



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1247128  
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: \_\_\_\_\_



1247128

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](mailto: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
--	---

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)* \_\_\_\_\_

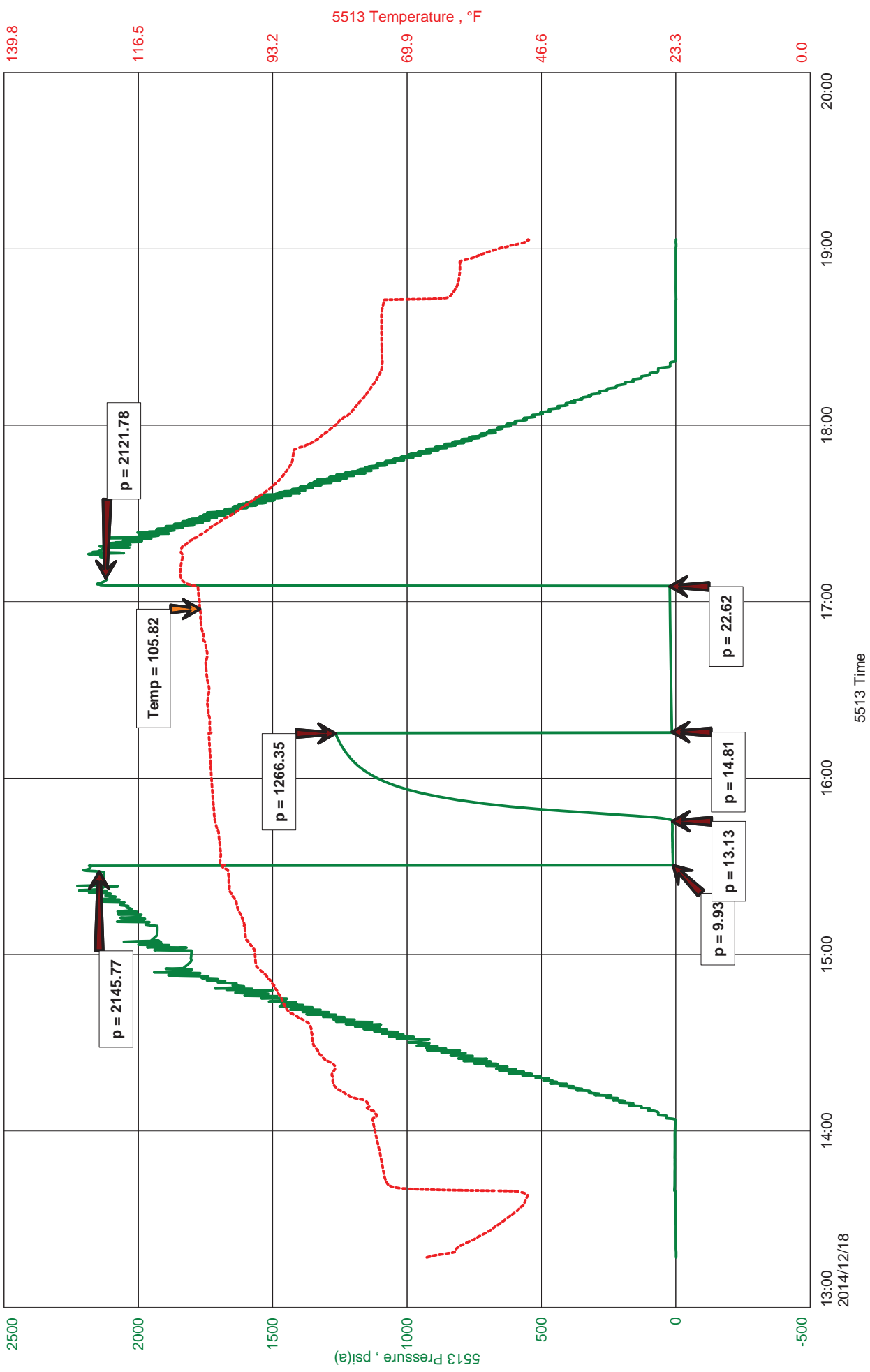
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Stewart Producers, Inc  
DST #1 Osage 4380-4437  
Start Test Date: 2014/12/18  
Final Test Date: 2014/12/18

