



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1176177  
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: \_\_\_\_\_

1176177

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 <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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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	Hutchinson, William S. dba Hutchinson Oil Co.
Well Name	Alan NW #1
Doc ID	1176177

Tops

Name	Top	Datum
Anhy.	545	+1277
Heeb.	3080	-1258
B.L.	3218	-1396
Lans.	3241	-1419
BKC	3491	-1669
Viola	3525	-1703
Sp. Sh.	3542	-1720
Sp. Sd.	3544	-1722
Arb.	3596	-1774



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Hutchinson Oil Co

21-21-11 Stafford Co

Po Box 521  
Derby KS 67037

Alan SW #1

Job Ticket: 52431

DST#: 1

ATTN: Nick Hutchinson/ Jef

Test Start: 2013.09.16 @ 16:58:24

## GENERAL INFORMATION:

Formation: **Viola**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 20:09:39

Time Test Ended: 01:26:09

Test Type: Conventional Bottom Hole (Initial)

Tester: Chris Staats

Unit No: 47

Interval: **3526.00 ft (KB) To 3558.00 ft (KB) (TVD)**

Reference Elevations: 1822.00 ft (KB)

Total Depth: 3558.00 ft (KB) (TVD)

1809.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 13.00 ft

**Serial #: 8676 Outside**

Press @ Run Depth: 158.74 psig @ 3527.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.09.16 End Date: 2013.09.17

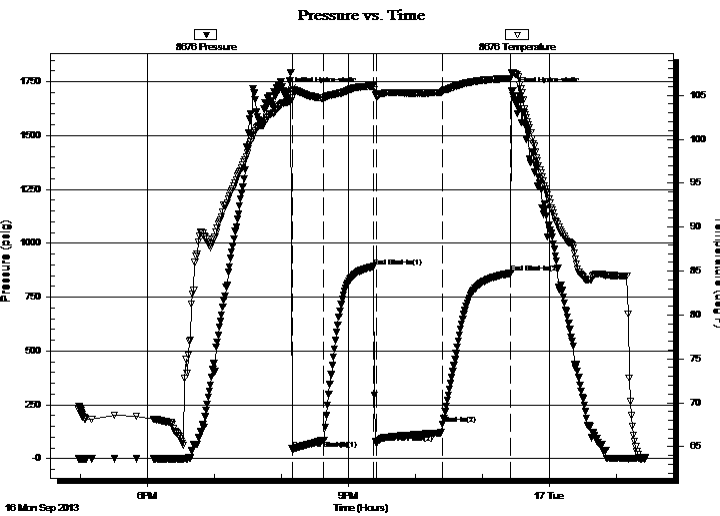
Last Calib.: 2013.09.17

Start Time: 16:58:29 End Time: 01:26:08

Time On Btm: 2013.09.16 @ 20:06:39

Time Off Btm: 2013.09.16 @ 23:26:54

TEST COMMENT: IF: Strong blow BOB 1 min  
IS: No blow back  
FF: Strong blow BOB 20 sec GTS 1 min TSTM  
FS: Weak blow back 2"



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1703.14	104.29	Initial Hydro-static
3	45.43	104.77	Open To Flow (1)
32	85.68	104.68	Shut-In(1)
77	891.95	106.07	End Shut-In(1)
79	70.52	104.90	Open To Flow (2)
138	158.74	105.45	Shut-In(2)
199	860.47	106.93	End Shut-In(2)
201	1704.78	107.53	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
0.00	3515 GIP	0.00
50.00	M,O,G 10%mud 20%oil 70%gas	0.25
300.00	O,M,G 25%oil 25%mud 50%gas	1.68

## Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Hutchinson Oil Co

**21-21-11 Stafford Co**

Po Box 521  
Derby KS 67037

**Alan SW #1**

Job Ticket: 52431

**DST#: 1**

ATTN: Nick Hutchinson/ Jef

Test Start: 2013.09.16 @ 16:58:24

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 58.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.79 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 4000.00 ppm

