



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1259082  
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: \_\_\_\_\_



1259082

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> _____ _____
--	---	---



**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 12273 A

16-6-36

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

DATE OF JOB: 6-25-2015	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: L.D Drilling Inc	LEASE: Robinson C owwo	WELL NO. 1								
ADDRESS:	COUNTY: Thomas	STATE: KS								
CITY:	STATE:	SERVICE CREW: Dgrin, Ed, Gibson								
AUTHORIZED BY:	JOB TYPE: CTD / 4 1/2 Longstring - CCSFW									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
19843	3/4						6-25			8:30
19860	1/2						6-25			3:15
							6-25			4:30
							6-25			5:15
							6-25			6:00
						MILES FROM STATION TO WELL	260			

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: *Phil White*  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA2 Cement	SK	200		3,400 00
CP105	AA2 cement	SK	30		510 00
CC102	cellopicke	Lb	58		214 60
CC111	Sgt	Lb	1255		627 50
CC113	Gypsum	Lb	1085		813 75
CC129	FLA-322	Lb	174		1,305 00
CC201	Gilsonite	Lb	1280		924 60
CF606	Latch Down Plug & Baffle, 4 1/2 (Blue)	EG	1		370 00
CF1250	plug Fill Plug & Shoe 4 1/2 (Blue)	EG	1		350 00
CF1650	Turbolizer, 4 1/2 (Blue)	EG	8		680 00
CF1900	4 1/2 Bskt (Blue)	EG	2		540 00
CC151	mud & Flush	GSI	1,000		4,500 00
E100	Unit Milasse Chrsse - Pick Ups, 5 hrs 1/2 hrs decr <sup>one</sup>	M:	100		450 00
E101	Hesuy Equipment Milasse	M:	200		4,500 00
E113	Proppant 920 Bulk Delivery Chrsse, portion m/l	T/M	1085		2,712 50
CE205	Depth Chrsse 4001-5000'	4hr	1		2,520 00
CE240	Blending & mixing service chrsse	SK	230		372 00
S003	Service Supervisor, first 8 hrs on loc.	EG	1		175 00
CE504	Plus Conts. nor Utilization Chrsse	Job	1		250 00
SUB TOTAL					19,144 95

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
D. SCOURT		TOTAL	12,464 22

SERVICE REPRESENTATIVE: *Devin K... ..*  
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Phil White*  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

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

# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer <b>DD Drilling Inc.</b>	Lease No.	Date <b>6-25-2015</b>	
Lease <b>Robinson 2 OWNO</b>	Well # <b>1</b>		
Field Order # <b>12273</b>	Station <b>Pratt, KS</b>	Casing <b>4 1/2</b>	Depth <b>4249</b>
Type Job <b>4 1/2 LongString - CCSPW</b>	Formation <b>WD TD-4215</b>	County <b>Thomas</b>	State <b>KS</b>
		Legal Description <b>16.6-36</b>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<b>4 1/2</b>				Pre Pad	Max		5 Min.	
Depth <b>4249</b>	Depth	From	To	Pad	Min		10 Min.	
Volume <b>66</b>	Volume	From	To	Frac	Avg		15 Min.	
Max Press	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush <b>Freshwater</b>	Gas Volume		Total Load	
Plug Depth <b>4249</b>	Packer Depth	From	To					

Customer Representative <b>RICIC</b>	Station Manager <b>Kevin Gordley</b>	Treater <b>Darin Franklin</b>
--------------------------------------	--------------------------------------	-------------------------------

Service Units	<b>92911</b>	<b>84981</b>	<b>19843</b>	<b>19903</b>	<b>19860</b>				
Driver Names	<b>Darin</b>	<b>E2</b>	<b>E2</b>	<b>Gibson</b>	<b>Gibson</b>				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<b>3:15pm</b>					<b>on location / safety meeting</b> <b>C-1,3,5,7,9,11,13,15</b> <b>B-1,16</b> <b>4249 4 1/2 casing,</b> <b>200SK @ 2 cement, 10% ss 12, 10% Gypsum</b> <b>.8% fluid loss, .25 lb/sk cell 1/sk, 6 lb/sk</b> <b>Gilsonite 14.8 ppb, 1.54 v. 1.2, 6.52 w/sk</b>
<b>3:30pm</b>					<b>Pipe on bottom and break circulation</b>
<b>4:30pm</b>	<b>300</b>		<b>24</b>	<b>5</b>	<b>pump flush 24 bbls</b>
	<b>300</b>		<b>5</b>	<b>5</b>	<b>pump 5 bbls water</b>
	<b>300</b>		<b>55</b>	<b>5</b>	<b>mix 200 SK cement</b>
					<b>shut down</b>
					<b>wash pump &amp; lines &amp; Release plug</b>
	<b>100</b>		<b>0</b>	<b>1006</b>	<b>start displacement</b>
	<b>400</b>		<b>40</b>	<b>4006</b>	<b>lift pressure</b>
	<b>600</b>		<b>56</b>	<b>3</b>	<b>slow rate</b>
	<b>1500</b>		<b>66</b>	<b>3</b>	<b>Bump plug</b>
					<b>Flow</b>
<b>5:10pm</b>	<b>100</b>		<b>7</b>	<b>3</b>	<b>plug set here</b>
<b>5:45pm</b>					<b>Job complete / Darin screw</b> <b>Thank you!!!</b>

# Cement Callsheet



Company	<b>LD DRILLING, INC</b>		Service Point	<b>Pratt, KS</b>	
			Contact Person	<b>Kevin Gordley</b>	<b>620-672-1201</b>

