

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1243796

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: \_\_\_\_\_



1243796

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 (Attach Additional Sheets)	<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
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ 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 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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# BASIC<sup>SM</sup>

ENERGY SERVICES

PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1006184	1718	09/15/2014
INVOICE NUMBER			
91594556			

Pratt (620) 672-1201  
 B KNIGHTON OIL COMPANY INC  
 I 1700 N WATERFRONT PKY, BLDG 100  
 L WICHITA  
 T KS US 67206  
 O ATTN: KNIGHTON

J LEASE NAME Barnett 1 OWWO  
 O LOCATION  
 B COUNTY Cowley  
 S STATE KS  
 I JOB DESCRIPTION Cement-Casing Seat-Prod W  
 T JOB CONTACT  
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.		TERMS	DUE DATE
40765040	20920			Net - 30 days	10/15/2014
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<b>For Service Dates: 09/09/2014 to 09/09/2014</b>					
0040765040					
171811242A Cement-Casing Seat-Prod W 09/09/2014					
Cement 5 1/2" Longstring					
AA2 Cement		125.00	EA	13.09	1,636.32 T
60/40 POZ		50.00	EA	9.24	462.02 T
C-41P		24.00	EA	3.08	73.92 T
Salt		579.00	EA	0.39	222.92 T
Cement Friction Reducer		36.00	EA	4.62	166.33 T
FLA-322		59.00	EA	5.78	340.74 T
Gilsonite		625.00	EA	0.52	322.45 T
Mud Flush		500.00	EA	1.16	577.52 T
"Latch Down Plug & Baffle, 5 1/2"" (Blu		1.00	EA	308.01	308.01 T
"Auto Fill Float Shoe 5 1/2"" (Blue)"		1.00	EA	277.21	277.21 T
"Turbolizer, 5 1/2"" (Blue)"		7.00	EA	84.70	592.92 T
"Unit Mileage Chg (PU, cars one way)"		105.00	MI	3.27	343.63 T
Heavy Equipment Mileage		210.00	MI	5.39	1,131.95 T
"Proppant & Bulk Del. Chgs., per ton inil		845.00	EA	1.69	1,431.49 T
Depth Charge; 3001-4000'		1.00	EA	1,663.27	1,663.27 T
Blending & Mixing Service Charge		175.00	BAG	1.08	188.66 T
Plug Container Util. Chg.		1.00	EA	192.51	192.51 T
"Service Supervisor, first 8 hrs on loc.		1.00	EA	134.76	134.76 T

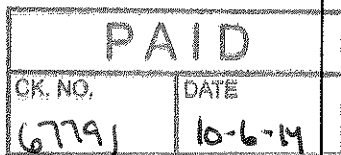
PAID

CHK. NO.

67791

DATE

10-6-14



PLEASE REMIT TO:		SEND OTHER CORRESPONDENCE TO:		SUB TOTAL	10,066.63
BASIC ENERGY SERVICES, LP		BASIC ENERGY SERVICES, LP		TAX	644.26
PO BOX 841903		801 CHERRY ST, STE 2100		INVOICE TOTAL	10,710.89
DALLAS, TX 75284-1903		FORT WORTH, TX 76102			

# BASIC<sup>SM</sup>

ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 11242 A

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

DATE OF JOB 09-09-14 DISTRICT PRATT KS		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:	
CUSTOMER KNIGHTON OIL CO INC		LEASE BARNETT 1 00000 WELL NO.	
ADDRESS		COUNTY Cowley STATE KS	
CITY STATE		SERVICE CREW Sullivan, Eric, Smiley	
AUTHORIZED BY		JOB TYPE: <del>NEW</del> SW/LOG/ST/SPW	

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
14876-23920	50 m						9-9-14			1:15
14831-14862	50 m									3:30
37900										2:05
										7:50
										9:19
						MILES FROM STATION TO WELL 105				

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: Ramona  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA 2 cmt	SK	125		2,125 00
CP 103	60/40 P-2 cmt	SK	50		600 00
CC 105	C-41 P	LB	24		96 00
CC 111	SALT	LB	529		289 50
CC 112	CFR	LB	36		216 00
CC 129	FLA-322	LB	59		442 50
CC 201	G/L suite	LB	625		419 75
CF 607	Latch down Plw, Ball/Wc 5"2	SA	1		400 00
CF 1251	Auto Flw Hdd/Shop	SA	1		360 00
CF 1031	Cont.	SA	7		770 00
CC 151	MUD Flw	AL	500		750 00
F 100	Deckup m	m	105		446 25
C 101	Heavy Spnt	TM	210		1,470 00
F 113	Bulk Flw	TM	845		1,859 55
PE 224	Depth change	SA	1		2,140 00
PE 240	Blocky mtr	SK	175		245 00
CE 304	Flw Contm Dental	SA	1		300 00
S 003	Solving Lpexum	SK	1		175 00

SUB TOTAL

10,000.00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>Robert Sullivan</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Ramona</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.

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

February 26, 2015

David D Montague  
Knighton Oil Company, Inc.  
1700 N WATERFRONT PKY  
BLDG 100 STE A  
WICHITA, KS 67206

Re: ACO-1  
API 15-035-23854-00-01  
Barnett 1 OWWO  
NW/4 Sec.02-31S-03E  
Cowley County, Kansas

Dear David D Montague:

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 10/23/2014 and the ACO-1 was received on February 25, 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