Filter Cake: 0.02 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
0.00	3515 GIP	0.000
50.00	M,O,G 10%mud 20%oil 70%gas	0.246
300.00	O,M,G 25%oil 25%mud 50%gas	1.676

Total Length: 350.00 ft      Total Volume: 1.922 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

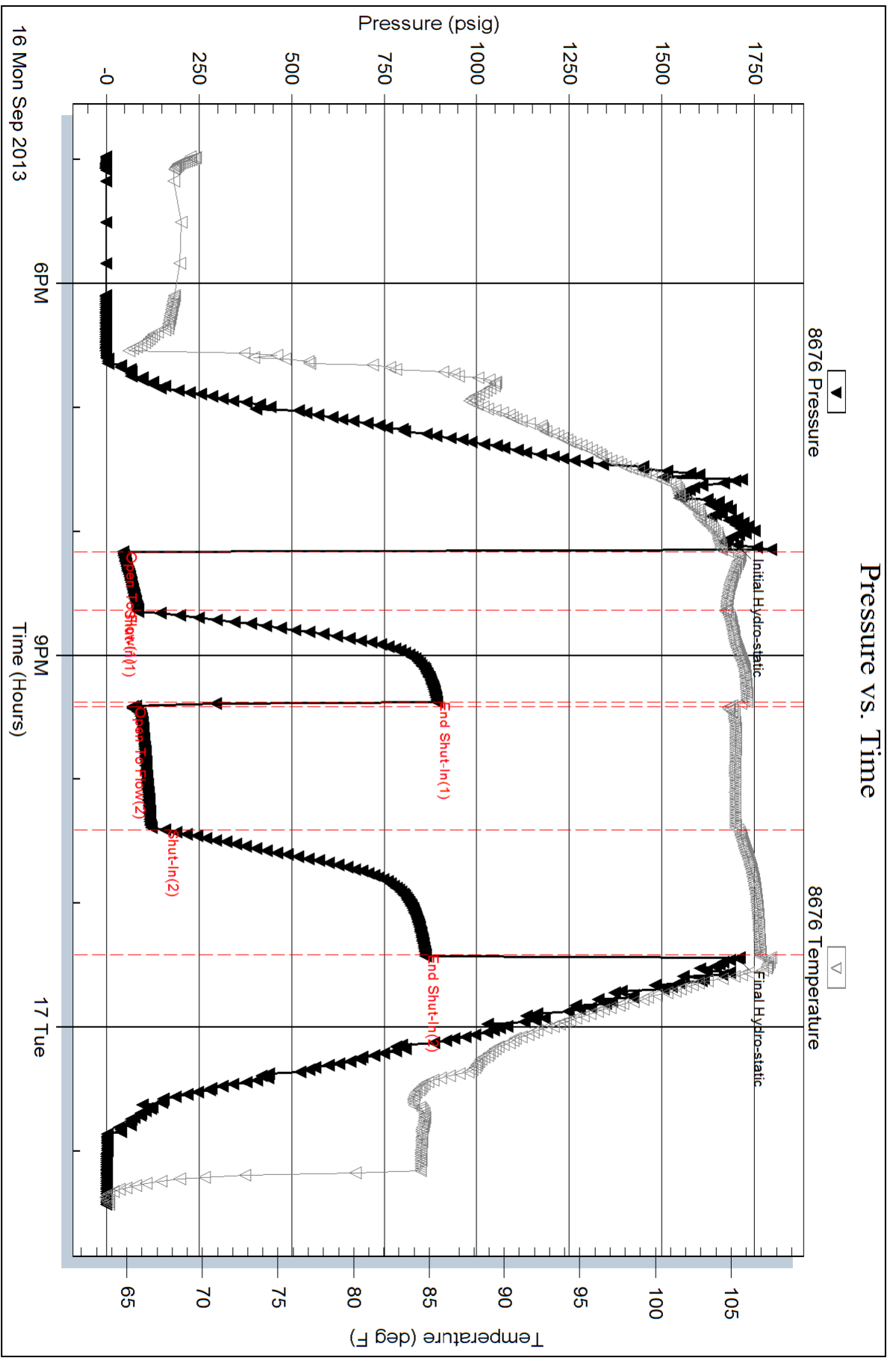
Recovery Comments:

