



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1254624
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: _____



1254624

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Cement Report

Customer <i>Carl E. Bunsell</i>			Lease No.		Date <i>7-15-15</i>	
Lease <i>Cutter East Unit</i>			Well # <i>906</i>		Service Receipt <i>5541</i>	
Casing <i>8 5/8</i>		Depth <i>1645</i>		County <i>Seward</i>		State <i>KS</i>
Job Type <i>2421</i>			Formation		Legal Description <i>9-31-34</i>	
Pipe Data			Perforating Data			Cement Data
Casing size <i>8 5/8</i>		Tubing Size		Shots/Ft		Lead <i>4100 SIC A-CON</i>
Depth <i>1645</i>		Depth <i>3542</i>		From	To	<i>2.95847 SIC</i>
Volume <i>102615</i>		Volume		From	To	<i>18.1601 SIC 11.4#</i>
Max Press <i>1800</i>		Max Press		From	To	Tail in <i>1805 SIC Class C</i>
Well Connection <i>8 5/8</i>		Annulus Vol.		From	To	<i>1.31442 SIC</i>
Plug Depth <i>1603</i>		Packer Depth		From	To	<i>6.33601 SIC 14.8#</i>
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log	
<i>2030</i>					<i>Arrive On Location</i>	
<i>2100</i>					<i>Safety Meeting - Rig Up</i>	
<i>2100</i>					<i>Rig Pump Casing</i>	
<i>2130</i>					<i>Circulate 1/100</i>	
<i>2215</i>					<i>Hook up TO BE5</i>	
<i>2220</i>	<i>2000</i>		<i>1</i>	<i>1</i>	<i>Pressure Test</i>	
<i>2225</i>	<i>300</i>		<i>211</i>	<i>6</i>	<i>Pump Lead out @ 11.4</i>	
<i>2310</i>	<i>400</i>		<i>48</i>	<i>5</i>	<i>Pump Tail out @ 14.8</i>	
<i>2320</i>					<i>Dism Mix - Wash up</i>	
<i>2325</i>	<i>600</i>		<i>92</i>	<i>5</i>	<i>Displace</i>	
<i>2355</i>	<i>1000</i>		<i>10</i>	<i>2</i>	<i>Slow Down</i>	
<i>1200</i>	<i>1500</i>		<i>11</i>	<i>11</i>	<i>Lead Mix - Float the Well</i>	
					<i>Job Complete</i>	
					<i>Connect TO Sur Face</i>	
					<i>Thanks For Using Basic Energy Services</i>	
Service Units	<i>78938</i>	<i>70897-19570</i>	<i>30463-19566</i>	<i>14334-19578</i>		
Driver Names	<i>Fuzzy</i>	<i>Sam</i>	<i>Hector R</i>	<i>Satyo</i>		

Sam

Tyce Dewis

Fuzzy Chavez



BASIC
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer	Carl E Gungoll	Lease No.		Date	1-22-15
Lease	Cutter East Unit	Well #	906	Service Receipt	05239
Casing	5 1/2" 2	Depth	5400'	County	Seward
Job Type	242-5 1/2" Production	Legal Description	9-31-34		

Pipe Data		Perforating Data		Cement Data
Casing size	5 1/2" 15.5 #	Tubing Size		Lead 75 sk
Depth	5400'	Depth	From To	ACem
Volume	127 bbl	Volume	From To	
Max Press	2500 #	Max Press	From To	Tail in 75
Well Connection	TD-5400'	Annulus Vol.	From To	AA2
Plug Depth	SF 42'	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:00					on loc- site assessment
					spot trucks rig up
					start CSG + float equip
					CSG on botm break circ
					safety meeting - JSA
8:30					pressure teste 3000 #
8:31					plug rat + mouse holes w/ 50 sk
	200		5	6	pump 5 bbl H2O spacer
	200		12	6	pump 500 gal super flush
	200		5	6	pump 5 bbl H2O spacer
	150		38	7	mix + pump 75 sk ACem @ 11.4 #
	100		20	7	switch to 75 sk AA2 @ 14.8 #
					wash pumply lines
	100		0	7	drop latch down plug, disp CSG
	800		115	2	slow rate
9:30	1300		127	0	latch down plug, float hold
					job complete

Service Units	78940	27462	14385-19883		
Driver Names	A Quera	E Mendoza	G Felavara		

Terry Customer Representative
 T Davis Station Manager
 A Quera Cementer