Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1239847

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:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
□ Oil □ WSW □ SWD □ SIOW	Producing Formation:
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Elevation: Ground: Kelly Bushing:
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? Yes No
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)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
□ Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
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 Recompletion Date	Quarter Sec. TwpS. 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 I II Approved by: Date:

1239847

Operator Name:			Lease Name:			Well #:			
Sec Twp	S. R	East West	County:						
open and closed, flowi	ng and shut-in pressur	rmations penetrated. D res, whether shut-in pre th final chart(s). Attach	ssure reached stati	c level, hydrosta	itic pressures, b				
		ain Geophysical Data a newer AND an image f		gs must be ema	ailed to kcc-well	-logs@kcc.ks.go	v. Digital electronic log		
Drill Stem Tests Taken (Attach Additional S		Yes No	L	0	on (Top), Depth		Sample		
Samples Sent to Geol	ogical Survey	Yes No	Nam	е		Тор	Datum		
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No							
List All E. Logs Run:									
		CASING	RECORD Ne	w Used					
		Report all strings set-c			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 / SQL	IFFZF RFCORD	<u> </u>		I		
Purpose:	Depth	Type of Cement	# Sacks Used			d Percent Additives			
Perforate Protect Casing Plug Back TD	Top Bottom	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Type and to seem rational					
Plug Off Zone									
	otal base fluid of the hydra	this well? ulic fracturing treatment ex submitted to the chemical o	_	☐ Yes [? ☐ Yes [☐ Yes [No (If No,	skip questions 2 ar skip question 3) fill out Page Three			
Shots Per Foot		RECORD - Bridge Plug				ent Squeeze Record			
	Specify Fo	otage of Each Interval Perf	orated	(A	mount and Kind of	Material Used)	Depth		
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes 1	No			
Date of First, Resumed	Production, SWD or ENHI	R. Producing Meth		Gas Lift (Other (Explain)				
Estimated Production Per 24 Hours	Oil Bb	ols. Gas	Mcf Wate	er E	bls.	Gas-Oil Ratio	Gravity		
DISPOSITIO	ON OF CAS:		METHOD OF COMPLE	TION		DDODLIGTIC	AN INTERVAL.		
DISPOSITION Vented Sold	ON OF GAS:	Open Hole		Comp. Co	mmingled	PRODUCTI(ON INTERVAL:		
(If vented, Sub		Other (Specify)	(Submit)	ACO-5) (Sub	mit ACO-4)				

Form	ACO1 - Well Completion
Operator	Hutchinson, William S. dba Hutchinson Oil Co.
Well Name	J-Bar 1
Doc ID	1239847

Tops

Name	Тор	Datum
Anhy.	521	1291
Heeb.	3603	-1251
B.L.	3204	-1392
Lans.	3231	-1419
Viola	3532	-1720
Simpson	3564	-1752
Arb	3630	-1818
RTD	3690	-1878

Form	ACO1 - Well Completion
Operator	Hutchinson, William S. dba Hutchinson Oil Co.
Well Name	J-Bar 1
Doc ID	1239847

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	28	526	A-Con / Common	400	3%cc 2%gel



TREATMENT REPORT

Customer	sun Oi	1 Co.	100	Lease No.				Date 11-18-2014				
Lease J	Ban			Well #		101		Commit	, ,		Louis	
Field Order #	Station	Prsto	+,165		Casing		526	County	Staffe	Description	100	
Type Job	NW/8	55/8 5	ourfs	ce		Formation	TD.3	arate following with		Description	2-22-1	
PIPE	DATA	PERF	ORATIN	G DATA	FLUID	USED				T RESUME		
Casing Size	Tubing Siz	e Shots/F	t		Acid	Acid		RATE PRES				
Depth 526	Depth	From	То		Pre Pad		Max			5 Min.		
olume331		From	То		Pad		Min			15 Min.		
Max Press	Max Press	From	То		Frac		Avg HHP Use	nd .		Annulus F	Pressure	
	on Annulus V	From	То		Florin					Total Load		
Plug Depth	Packer De	From	То		Flush			Gas Volume Treater				
Customer Rep		-117/163	1.000		Manager Keu	in Gora	ley	Tican	DST	n Frsn	Klin	
Service Units	27283	84981	19843	2101								
Driver Names	DSr/n Casing	E _d	ES	Besc	ney Beschou		Temperature					
Time	Pressure	Pressure	Bbls. Pt	umped	Rate	1		1	Service Log	4		
8'00pm		3. 96.	July STATE MEANS			on h	0051	onlo	stery	, Meet)	15	
					2005 K			2005 K D - Con Blens common 36/000 14 # Celifiske 12 pps, 2.47 yes, we				
						200 SK COMMON, 290CC, "44 COILLSIL						
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4:30	300			(1)			Spisce Water					
4.30						Cama	, A	A C	irculs	te		
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1024	4 NE Hiv	way 61 •	P.O. Bo	x 8613	• Pratt, KS	67124-8	613 • (6	20) 672	2-1201 •	Fax (620)	672-5383	