Serial #: 8676

Outside Hutchinson Oil Co

Alan SW #1

DST Test Number: 1





**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 08721 A

21-225-12W

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

DATE OF JOB 9-13-13	DISTRICT Pratt, Kansas	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 Hutchinson Oil Company		LEASE Alan N.W.		WELL NO. 1					
ADDRESS		COUNTY Stafford		STATE Kansas					
CITY		STATE		SERVICE CREW C. Messick; M. McGraw; D. Phye					
AUTHORIZED BY		JOB TYPE: C. N. W. - Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
37,216	1						9-13-13		12:00
						ARRIVED AT JOB			2:45
						START OPERATION			3:30
19,959-19,905	1					FINISH OPERATION			4:30
70959-19,918	1					RELEASED	9-13-13		4:45
						MILES FROM STATION TO WELL			45

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: *Alan N.W.*  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
P CP 103	60/40 Poz Cement	SK	320		\$ 3,840.00
P CC 102	Cellulose	Lb	80		\$ 296.00
P CC 109	Calcium Chloride	Lb	828		\$ 869.40
P CF 153	Wooden Plug, 8 5/8"	ea	1		\$ 160.00
P CC 131	Sugar	Lb	100		\$ 200.00
P E 100	Pickup Mileage	Mi	45		\$ 191.25
P E 101	Heavy Equipment Mileage	Mi	90		\$ 630.00
P E 113	Bulk Delivery	tm	621		\$ 9,936.00
P CE 200	Cement Pump: 0 Feet To 500 Feet	hrs	4		\$ 1,000.00
P CE 240	Blending and Mixing Services	SK	320		\$ 448.00
P CE 504	Plug Container	Job	1		\$ 250.00
P 5003	Service Supervisor	hrs	8		\$ 175.00

CHEMICAL / ACID DATA:			

SUB TOTAL		KG \$6,065.68
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE <i>Alan N.W.</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Alan N.W.</i>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



**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 08773 A

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

DATE OF JOB <b>9-18-13</b> DISTRICT <b>Pratt</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>Hutchinson Oil Co.</b>		LEASE <b>AIAN NW</b> WELL NO. <b>1</b>							
ADDRESS		COUNTY <b>STAFFORD</b> STATE <b>KS</b>							
CITY STATE		SERVICE CREW <b>MATTAL, Kung, Barton</b>							
AUTHORIZED BY		JOB TYPE: <b>ENW L.S.</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	<b>9-18-13</b> DATE	<b>AM</b>	<b>10:00</b> TIME
<b>37586</b>	<b>1</b>					ARRIVED AT JOB		<b>PM</b>	<b>1:45</b>
<b>27463</b>	<b>1</b>					START OPERATION		<b>AM</b>	<b>6:50</b>
<b>19960/21010</b>	<b>1</b>					FINISH OPERATION		<b>PM</b>	<b>7:40</b>
						RELEASED		<b>AM</b>	
						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)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA 2 LMT	SK	125		2,125.00
CP103	6040 POZ	SK	50		600.00
CC102	Celluloflax	LB	32		118.40
CC105	C-41P Defoamer	LB	24		96.00
CC111	SAT	LB	570		285.00
CC112	CMT FRICTION R-0400	LB	36		216.00
CC115	C-44	LO	118		607.70
CC129	FIA-322 low KLUD 1055	LB	59		442.50
CC201	Gilsonite	LB	628		420.76
CC155	Super Flush II	gal	500		765.00
CF607	LATCH DOWN RING + BASKET 5 1/2 BLUE	EA	1		400.00
CF1251	AUTO FILL RING SHOE 5 1/2 BLUE	EA	1		360.00
CF1651	TUBULARS 5 1/2 BLUE	EA	6		660.00
CF1901	5 1/2 BASKET BLUE	EA	1		290.00

CHEMICAL / ACID DATA:			

SUB TOTAL		<b>10</b>
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE <b>Mike MATTAL</b>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
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FIELD SERVICE ORDER NO. \_\_\_\_\_ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)







