



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1225803
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: _____

1225803

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: 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

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Midwestern Exploration Company
Well Name	Garman 3-18
Doc ID	1225803

Tops

Name	Top	Datum
Base Heebner Shale	4342	-1314
Toronoto Lime	4350	-1322
Lansing	4461	-1433
Kansas City	4784	-1756
Marmaton Lime	5217	-2189
Cherokee Shale	5614	-2586
Lower Atoka Lime	5931	-2903
Marrow Shale	5978	-2950
Lower Morrow Lime	6320	-3292
Chester C Lime	6384	-3356
Chester B Lime	6442	-3414
Chester A Lime	6538	-3510
Chester A Sand	6606	-3578
Ste Genevieve	6680	-3652
Lower Morrow Sand	6343	-3315



Cement Report

Customer <i>Midwestern Exploration</i>		Lease No.		Date <i>9-5-14</i>	
Lease <i>German</i>		Well # <i>5-18</i>		Service Receipt <i>6078</i>	
Casing <i>8 5/8</i>	Depth <i>1654</i>	County <i>Stevens</i>		State <i>KS</i>	
Job Type <i>242 Surface</i>		Formation		Legal Description <i>18-35-35</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>8 5/8</i>	Tubing Size		Shots/Ft		Lead <i>400SK A-Con</i>
Depth <i>1662</i>	Depth <i>55 42.</i>		From	To	<i>2.95FT- SK</i>
Volume <i>10365</i>	Volume		From	To	<i>18.16A-SK 11.4#</i>
Max Press <i>1800</i>	Max Press		From	To	Tail in <i>150SK Class C</i>
Well Connection <i>8 5/8</i>	Annulus Vol.		From	To	<i>1.54FT- SK</i>
Plug Depth <i>1620</i>	Packer Depth		From	To	<i>6.36A-SK 14.8#</i>
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2300</i>					<i>Arrive On location</i>
<i>2330</i>					<i>Safety Meeting - Rig Up</i>
<i>100</i>					<i>Rig Pump Casing</i>
<i>300</i>					<i>Circulate w/ Rig</i>
<i>340</i>					<i>Hook up TO PLS</i>
<i>345</i>	<i>1800</i>		<i>1</i>	<i>1</i>	<i>Pressure Test</i>
<i>350</i>	<i>400</i>		<i>10</i>	<i>4</i>	<i>Pump Stoploss Polymer</i>
<i>400</i>	<i>300</i>		<i>210</i>	<i>5</i>	<i>Pump Lead cont @ 11.4#</i>
<i>440</i>	<i>200</i>		<i>56</i>	<i>5</i>	<i>Pump Tail cont @ 14.8#</i>
<i>500</i>					<i>Prep Plug Wash Up</i>
<i>505</i>	<i>300</i>		<i>93</i>	<i>5</i>	<i>Displace</i>
<i>525</i>	<i>400</i>		<i>10</i>	<i>2</i>	<i>Slow Down</i>
<i>530</i>	<i>600</i>		<i>11</i>	<i>11</i>	<i>Land Plug - Float Held</i>
					<i>Job Complete</i>
					<i>Cement To Sur Face</i>
					<i>Thanks For Using Basic Energy Services</i>
Service Units	<i>78938</i>	<i>7089719570</i>	<i>19827-37725</i>	<i>14754-19578</i>	
Driver Names	<i>Irzy</i>	<i>Sam</i>	<i>Victor</i>	<i>Irzy</i>	<i>Jesus</i>

Billy

Customer Representative

Ben Beeth

Station Manager

Irzy

Cementer



Cement Report

Customer	Midwestern Exploration		Lease No.			Date	9/15/14		
Lease	Garman		Well #	3-18		Service Receipt	1417-06139 A		
Casing	8 5/8	Depth	1650		County	Steuens		State	KS
Job Type	PTA		Formation			Legal Description	18/35/35		

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8	Tubing Size		Lead 140 SK 60/40 Bz
Depth	1650	Depth		
Volume		Volume		1.50
Max Press		Max Press		7.50
Well Connection		Annulus Vol.		Tail in
Plug Depth		Packer Depth		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:00					On location / Spot in
8:15					Safety Mtg
9:00					Hook up to Circ. Mtd
9:05	200		13.35 BBL	4.4	Start cementing plug #1 @ 1680
9:15			20.6 BBL		Disp w/ Rig Pump
9:18					Pull up to 680
9:52	200		13.35 BBL	4.4	Start cementing plug #2 @ 1680
10:00			6.4 BBL		Disp w/water
10:08					Pull up to 60
10:30			5 BBL		Start cementing plug #3
10:45			13 BBL		Plug Rat & Move
					Cement to Surface
					Job Complete

Service Units	86573	38114/19919	14334/19578		
Driver Names	Tommy M	Daniel B.	Victor V.		

Billy Daugherty
Customer Representative
Jerry Bennett
Station Manager
Tommy Marcellus
Cementer