10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124

FIELD SERVICE TICKET 1718 11442 A

Phone 620-672-1201 PRESSURE PUMPING & WIRELINE DATE TICKET NO. DATE OF JOB NEW WELL OLD PROD INJ CUSTOMER ORDER NO.: ☐ WDW 2014 DISTRICT CUSTOMER WELL NO. LEASE **ADDRESS** COUNTY STATE SERVICE CREW CITY STATE **AUTHORIZED BY** JOB TYPE: **EQUIPMENT# EQUIPMENT#** HRS **EQUIPMENT#** DATE HRS HRS TRUCK CALLED AM ARRIVED AT JOB 00 START OPERATION AM **FINISH OPERATION** 30 903 RELEASED MILES FROM STATION TO WELL

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. (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT) ITEM/PRICE REF. NO MATERIAL, EQUIPMENT AND SERVICES USED UNIT QUANTITY UNIT PRICE \$ AMOUNT 200 100 K 4

SUB TOTAL CHEMICAL / ACID DATA: SERVICE & EQUIPMENT %TAX ON \$ MATERIALS %TAX ON \$ TOTAL

SERVICE REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer/	TCHINSO	1 0	0 L	ease No.				Date					
Lease	-BAR	00 00	V	/ell #/		Andreit.		/	1-22	-14			
Field Order #	Station	POIL	t K)		Casing	Dept	630	County	STAFF	ORD	State		
Type Job	(a) P	TA			D.1	Formation			Legal	Description 2	2-11		
,	DATA		ORATING	DATA	FLUID	USED		TF	REATMEN ⁻				
Casing Size	Tubing Size				Acid		RATE PR		PRESS	PRESS ISIP			
Depth	Depth	From	То		Pre Pad		Max			5 Min.			
Volume	Volume	From	То		Pad		Min			10 Min.			
Max Press	Max Press		То		Frac		Avg			15 Min.	18 7 N. 18 18 18 18 18 18 18 18 18 18 18 18 18		
Well Connection	on Annulus Vo		То				HHP Used	d		Annulus	Pressure		
Plug Depth	Packer De		То		Flush		Gas Volur	me		Total Lo	ad		
Customer Rep	presentative		1 1 2 2 2 2 2	Station	n Manager	JE Scot	4	Treate	er Loben	1 ///			
Service Units	27900	33708	20920	1996	0 19860	5							
Driver Names	Cullina	HANSO	1	6	5030								
Time	Casing Pressure	Tubing Pressure	Bbls. Pur	nped	Rate	S. A. S. S.	general de la companya de la company La companya de la co		Service Log		in the state of th		
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10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET 1718 11793 A

Phone 620-672-1201 PRESSURE PUMPING & WIRELINE DATE TICKET NO. DATE OF JOB OLD PROD CUSTOMER ORDER NO.: INJ WDW DISTRICT CUSTOMER LEASE WELL NO **ADDRESS** COUNTY STATE CITY STATE SERVICE CREW **AUTHORIZED BY** JOB TYPE: **EQUIPMENT#** HRS **EQUIPMENT#** HRS **EQUIPMENT#** HRS TIME TRUCK CALLED AM ARRIVED AT JOB START OPERATION AM PM FINISH OPERATION AM PM RELEASED AM PM MILES FROM STATION TO WELL 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. (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT) ITEM/PRICE REF. NO QUANTITY MATERIAL, EQUIPMENT AND SERVICES USED UNIT UNIT PRICE \$ AMOUNT 51 sk 6, 536. SUB TOTAL CHEMICAL / ACID DATA: **SERVICE & EQUIPMENT** %TAX ON \$ MATERIALS %TAX ON \$ TOTAL SERVICE

FIELD SERVICE ORDER NO.

REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

