

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1209833

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: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West      County: \_\_\_\_\_

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to [kcc-well-logs@kcc.ks.gov](mailto: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:					

<div style="text-align: center;"> <b>CASING RECORD</b> <input type="checkbox"/> New    <input type="checkbox"/> Used         </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run:			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
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 (Explain) _____					
Estimated Production Per 24 Hours	Oil	Bbbs.	Gas	Mcf	Water	Bbbs.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented    <input type="checkbox"/> Sold    <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole    <input type="checkbox"/> Perf.    <input type="checkbox"/> Dually Comp.    <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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# BASIC

**ENERGY SERVICES**  
PRESSURE PUMPING & WIRELINE

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

# FIELD SERVICE TICKET

1718 04479 A

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

DATE OF JOB 7-25-11 DISTRICT 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 Redland Resources, INC.				LEASE Bailey SWD				WELL NAME	
ADDRESS				COUNTY Hodgeman STATE Kansas					
CITY				STATE				SERVICE CREW Allen, Mike, Mike L.	
AUTHORIZED BY				JOB TYPE: 8-5/8" Surface				CNW	
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
28443 PU	1					ARRIVED AT JOB	7-25-11	AM PM	100
19903-19905	1					START OPERATION	7-25-11	AM PM	400
19832- <del>21010</del> 21010	1					FINISH OPERATION	7-25-11	AM PM	700
						RELEASED	7-25-11	AM PM	800
						MILES FROM STATION TO WELL			100 mile

**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
CP100	common	SK	170 ✓		\$ 2720 00
CC109	Calcium Chloride	lb	480 ✓		\$ 504 00
CC200	CEMENT gel	lb	320 ✓		\$ 80 00
E100	unit milenge Charge Pickup	mi	100		\$ 425 00
E101	milage charge Heavy Equip.	mi	200		\$ 1400 00
E113	Bulk Delivery Charge	Tm	800		\$ 1280 00
CF200	Depth charge 0-500	1/4-hr	1		\$ 1000 00
F240	Blending & mixing Service chg	SK	170		\$ 238 00
S003	Service Supervisor first 8 hrs on loc	EA	1		\$ 175 00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL		6376	88

SERVICE REPRESENTATIVE <i>Joe F. Weid</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Emilio Rojas</i>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



# BASIC

ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 04481 A

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

DATE OF JOB <b>7-30-11</b> DISTRICT <b>Kansas</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. <b>1718 04481</b>	
CUSTOMER <b>Redland Resources</b>		LEASE <b>Baily swa</b> WELL NO. <b>1718 04481</b>	
ADDRESS		COUNTY <b>Hodgeman</b> STATE <b>KANSAS</b>	
CITY		SERVICE CREW <b>Allen, Keenan, JR. M. McGraw</b>	
AUTHORIZED BY		JOB TYPE <b>5 1/2" Long String</b> <b>CNW</b>	
EQUIPMENT#	HRS	EQUIPMENT#	HRS
<b>28443 AH</b>	<b>3</b>		
<b>27463 PT</b>	<b>3</b>		
<b>19960-19918</b>	<b>3</b>		
<b>19826-19860</b>	<b>3</b>		
TRUCK CALLED <b>7-30-11</b> DATE <b>7-30-11</b> TIME <b>AM</b>		ARRIVED AT JOB <b>7-30-11</b> TIME <b>1230</b>	
START OPERATION <b>7-30-11</b> TIME <b>AM</b>		FINISH OPERATION <b>7-30-11</b> TIME <b>PM</b>	
RELEASED <b>7-30-11</b> TIME <b>PM</b>		MILES FROM STATION TO WELL <b>100</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: David Hodgeman  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 101	A-CON BLEND	SK	510		9,180.00
CP 105	AA-2 CEMENT	SK	150		2,550.00
CP 101	A-CON BLEND	SK	50		900.00
CC 102	CELL-FLAKE	lb	178		658.60
CC 105	DE-FOAMER	lb	29		116.20
CC 109	CALCIUM CHLORIDE	lb	1581		1,600.05
CC 111	SALT	lb	828		414.00
CC 113	CAL-SET	lb	705		528.75
CC 129	FLA-322	lb	113		847.50
CC 130	WCA-1	lb	106		2,650.00
CC 201	GILSONITE	lb	3,550		2,378.50
CF 481	PORT COLLAR, 5 1/2"	EA	2		7,000.00
CF 607	LATCH DOWN PLUG & BAFFLE, 5 1/2"	EA	1		400.00
CF 1001	CEMENT PARKER SHOE, 5 1/2"	EA	1		3,700.00
CF 11651	TURBILIZER, 5 1/2"	EA	8		880.00
CF 1901	BASKET, 5 1/2"	EA	3		870.00

CHEMICAL / ACID DATA:

SUB TOTAL

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

TOTAL

SERVICE REPRESENTATIVE

Allen F. W. Smith

THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY:

David Hodgeman

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



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

1718 04482 A

CONTINUATION  
DATE      TICKET NO. 044814

DATE OF JOB 7-30-11 DISTRICT PRATT, KS.				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 REDLAND RESOURCES				LEASE BAILEY SWD WELL NO. 1-A			
ADDRESS				COUNTY HODGEMAN STATE KS.			
CITY STATE				SERVICE CREW ALLEN, KEVEN, JR, M. MCGRAW			
AUTHORIZED BY DAVID HICKMAN				JOB TYPE: CNW - 5 1/2" L.S.			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 7-30-11	DATE AM PM TIME
28443	3					ARRIVED AT JOB	AM PM 12:30
27463	3					START OPERATION	AM PM 5:30
19826-19860	3					FINISH OPERATION	AM PM 8:30
19960-19918	3					RELEASED	AM PM 9:15
						MILES FROM STATION TO WELL 100	

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED: David A. Haden  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

[illegible]

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <i>Allen J. Werth</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>David Z...</i>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)