**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

Hutchinson Oil Co

21-21-11 Stafford Co

Po Box 521  
Derby KS 67037

Alan SW #1

Job Ticket: 52432

DST#: 2

ATTN: Nick Hutchinson/ Jef

Test Start: 2013.09.17 @ 08:42:14

## GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 10:56:14

Time Test Ended: 17:21:29

Test Type: Conventional Bottom Hole (Reset)

Tester: Chris Staats

Unit No: 47

Interval: **3560.00 ft (KB) To 3600.00 ft (KB) (TVD)**

Reference Elevations: 1822.00 ft (KB)

Total Depth: 3600.00 ft (KB) (TVD)

1809.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 13.00 ft

**Serial #: 8676 Outside**

Press @ Run Depth: 965.66 psig @ 3561.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.09.17 End Date: 2013.09.17

Last Calib.: 2013.09.17

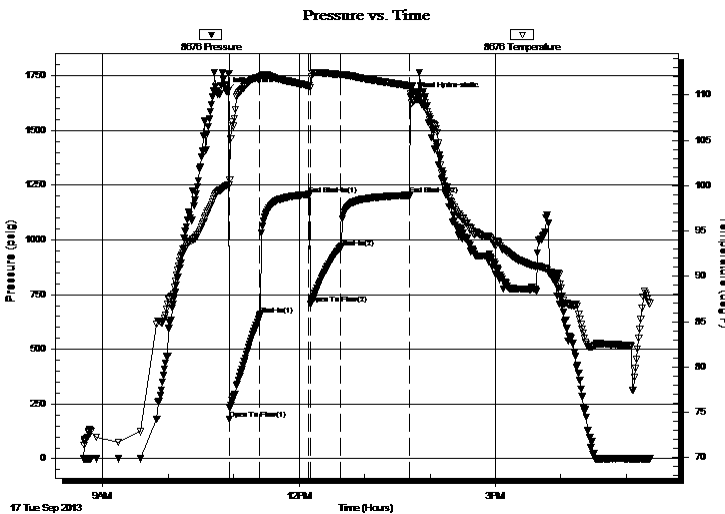
Start Time: 08:42:19 End Time: 17:21:29

Time On Btm: 2013.09.17 @ 10:53:44

Time Off Btm: 2013.09.17 @ 13:42:29

TEST COMMENT: IF: Strong blow BOB 1 1/2 min  
IS: Fair blow back 5"  
FF: Strong blow BOB 1 min  
FS: Fair blow back 5"

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1678.08	100.02	Initial Hydro-static
3	180.52	100.08	Open To Flow (1)
31	654.78	112.00	Shut-In(1)
76	1208.26	110.99	End Shut-In(1)
77	705.79	110.82	Open To Flow (2)
104	965.66	112.24	Shut-In(2)
167	1204.67	111.03	End Shut-In(2)
169	1652.96	110.13	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
0.00	2540' GIP	0.00
1470.00	M,W 10% mud 90% water Trace amount	17.63
180.00	O,G,M,W 1% oil 9% gas 40% mud 50% water	2.52
240.00	O,G,W,M 1% oil 24% gas 25% water 50%	3.37

\* Recovery from multiple tests

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Hutchinson Oil Co

**21-21-11 Stafford Co**

Po Box 521  
Derby KS 67037

**Alan SW #1**

Job Ticket: 52432

**DST#: 2**

ATTN: Nick Hutchinson/ Jef

Test Start: 2013.09.17 @ 08:42:14

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 60.00 sec/qt

Cushion Volume:

bbf

Water Loss: 8.79 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 5000.00 ppm

Filter Cake: 0.02 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbf
0.00	2540' GIP	0.000
1470.00	M,W 10% mud 90% water Trace amount of oil	17.632
180.00	O,G,M,W 1% oil 9% gas 40% mud 50% water	2.525
240.00	O,G,W,M 1% oil 24% gas 25% water 50% mud	3.367

Total Length: 1890.00 ft

Total Volume: 23.524 bbf

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

