

Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1223309

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 North / 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 #	
Name:	(e.g. xx.xxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	
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:
□ Gas □ DaA □ EININ □ SIGW □ 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	
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
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	1223309			
Operator Name:	Lease Name:	Well #:			
Sec TwpS. R East _ West	County:				
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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			
Samples Sent to Geological Survey		Yes No	Nam	e		Тор	Datum	
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
		CASING Report all strings set-o	RECORD Ne		on, 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 / SQL	EEZE RECORD				
Purpose:	Depth Top Bottom	# Sacks Used		Type and F	Percent Additives			

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

Yes

Yes Yes No

🗌 No

No

(If No, skip questions 2 and 3)

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

(If No, skip question 3)

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

Shots Per Foot		PERFORATION F Specify Foot) - Bridge Plu ach Interval Pe)e	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			
TUBING RECORD:	Siz	9:	Set At:		Packe	r At:	Liner Rur	: Yes	No	
Date of First, Resumed	I Productio	on, SWD or ENHR.		Producing Me	ethod:	ping	Gas Lift	Other (Ex	olain)	
Estimated Production Per 24 Hours		Oil Bbls		Gas	Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity
						1				

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
Vented Sold Used on Lease	Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)	
(If vented, Submit ACO-18.)	Other (Specify)	

Form	ACO1 - Well Completion					
Operator	Stelbar Oil Corporation, Inc.					
Well Name	Graham 1-30					
Doc ID	1223309					

Casing

		Size Casing Set	U U U	-	Type Of Cement		Type and Percent Additives
N/A	0	0	0	0	0	0	0

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	BASIC	17(Lit Ph
<	ENERGY SERVICES	
No. of Concession, Name	PRESSURE PUMPING & WIRELINE	

00 S. Country Estates Rd. beral, Kansas 67905 one 620-624-2277

FIELD SERVICE TICKET 1717 04843 Α

PRES	SURE PUMP	ING & WIRELINE					DATE T	ICKET NO		
DATE OF DQ-13-	/Y c	DISTRICT Z. Gerel	155 1-	117	NEW WELL		PROD INJ	WDW	CUSTOMER ORDER NO.:	
CUSTOMER St	elbar.				LEASE GRAMAM 1-30 WELL NO.					
ADDRESS	-				COUNTY	Stan	ton	STATE /	i deserva de la construcción de la En la construcción de la construcc	
CITY		STATE		-	SERVICE CF	REW R	ogen - Sam	- JAVI'IR-	- Abraham	
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CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or nerchandise 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:

	and a state of the	e La constante da constante	(WELL OWNE	R, OPERATOR, CON	TRACTOR OR AC	GENT)	
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	S-AMOUNT		
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SERVICE REPRESENTATIN	THE ABOVE MATERIAL AND ORDERED BY CUSTOMER A		D BY:				
FIELD SERVICE	l	(WELL O	WNER OPENAT	CHEGONTRACTOR	RAGENT)	-*	

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<u>Station Manager</u> <u>Regen Show</u> Taylor Printing, Inc.

Customer Representative

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