



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1239135
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: _____



1239135

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

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

Form	ACO1 - Well Completion
Operator	Eagle Oil & Gas Co.
Well Name	FREY 10 1
Doc ID	1239135

All Electric Logs Run

SONIC
MICRO
RESISTIVITY
POROSITY



PAGE 1 of 1	CUST NO 1001161	YARD # 1718	INVOICE DATE 11/11/2014
INVOICE NUMBER 91646753			

Pratt (620) 672-1201
 B EAGLE OIL & GAS CO
 I 2525 KELL BLVD STE 510
 L WICHITA FALLS
 L TX US 76308
 T
 O ATTN: LINDA SHANKS

J LEASE NAME Frey 10 1
 O LOCATION
 B COUNTY Ford
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40785966	27463		Net - 30 days	12/11/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 11/10/2014 to 11/10/2014</i>				
<div style="border: 1px solid green; padding: 5px; display: inline-block;"> APPROVED By Scott Wright at 11:25 am, Dec 04, 2014 </div>				
0040785966				
171811400A Cement-New Well Casing/Pi 11/10/2014				
Cement 8 5/8 Surface				
A-Con Blend Common	175.00	EA	14.04	2,457.10 T
Common Cement	125.00	EA	12.48	1,560.07 T
Celloflake	75.00	EA	2.89	216.46 T
Calcium Chloride	731.00	EA	0.82	598.72 T
"Top Rubber Cmt Plug, 8 5/8""	1.00	EA	175.51	175.51
"8 5/8"" Guide Shoe (Red)"	1.00	EA	429.02	429.02
"8 5/8"" Stop Ring"	1.00	EA	34.32	34.32
Centralizer 8 5/8 x 12 1/4	6.00	EA	113.11	678.63
Industrial Rubber Thread Lock Kit	1.00	EA	26.52	26.52
Flapper Type Insrt Float Valve 8 5/8(Blu	1.00	EA	218.41	218.41
"Unit Mileage Chg (PU, cars one way)"	75.00	MI	3.51	263.26
Heavy Equipment Mileage	150.00	MI	5.85	877.54
"Proppant & Bulk Del. Chgs., per ton mil	1,061.00	EA	1.95	2,069.04
Depth Charge; 501'-1000'	1.00	EA	936.04	936.04
Blending & Mixing Service Charge	300.00	BAG	1.09	327.61
Plug Container Util. Chg.	1.00	EA	195.01	195.01
"Service Supervisor, first 8 hrs on loc.	1.00	EA	136.51	136.51
Acct: 1001161/508: 40785966				
TOTAL \$11,576.69 INVOICE 15794 VENDOR 760 17 184202 OK Cement Surface Csg OK				

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	11,199.77
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	376.92
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	11,576.69
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 11400 A

10-25-23

DATE _____ TICKET NO. _____

DATE OF JOB 11-10-14		DISTRICT Pratt		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 Eagle Oil Services CO.				LEASE Frey 10		1 WELL NO.			
ADDRESS				COUNTY Ford		STATE KS			
CITY		STATE		SERVICE CREW Josh Gibbons Joe					
AUTHORIZED BY				JOB TYPE: CW 8 3/8 Surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 11-10-14	AM/PM	TIME
27467	45 min							PM	0400
19559-19562	45 min					ARRIVED AT JOB		AM	0700
92911						START OPERATION		AM	0830
						FINISH OPERATION		AM	0915
						RELEASED		AM	1000
						MILES FROM STATION 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: *[Signature]*
(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	175		3,150 00
CP 1002	COMMON CEMENT	SK	125		2,000 00
CL 109	Calcium Chloride	lb	731		767 55
CL 102	cello flake	lb	75		277 50
CF 105	TOP hubber Plug	eg	1		225 00
CF 203	8 3/8 Guide shoe	eg	1		550 00
CF 1453	Flapper Type Insert	eg	1		250 00
CF 1773	centralizer	eg	6		570 00
CF 3000	Industrial Thread Lock	eg	1		34 00
CF 503	8 3/8 STOP Ring	eg	1		44 00
E 100	Pickup Mileage	mi	75		337 50
E 101	Heavy Mileage	mi	150		1,125 00
E 113	Bulk Delivery	Tm	1061		2,653 13
CE 201	Depth Charge	4hr	1		1,200 00
CE 240	Mixing Charge	SK	300		420 00
CE 504	PLUG CONTAINER	JOB	1		250 00
S 002	supervisor	eg	1		175 00
SUB TOTAL					14,358 68

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
Discounted TOTAL		11,199 77

SERVICE REPRESENTATIVE <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	

BASIC

energy services, L.P.

TREATMENT REPORT

Customer Eagle Oil & Gas Co.	Lease No.	Date 11-10-14
Lease Fry 10	Well # 10 1	
Field Order # 11400	Station Pratt	Casing 8 5/8 Depth 567
Type Job CNW 8 5/8 SULFURE	Formation	County Pratt State KS
		Legal Description 10-25-23

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
8 5/8				Pre Pad		Max		5 Min.
Depth 567	Depth	From	To	Pad		Min		10 Min.
Volume 33	Volume	From	To	Frac		Avg		15 Min.
Max Press	Max Press	From	To			HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush		Gas Volume		Total Load
Plug Depth 523	Packer Depth	From	To					

Customer Representative Don	Station Manager Kevin	Treater Joe
------------------------------------	------------------------------	--------------------

Service Units	27463	19559	19502	92911
Driver Names	JOSH	Gibbsan	JOE	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0700					ON LOC. / Safety meeting
					Run 13 JTS of 8 5/8 CSG
					Cent. in middle of JTS 2-3 - C-9-12-
					Big still Running CSG when we got here
0815					CSG on bottom HOOKUP TO BIG TO CIRC
0830					HACK UP TO PUMP TO START JOB
	2000		30	5	H2O spacer
			66	5	MIX 175 SIS A-COM Blend at 12.6#
	2000		26	5	MIX 125 SIS common at 15.6#
			0	0	Shut down Release Plug
0904	2000		0	5	START H2O DISP
			10	5	CEMENT TO SURFACE
0915	400		33	0	Plug down HOLD
					23 BBL CEMENT TO PIT

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

April 09, 2015

Danene Harvey
Eagle Oil & Gas Co.
5950 BERKSHIRE LN
SUITE 1100
DALLAS, TX 75225-5854

Re: ACO-1
API 15-057-20949-00-00
FREY 10 1
SW/4 Sec.10-28S-23W
Ford County, Kansas

Dear Danene Harvey:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/09/2014 and the ACO-1 was received on April 09, 2015 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department