Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1194517

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: State: Zip:+	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.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation: Ground: Kelly Bushing:
OG 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 Info 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 Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	
SWD Permit #: ENHR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached 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	1194517
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS, Chow important tang of formations papatrated	Datail all agree Bapart al	I final conice of drill stome tests giving interval tested, time test

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 Sheets)		Yes No		-	on (Top), Depth a		Sample
Samples Sent to Geolog	gical Survey	Yes No	Name	9		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			RECORD Ne		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	Tupo of Comont	# Socks Llood		Type and [Paraant Additivaa	

Purpose: Perforate	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) No (If No, skip question 3)

No

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					e	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			
TUBING RECORD:	TUBING RECORD: Size: Set At: Packer At:						Liner Ru	un:	No	
Date of First, Resumed Production, SWD or ENHR.				Producing M	ethod:	oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbls.		Gas Mcf Wate		er	Bbls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS:				METHOD OF COMPLETION:		_	PRODUCTION INT	ERVAL:		
Vented Solo	d 🗌 l	Jsed on Lease		Open Hole	Perf.	Uually (Submit A		Commingled (Submit ACO-4)		
(If vented, Su	bmit ACO	-18.)		Other (Specify)		Gubillit		(Submit ACC-4)		

Form	ACO1 - Well Completion
Operator	Quinque Operating Company
Well Name	Horton 1
Doc ID	1194517

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24		A Con, Prem Plus	565	

6206242280	
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1700 S. Country Estates Rd. Liberal, Kansas 67905 Phone 620-624-2277

1717 04886 A

FIELD SERVICE TICKET

6/9

PHESS								ICKET NO		
DATE OF 2-18-	.14	DISTRICT / 7 / 7 21	berr L	NEW WELL				USTOMER RDER NO.:		
CUSTOMER Huntlington Evergy						LEASE Horton #1 WELL NO.				
ADDRESS						COUNTY STANTON STATE KS				
CITY STATE						SERVICE CREW ROCK - CADRIEL - NORMA - CESAR				
AUTHORIZED BY	Enny	BENINEH			JOB TYPE:	242	85/8	11 Surthue		
EQUIPMENT#	HAS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLE	D 2-18-14	E AM TIME	
2/755	4			•			ARRIVED AT JO		AM 6500	
- <u>38117-19919</u> - <u>30464-32547</u>	6						START OPERA	TION	AM PM	
33021-14284	16			·····		+	FINISH OPERA	TION	AM PM	
000000							RELEASED	<u></u>	AM • PM	
	· ·					1	MILES FROM S	TATION TO WELL	- 75	

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: 1 URUN 6 an h

	#41.5400		(WELL OWNE	R, OPERATOR, CONT	RACTOR OR AG	GENT)			
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	п			
CLIOI	A Con Blench	- sk	415		7719	0			
CL110	Premium Plus Connent	Tsk	150		2445	ŝ			
CC/09	Calchum Chloride	416	1455-			75			
CC102	Cello flake	V 16	142		525	40			
CC.130	C-51	V 16	19		1975	60			
CF253	Guide Shore Roc - 85%"	EA	-1		380	bo			
LF1453	Flappon Type Insont Flort VANE - 85/81		-1		280	60			
CF 4405	Economizon - HInged, Welded Stand	and 85/8" ep	V4		580	∞			
CF4556	Compart BASKET, CANVAS - 85/81	<u>en</u>	~1		1050	20			
CF105	Top Rubber Plug - Sister	1 Cpg	11		225	100			
E101	HEAVY Equipment Milarer	571	225		1575	100			
CE240	Blending & Mixing Semilice Charge	sk	565		791	60			
E113	Proppent & Bulk Delivery Charges	tin	1985		3192				
CE202	Defth Change 1001-20001	4 km	1		1500	02			
CE504	Plug Container Utiligation Change	106	1		250	00			
E100	UNIT MILLENGE CRAME - Pickup	mi	75		3/8	75			
5003	Service Supervison, Pinsof S Hes ow L	0C- 2A				ත			
T105	Comment DATA Acquistion Monsitor	PA			550	00			
CE 403	Additional Has infor 6 Has	6 A	3		1500				
CHEMIGAL / ACID DATA:									
	SERVI	CE & EQUIPMENT	%TAX	ON \$	16736	1			
	MATER	TIALS	%ТАХ	ON \$					
				TOTAL					
	· · · · · · · · · · · · · · · · · · ·								
•						-			
SERVICE	THE ABOVE MATERIA		1.	\cap	6				
REPRESENTATIVE AT ORDERED BY CUSTOMER AND RECEIVED BY: COMPANY (WELL OWNER OPERATOR CONTRACTOR OR AGENT)									
FIELD SERVICE	DRDER NO.	(WELL C	WNER OPERAT		R AGENT)				

\mathcal{I}	ENERGY Liber	SERVICE	S					Cement Report	
Customer // // 6 /			Lease No. D		Date D.	Date 02-18-14			
Lease Houtow			Well # /		Ser	Service Receipt 717-04886-4			
asing Q	S/all	Depth / 7	17'	County STRATON		Sta	Stale 15		
ob Type	Stall Sul	the	Formation	. <u>.</u>	L	egal Description	35-29-	-41	
Pipe Data				Perforati		Perforating D	ata	Cement Data	
Casing size				Shot		Shots/Ft		Lead A CON Blowel	
			Depth		From	То		415 s/s - 11. 4ppg 37 Cachz	
Volume			Volume		From	Το		1/1 polo flake	
Max Press N			Max Press		From	To	<u></u>	Tail in 1505/15	
Well-Connection_TOC16.45 Annulus V			Annulus Vol.	<u> </u>	From	То		14.8899912	
lug Depth		141-	Packer Depth		From	То		14 pollike	
TD-I	Casing	Tubing			1	la			
Time	Pressure	Pressure	Bbls. Pumbed	Rate	A	1610	Service L	og	
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							Job Con	pleter	
Service Un	its 21	155	38117-19919	30464		33021-14284	/		
Driver Nam		ogen_	GABRIEL	Lesan		Woring			

Representative Customer

Bonnett mou Station Manager

Cementer

Taylor Printing, Inc.