Prairie Farms-Harris #2  
Formation: Osage  
Pool: Wildcat  
Job Number: K213

# Prairie Farms-Harris #2





**JASON MCLEMORE**

**CELL # 620-617-0527**

**General Information**

<b>Company Name</b>	Stewart Producers, Inc	<b>Job Number</b>	K213
<b>Contact</b>	Robert Stewart	<b>Representative</b>	Jason McLemore
<b>Well Name</b>	Prairie Farms-Harris #2	<b>Well Operator</b>	Stewart Producers, Inc
<b>Unique Well ID</b>	DST #1 Osage 4380-4437	<b>Prepared By</b>	Jason McLemore
<b>Surface Location</b>	17-20s-21w-Ness	<b>Qualified By</b>	Mark Thompson
<b>Field</b>	Betz Southwest	<b>Test Unit</b>	6
<b>Well Type</b>	Vertical		

**Test Information**

<b>Test Type</b>	Drill Stem Test	<b>Representative</b>	Jason McLemore
<b>Formation</b>	Osage	<b>Well Operator</b>	Stewart Producers, Inc
<b>Well Fluid Type</b>	01 Oil	<b>Report Date</b>	2014/12/18
<b>Test Purpose (AEUB)</b>	Initial Test	<b>Prepared By</b>	Jason McLemore

<b>Start Test Date</b>	2014/12/18	<b>Start Test Time</b>	13:17:00
<b>Final Test Date</b>	2014/12/18	<b>Final Test Time</b>	19:05:00

**Test Results**

**RECOVERED:**

1	FREE OIL
30	Drilling Mud
31	TOTAL FLUID



**DIAMOND TESTING**  
P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
(800) 542-7313  
**DRILL-STEM TEST TICKET**  
FILE: pfh2dst1

TIME ON: 1:17 PM  
TIME OFF: 7:05 PM

Company Stewart Producers, Inc Lease & Well No. Prairie Farms-Harris #2  
Contractor LD Drilling Charge to Stewart Producers, Inc  
Elevation GL 2272 Formation \_\_\_\_\_ Osage Effective Pay \_\_\_\_\_ Ft. Ticket No. K213  
Date 12-18-14 Sec. 17 Twp. \_\_\_\_\_ 20 S Range \_\_\_\_\_ 21 W County \_\_\_\_\_ Ness State KANSAS  
Test Approved By Mark Thompson Diamond Representative Jason McLemore

Formation Test No. 1 Interval Tested from 4380 ft. to 4437 ft. Total Depth 4437 ft.  
Packer Depth 4375 ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.  
Packer Depth 4380 ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.

Depth of Selective Zone Set

Top Recorder Depth (Inside) 4361 ft. Recorder Number 5513 Cap. 5000 P.S.I.  
Bottom Recorder Depth (Outside) 4362 ft. Recorder Number 5588 Cap. 5000 P.S.I.  
Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type Chemical Viscosity 52 Drill Collar Length 0 ft. I.D. 2 1/4 in.  
Weight 9.3 Water Loss 8.0 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.  
Chlorides 6200 P.P.M. Drill Pipe Length 4352 ft. I.D. 3 1/2 in.  
Jars: Make STERLING Serial Number S Test Tool Length 28 ft. Tool Size 3 1/2-IF in.  
Did Well Flow? No Reversed Out No Anchor Length 57 ft. Size 4 1/2-FH in.  
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. 31' DP in Anchor Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: Weak Blow, Built to 1-1/8", No Blowback  
2nd Open: Weak Blow, Built to 1", No Blowback

Recovered 1 ft. of Free Oil  
Recovered 30 ft. of Drilling Mud  
Recovered 31 ft. of TOTAL FLUID

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Recovered _____ ft. of _____	Insurance
Remarks: _____	Total

Time Set Packer(s) 3:34 PM A.M. P.M. Time Started Off Bottom 5:04 PM A.M. P.M. Maximum Temperature 106

Initial Hydrostatic Pressure..... (A) 2146 P.S.I.  
Initial Flow Period..... Minutes 15 (B) 10 P.S.I. to (C) 13 P.S.I.  
Initial Closed In Period..... Minutes 30 (D) 1266 P.S.I.  
Final Flow Period..... Minutes 45 (E) 15 P.S.I. to (F) 23 P.S.I.  
Final Closed In Period..... Minutes -- (G) -- P.S.I.  
Final Hydrostatic Pressure..... (H) 2122 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



