	J _ L	Jsed on Lease		Open Hole	Perf.	Dually		Commingled (Submit ACO-4)		
(If vented, Su	bmit ACO	-18.)		Other <i>(Specify)</i>		(000)	,			

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

 Fracture Date:
 11/8/2013

 County:
 Barber

 Operator Name:
 Dixon Energy

 Well Name and Number:
 Thomas #2

 Total Base Fluid Volume (gal)*:
 461000

Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**
Plexslick 957	Chemplex	Friction Reducer	Petroleum Hydrotreated Light Distillate	64742-47-8	25%	0.0175163%
Plexsurf 580 ME	Chemplex	Product Stabalizer	Methyl Alcohol	67-56-1	10%	0.0025163%
Plexsurf 580 ME	Chemplex	Product Stabalizer	2-Butoxyethanol	111-76-2	50%	0.0125813%
Claymax	Chemplex	Clay Stabalizer	No hazardous ingredient	N/A	0%	0.000000%
AMA-398	Chemplex	Biocide	Dazomet	533-74-4	98%	0.0049000%
Plexgel Breaker XPA	Chemplex	Breaker/Slickwater	Hydrogen Peroxide	7722-84-1	7%	0.0014063%
Plexset 730	Chemplex	Activator	Methanol	67-56-1	50%	0.5000000%
Plexset 730	Chemplex	Activator	Alcohol Ethoxylates	Mixture	60.00%	0.6000000%
Frac Sand	Uniman	Propant	Crystalline Silica in the form of Quartz	14808-60-7	100.00%	19.3%
	+					
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TREATMENT REPORT

Customer /	0-17-1	7	•	Lease No.	,				Date						
Lease Th	Annas			Well # 2			· · ·				17-1				
Field Order	52 Statio	" Pratt		1		Casing &	5/8 Dept	h	County	Bal	her	~	s	tate 15.5	
	cnw			Pipe			Formation	1	L		Legal	Descrip	tion 17-	32-12	
PIP	E DATA			NG DATA		FLUID U	JSED		Т	REA		T RES	UME		
Casing Size	7 Tubing Si	ze Shots/I	=t	•	Aci	d .			RATE	PRE	SS ·	IS	P ·		
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Taylor Printing, Inc. 620-672-3656

BASIC energy services, LP

TREATMENT REPORT

Customer r)ixon			ease No.				: .	Date			17							
Lease	hamas		V.	Vell #	2				1	0 - 2		15	•						
Field Order #	t Station	Pro	att			Casing 2	Depth	1,	County	SAIBO		State US							
Type Job	Cnw	L.S.					Formation		• • •	Legal D	escription	17-32-	12						
		PERI	FORATING	DATA			JSED		TRE	ATMENT	RESUM	1E							
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Max Press		From	То		Frac			Avg			15 Min.								
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10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383

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Mud-Co / Service Mud Inc.