



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1248307
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: _____



1248307

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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QUALITY WELL SERVICE, INC.

6341

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

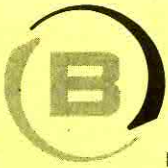
Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	02-19-15	Sec.	16	Twp.	32s	Range	12w	County	Barber	State	KS	On Location	8:45 PM	Finish	10:30 PM	
Lease	Barbera			Well No.	5			Location	281 & Woodward Rd, 1s to Red Rock, 1 3/4 mi. S							
Contractor	Maverick #106								Owner	Griffen						
Type Job	Surface								To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Hole Size	12 1/4			T.D.	270			Charge To								
Csg.	8 5/8			24"	Depth	265			Street							
Tbg. Size				Depth				City	State							
Tool				Depth				The above was done to satisfaction and supervision of owner agent or contractor.								
Cement Left in Csg.	20'			Shoe Joint	N/A			Cement Amount Ordered	175 sq class A + 2 1/2 gal							
Meas Line				Displace	1 5/8 BBLs Fresh			3 3/8 cc + 1/4 * Flo Seal P								
EQUIPMENT																
Pumptrk	8	No.	David B			Common	175									
Bulktrk	9	No.	Sean P			Poz. Mix										
Bulktrk		No.				Gel.	3									
Pickup		No.	David F			Calcium	6									
JOB SERVICES & REMARKS																
Rat Hole									Hulls							
Mouse Hole									Salt							
Centralizers									Flowseal	4375						
Baskets									Kol-Seal							
D/V or Port Collar									Mud CLR	48						
Pipe on Btm, Break Circ, Pump Spacer, M.X 175 sq A 243 cement, 5 foot Disp w/ Fresh H ₂ O, washup truck, see steady increase in P.T. slow rate, stop pump at 1 5/8 BBLs total Disp, Shut in w/ 150# Cement Did Call.																
FLOAT EQUIPMENT																
CFL-117 or CD110 CAF 38																
Sand																
Handling 184																
Mileage 10																
Guide Shoe																
Centralizer																
Baskets																
AFU Inserts																
Float Shoe																
Latch Down																
LMV 10																
Scribe Supervisor																
Pumptrk Charge Surface																
Mileage 20																
Tax																
Discount																
Total Charge																
X Signature	[Signature]															



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

16-325-12W

FIELD SERVICE TICKET

1718 11925 A

DATE _____ TICKET NO. _____

DATE OF JOB 2-26-15		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 GULFSTREAM MANAGEMENT LLC				LEASE BARBARA				WELL NO. 5		
ADDRESS				COUNTY BARBER		STATE KS				
CITY				STATE		SERVICE CREW MATTAI, MULLIN, G...				
AUTHORIZED BY				JOB TYPE: CW 5 1/2 104930						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME	
2092							2-25-15			
						ARRIVED AT JOB		AM PM		
19918						START OPERATION	2-26-15	AM PM		
						FINISH OPERATION		AM PM		
						RELEASED		AM PM		
						MILES FROM STATION TO WELL			35	

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 105	AA 2 cone	SK	150		2,550 00
CP 103	60/40 P22	SK	50		600 00
CC 102	collimator	lb	38		140 60
CC 111	Salt	lb	685		342 50
CC 112	CONCRETE FLOOR	lb	71		426 00
CC 115	C 44	lb	141		726 15
CC 201	Gelatin	lb	750		502 50
CF 607	Takedown Plug + Baffle 5 1/2	EA	1		400 00
CF 1251	Plug 5 1/2	EA	1		360 00
CF 1651	Plug 5 1/2	EA	3		330 00
CF 1901	Plug 5 1/2	EA	1		290 00
C 704	CHY MAX	gal	40		175 20
CC 151	PTUD Plug	gal	1000		750 00
E 104	P.U. mix	MG	35		157 50
E 101	Heavy vg mix	MG	70		525 00
E 113	PROP + GULF 22 lb	TR	320		805 00
CC 243	Dry chg 4000-5000	440	1		2,520 00
CC 244	Blend + dry chg	SK	200		280 00
CC 500	Plug 201210	EA	1		250 80
5003	Supervisor	EA	1		115 00
SUB TOTAL					7,013 99
DISC 0.5					
SERVICE & EQUIPMENT					%TAX ON \$
MATERIALS					%TAX ON \$
TOTAL					

CHEMICAL / ACID DATA:			

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