**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 11758 A

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

DATE OF JOB <i>12-19-14</i> DISTRICT <i>PRATT KS</i>		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 <i>STEWART Well Services</i>		LEASE <i>PRAIRIE FARMS - HARRIS</i> 2 WELL NO.								
ADDRESS		COUNTY <i>NESS</i> STATE <i>KS.</i>								
CITY STATE		SERVICE CREW <i>Scullion, Eggen, Colbe</i>								
AUTHORIZED BY		JOB TYPE: <i>CNW P-FA</i>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<i>33708-20920</i>	<i>50</i>	<i>70959-19918</i>	<i>50</i>				<i>12-19-14</i>			<i>11:00</i>
<i>37900</i>										
ARRIVED AT JOB								AM	PM	<i>2:30</i>
START OPERATION								AM	PM	<i>3:20</i>
FINISH OPERATION								AM	PM	<i>5:45</i>
RELEASED								AM	PM	<i>6:30</i>
MILES FROM STATION TO WELL										<i>120</i>

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: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<i>CP 103</i>	<i>60/40 Poz cont</i>	<i>SK</i>	<i>230</i>		<i>2,760 00</i>
<i>CC 102</i>	<i>Collafak-o</i>	<i>lb</i>	<i>58</i>		<i>214 60</i>
<i>CC 200</i>	<i>CMT net</i>	<i>lb</i>	<i>396</i>		<i>99 00</i>
<i>E 100</i>	<i>Dicktop mud</i>	<i>m</i>	<i>120</i>		<i>540 00</i>
<i>E 101</i>	<i>Heavy Seal mud</i>	<i>m</i>	<i>240</i>		<i>1,800 00</i>
<i>E 113</i>	<i>Bulk Oil</i>	<i>Tm</i>	<i>1188</i>		<i>2,970 00</i>
<i>CE 202</i>	<i>Depth change</i>	<i>SA</i>	<i>1</i>		<i>1,500 00</i>
<i>CE 240</i>	<i>Flaming - m</i>	<i>SK</i>	<i>230</i>		<i>322 00</i>
<i>S003</i>	<i>Security Cup</i>	<i>SA</i>	<i>1</i>		<i>175 00</i>
SUB TOTAL					<i>10,380.60</i>

CHEMICAL / ACID DATA:			

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

TOTAL *7,266.40*

SERVICE REPRESENTATIVE *Robert J. Fullin*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *KM Will*

FIELD SERVICE ORDER NO. \_\_\_\_\_

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>STEWART Well Services</i>	Lease No.	Date <i>12-19-14</i>	
Lease <i>Paradise Farms - Charles</i>	Well # <i>2</i>		
Field Order # <i>11758</i>	Station <i>PRA-4</i>	Casing	Depth
Type Job <i>CDW P.T.A</i>	Formation	County <i>NESS</i>	State <i>KS</i>
		Legal Description <i>17-20-21</i>	

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

Customer Representative	Station Manager <i>DAVE Scott</i>	Treater <i>Robert L. Hill</i>
-------------------------	--------------------------------------	----------------------------------

Service Units	<i>37900</i>	<i>33708</i>	<i>20920</i>	<i>20959</i>	<i>19914</i>				
Driver Names	<i>Collins</i>	<i>Farmer</i>		<i>Cobb</i>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2:30</i>					<i>in loc</i>
					<i>Set Plug @ 1500 w/ 50% cut w/ 40% por spacer</i>
<i>3:20</i>			<i>17</i>	<i>3</i>	<i>cut</i>
<i>3:30</i>			<i>15</i>		<i>MSF w/ 200</i>
					<i>Set Plug @ 690' w/ 50% cut</i>
<i>4:05</i>			<i>2</i>	<i>3</i>	<i>SPACER</i>
			<i>20</i>		<i>cut</i>
<i>4:15</i>			<i>5</i>		<i>Disp</i>
					<i>Set Plug 270 w/ 50% cut</i>
<i>4:40</i>			<i>1</i>		<i>SPACER</i>
			<i>12</i>		<i>cut</i>
<i>4:47</i>			<i>1</i>		<i>Disp</i>
					<i>TOP 60' w/ 20% cut</i>
<i>5:30</i>			<i>5</i>	<i>2</i>	<i>RH w/ 30% cut</i>
			<i>7</i>		<i>MSF w/ 20% cut</i>
<i>5:45</i>			<i>5</i>		

*Job complete* 