Well Type	<b>OLD</b>	CONTRACTOR	<b>L D DRILLING</b>	COUNTY	<b>THOMAS</b>	STATE	<b>KS</b>			
LEASE	<b>ROBINSON 'C' OWWO</b>		WELL #	<b>1</b>	SEC	<b>16</b>	TWP	<b>6</b>	RANGE	<b>36</b>

**DIRECTIONS:**  
**I-70 & BREWSTER EXIT- 14 NORTH TO 'CC' RD- 2 EAST- 1 SOUTH- WEST & NORTH INTO**

Job Type	<b>4 1/2 Longstring</b>		Casing Size	<b>4 1/2</b>	Thread	<b>8 RND</b>	Weight	<b>15.5</b>
Equipment			Tubing/Drill Pipe Size		Thread		Weight	
			Hole Size	<b>7 7/8</b>	Packer		Bridge Plug	
Remarks:			Plug Container	<b>YES</b>	Casing Swivel		Squeeze Manifold	

## 4 1/2 Longstring

### CEMENT DATA

LEAD 1	Weight PPG	Type	Additives	
Sacks	Excess	Yield Ft/sk	Water Gal/sk	
<b>TAIL 1</b>	<b>Weight PPG</b>	<b>Type</b>	<b>Additives</b>	
<b>CP105</b>	<b>14.80</b>	<b>AA2 Cement</b>	<b>10% Salt , 10% Gypsum , .8% FluidLoss , .25 Lb./Sk. Cellflake , 6 Lb./Sk. Gilsonite</b>	
Sacks	Excess	Yield Ft/sk	Water Gal/sk	
<b>200</b>	<b>50%</b>	<b>1.54</b>	<b>6.52</b>	
<b>LEAD 2</b>	<b>Weight PPG</b>	<b>Type</b>	<b>Additives</b>	
Sacks	Excess	Yield Ft/sk	Water Gal/sk	
<b>TAIL 2</b>	<b>Weight PPG</b>	<b>Type</b>	<b>Additives</b>	
Sacks	Excess	Yield Ft/sk	Water Gal/sk	
<b>Mouse/Rat</b>	<b>Weight PPG</b>	<b>Type</b>	<b>Additives</b>	
<b>CP105</b>	<b>14.8</b>	<b>AA2 Cement</b>	<b>same additives</b>	
Sacks	Excess	Yield Ft/sk	Water Gal/sk	
<b>30</b>				

### Float Equipment

Part #	Quantity	Description	# Used	# Returned
<b>CF606</b>	<b>1</b>	<b>Latch Down Plug &amp; Baffle, 4 1/2" (Blue)</b>		
<b>CF1250</b>	<b>1</b>	<b>Auto Fill Float Shoe 4 1/2" (Blue)</b>		
<b>CF1650</b>	<b>8</b>	<b>Turbolizer, 4 1/2" (Blue)</b>		
<b>CF1900</b>	<b>2</b>	<b>4 1/2" Basket (Blue)</b>		

### Misc. Chemicals

<b>CC151</b>	<b>1000</b>	<b>Mud Flush</b>	<b>4 Baggs SAPP</b>

Ordered By	<b>LD DAVIS</b>	Phone	<b>620-786-1788</b>	Fax		Date of Job	<b>06/25/15</b>
Call Taken By	<b>KEVIN</b>	Phone	<b>620-672-1201</b>	Email		Time Ready	<b>WC</b>
Operator or Driver Called	<b>RICK- 620-617-4794</b>				Call Out Time		

# L. D. DRILLING, INC.

7 SW 26th Avenue  
GREAT BEND, KS 67530

Customer L D DRILLING Order \_\_\_\_\_

Lease ~~XXXXXXXXXX~~ Date \_\_\_\_\_

Description of Pipe ROBINSON C OWWO #1  
4850' - OLD TD 4215' - UNSH  
DOWN  
TD

Amount \_\_\_\_\_

Jts.	Ft.	Ins.	Ft.	Ins.	Ft.	Ins.	Ft.	Ins.	Ft.	Ins.
1	42	53	43	-	43	24	40	65	14	18
2	43	28	43	25	42	98	42	69	13	05
3	42	69	42	65	42	97	43	43		
4	42	82	42	75	42	85	42	95		
5	42	14	43	13	42	75	43	18		
6	37	67	43	22	42	71	42	84		
7	43	41	42	75	42	96	43	14		
8	42	61	43	50	42	22	42	76		
9	43	45	43	44	42	57	43	35-041		
10	42	82	43	18	42	68	42	08-041		
11	42	18	43	10	42	77				
12	43	42	42	75	42	93				
13	41	85	43	08	43	34				
14	40	55	42	74	42	82				
15	42	64	42	87	42	69				
16	42	91	42	98	43	13				
17	43	18	43	29	43	14				
18	42	75	43	28	42	93				
19	42	13	41	98	42	69				
20	42	87	43	20	43	43				
21	42	73	42	77	39	15				
22	42	83	39	48	42	73				
23	43	22	43	52	42	94				
24	42	78	42	08	43	05				
25	43	43	42	86	43	30				
26	43	46	43	11	41	55				
27	42	50	43	53	43	18				
28	43	64	39	42	43	34				
29	43	18	42	94	43	30				
30	43	23	43	20	42	64				
Total	1278	90	1283	-	1282	90	428	07	27	23

Run 100 Jts  
4213.67  
25 + 4.00  
4217.67

TOTAL PIECES \_\_\_\_\_ LENGTH 4300.10 FEET \_\_\_\_\_ INCHES \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ TALLIED BY \_\_\_\_\_