



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1178040  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1178040

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---



# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer <b>Dixon Energy, Inc.</b>	Lease No.	Date <b>10-24-13</b>
Lease <b>Clarke</b>	Well # <b>1</b>	
Field Order # <b>9383</b>	Station <b>Pratt, Kansas</b>	Casing " <b>8 7/8 23 1/2</b>
Type Job <b>C.N.W. - Surface</b>	Formation	Depth <b>271 Feet</b>
		County <b>Barber</b>
		State <b>Kansas</b>
		Legal Description <b>S-325-12W</b>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME			
Casing Size <b>8 7/8 23 1/2</b>	Tubing Size <b>1 3/4</b>	Shots/Ft	<b>195</b>	<b>60/40 Poz</b>	With	RATE	PRESS	ISIP
Depth <b>271 Feet</b>	Depth	From	To	<b>38 Calcium Chloride</b>	<b>.2</b>	<b>5 Lb./St.</b>		<b>5 Min. Cellulose</b>
Volume <b>17.3 Bbl.</b>	Volume	From	To	<b>14.8 Gal., 5.18 Gal.</b>	<b>1.2</b>	<b>1 CU. FT./St.</b>		<b>10 Min.</b>
Max Press <b>350 PSI</b>	Max Press	From	To		Avg			<b>15 Min.</b>
Well Connection <b>Plug Connector</b>	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth <b>256 feet</b>	Packer Depth	From	To	Flush <b>16.4 Bbl. Fresh Water</b>	Gas Volume			Total Load

Customer Representative <b>Randy Smith</b>	Station Manager <b>Kevin Gordley</b>	Treater <b>Clarence R. Messick</b>
Service Units <b>37,216</b>	<b>77,686</b>	<b>19,905</b>
Driver Names <b>Messick</b>	<b>Mc Graw</b>	<b>Phye</b>
	<b>78,918</b>	<b>19,860</b>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:15					Trucks on location and hold safety meeting.
10:45	Val Drilling				start to run 6 Joints new 23 Lb/Ft. 8 7/8" casing.
12:00					casing in well. Circulate for 5 minutes.
12:10	275			5	Start Fresh water Pre-Flush.
	275		10	5	Start mixing 195 sacks 60/40 Poz cement.
			51		Stop pumping. Shut in well. Release Wooden Plug. Open well.
12:20	200			5	Start Fresh water Displacement.
12:25	350		16.4		Plug down. Shut in well.
					Circulated cement to bottom of cellar.
					Wash up pump truck.
					Job Complete.
					Thank You.
					Clarence, Milte, Dale

# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer <b>DIVON ENERGY INC</b>	Lease No.	Date <b>10-30-13</b>
Lease <b>CLARK</b>	Well # <b>1</b>	
Field Order # <b>1355</b>	Station <b>P197F</b>	Casing <b>5 1/2</b>
Type Job <b>CAW LS</b>	Formation	Depth
		County <b>BALDWIN</b>
		State <b>LA</b>
		Legal Description <b>15-32-17</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <b>5 1/2</b>	Tubing Size	Shots/Ft		Acid <b>175 gal AA2</b>	10% <b>RATE</b>	<b>PRESS</b> <b>75</b>	ISIP	
Depth <b>4646</b>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <b>07.8</b>	Volume	From	To	Rad <b>75 60/40</b>	Min <b>40 gal</b>		10 Min.	
Max Press <b>1500</b>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <b>P.C.</b>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <b>1</b>	Packer Depth	From	To	Flush <b>10%</b>	Gas Volume		Total Load	

Customer Representative <b>T.J.</b>	Station Manager <b>KEVIN QUINCY</b>	Treater <b>M.V. MATTAI</b>
-------------------------------------	-------------------------------------	----------------------------

Service Units <b>37586</b>	<b>27463</b>	<b>19960</b>	<b>21016</b>
Driver Names <b>MATTAI</b>	<b>GIANNI</b>	<b>PITTSBURGH</b>	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:15 AM					OK location / safety meeting
11:25					run 5 1/2 17" coil
					Tubing on 3, 4, 5, 6, 7, 8, 10, 12, 13, 16
					Bottom of perforation 2
1:45					Close on bottom
					Hook up w casing / 1/2" coil w rig
					waiting on 5 1/2 casing, 500 (reposition)
					oil well waiting
4:10					Start Acid, Casing + tubing 1 h.
5:40	200		5		Pressure 5 min 1100
5:42	200		12	0	Pressure 12 min 1100
5:44	200		5	4	Pressure 5 min 1100
5:47	100		5	3	Pressure 25 min 1100
5:49	100		40	3	Acid 175 gal AA2
6:07					Wait flow rate, 1100 1100
6:09	200			5	Start 200 1100
6:26	500			3	STOP TOTALING, 500 1100 @ 500 gal
6:32	800		108		Pressure 108, 1100 1100
6:40			7.5		Pressure 7.5, 1100 1100
					STOP TOTALING
					THANK YOU
					M.V. MATTAI

## Clarke #1 Lease

DST 4496'. DST #1, 4475-4496: 30-60-60-60, 1st Op. Strg. Blow, BOB in 20 sec., 2nd Op. Fair Blow, BOB in 22min. Rec. 280' GIP, 10' GCM (2% G, 98%M), IFP 12-17#, FFP 12-20#, ISIP 293#, FSIP 407#, IHP 2244#, FHP 2188#. Temp 123°. SHT @ 4496=31/2°.