

Confidentiality Requested:

Yes No

#### Kansas Corporation Commission Oil & Gas Conservation Division

1270133

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 #	API No. 15						
Name:	Spot Description:						
Address 1:	SecTwpS. R East West						
Address 2:	Feet from North / South Line of Section						
City: State: Zip:+	Feet from East / West Line of Section  Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW  GPS Location: Lat:, Long:						
Contact Person:							
Phone: ()							
CONTRACTOR: License #							
Name:	Datum: NAD27 NAD83 WGS84						
Wellsite Geologist:							
Purchaser:	County:						
Designate Type of Completion:	Lease Name: Well #:  Field Name:  Producing Formation:						
New Well Re-Entry Workover							
☐ Oil ☐ WSW ☐ SWD ☐ SIOW							
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Elevation: Ground: Kelly Bushing:						
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:						
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?						
Cathodic Other (Core, Expl., etc.):							
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet						
Operator:	If Alternate II completion, cement circulated from:						
Well Name:	feet depth to:w/sx cmt.						
Original Comp. Date: Original Total Depth:							
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan						
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)						
Commingled Paymit #:	Chloride content: ppm Fluid volume: bbls						
Commingled Permit #:	Dewatering method used:						
SWD Permit #:	Location of fluid disposal if hauled offsite:						
ENHR Permit #:	·						
GSW Permit #:	Operator Name:						
	Lease Name: License #:						
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R						
Recompletion Date Recompletion Date	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:							

Page Two



Operator Name: Lease Name: \_ \_ Well #: \_ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
 ■
 Yes
 ■
 Nes
 Nes Cores Taken Electric Log Run \_\_\_ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom 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) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4)

Other (Specify)

(If vented, Submit ACO-18.)

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	KEASLING-PORSCH UNIT 1
Doc ID	1270133

### Tops

Name	Тор	Datum
ANHYDRITE	2558	+282
BASE ANHYDRITE	2596	+243
STOTLER	3616	-777
HEEBNER	3934	-1095
LANSING	3980	-1141
MUNCIE CREEK	4086	-1247
BASE KANSAS CITY	4194	-1355
FORT SCOTT	4390	-1551
CHEROKEE	4405	-1566
MISSISSIPPI	4500	-1661

# BASIC 10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124

## FIELD SERVICE TICKET

1718 12716 A

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

			ne 620-67 - 6				DATE	TICKET NO				
DATE OF 10-3	15 0	DISTRICT PIGTT			NEW ☑ OLD ☐ PROD ☐ INJ ☐ WDW ☐ CUSTOMER ORDER NO.:							
CUSTOMER L.D. Drilling inc					LEASE Keasling-Poisch unit WELL NO. 1							
ADDRESS	COUNTY Sheriday STATE K)											
CITY		STATE	* 1					EINST, P	1826-			
AUTHORIZED BY					JOB TYPE: COW 8 /8 SURFACE  JIPMENT# HRS TRUCK CALLED 10 PATE MM LITTLE							
EQUIPMENT#	HRS	EQUIPMENT#	HRS EQUIPMENT#			HRS	TRUCK CALL		TIME () o			
11-10,	1 2						ARRIVED AT			0:00		
73768	, 25						FINISH OPE	AM PM	2 45			
							RELEASED	AM PM				
<u> </u>								STATION TO WE		-		
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									ions shall			
ITEM/PRICE REF. NO.		IATERIAL, EQUIPMENT A	AND SERV	VICES US	SED	UNIT	QUANTITY	UNIT PRICE	\$ AMOU	JNT		
C P 103	00/40	425				SK	300		3,600	200		
50 05	clus	0.64				Īb	75		277	50		
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J*** 9/11		4										
	7 11 - 2	Wei				Mi	100		450	2 74		
	2, U. A	eq. Miles			-	M.	204	12.	1,500			
	PIOP +					TM	1290		3,225			
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( 0 240		+ Mix Charg	0			54	300		42	000		
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										7 5		
	_											
СНЕМІГ	CAL / ACID D	ΔΤΔ·						SUB TOTA	11,460	1.2c		
OI LIVITO				SE	RVICE & EQUIF	MENT	%TA	X ON \$				
					TERIALS		%TA	X ON \$				
v 2 0		14						TOTA	5,730	0 10		
SERVICE REPRESENTATIVE	mike		THE ABO	VE MATE	ERIAL AND SER STOMER AND F	VICE RECEIVE	D BY: V	Www				

REPRESENTATIVE Mike MOTERAL



## TREATMENT REPORT

Customer	.D. P.	illing	10(	Lease No			Date							
Lease				Well #	1				10	) - 3	- 15			
Field Order #	Station	Pratt				Casing	8 S/8 Depth	1357	County	Sheri	dan	St	tate KS	
Type Job CNW 85/8 SUIFALL										Legal	Description	on 3 2 .	-6-29	
	E DATA		FORATIN			FLUID	USED TREATMENT RESUME					IME		
Casing Size	Tubing Siz	ze Shots/	Ft		Ad	cid 3	UU 50 1	60/40	RATE PRESS ISIP					
Depth 35-7	Depth	From	T	0	Pr	re Pad 2 %	19=1 3%	2	791					
Volume	Volume	From	Т	0	Pá	ad		Min			10 Min.			
Max Press	Max Press	From	T	0	Fr	ac	Avg				15 Min.			
Well Connection	on Annulus V	ol. From	T	0		No.		HHP Used			Annu	ilus Press	sure	
Plug Depth -	Packer De	epth From	Т	5	FI	ush Z	1.4	Gas Volum	ne		Total Load			
Customer Rep	oresentative	LD (	CIVAC	Statio	n Ma	nager 🖟 🤇 🕻	AA GUII	эсеу	Treater Mil		Ko Marral			
Service Units	37586		7768	6 199	a S			73.769	r					
Driver Names	Mattal		E	C 17 57			Pie	/ C e						
Time	Casing Pressure	Tubing Pressure	Bbls. P	umped		Rate				Service Log				
10:00		(			(-			10CATT		_		o etin	5	
10:40							Run 85/8 23# casing							
11:45							Casing on potton							
11:55				)			hook to casing/Bichy air W. Rig							
12:05	100			3	5			Pump 3 bbl war.						
12:00	100		6	4	5		Mix 300 sm, 60/40 Poz @ 14.8#							
11:25	150		-			5	STAIR DISPIAL MENT							
12,27	150		21	.4	_	-	Plug Down cmi to store							
	r i						5 801 TO SUIFA							
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			-											
1024	NE Hiw	ay 61 •	P.O. Bo	x 8613	• Pi	ratt, KS	67124-86°	13 • (620	) 672-	1201 • F	ax (62	0) 672	2-5383	



1700 S. Country Estates Rd. Liberal, Kansas 67905

#### FIELD SERVICE TICKET 1717 0**6473** A

Phone 620-624-2277 PRESSURE PUMPING & WIRELINE TICKET NO DATE CUSTOMER ORDER NO.: OLD □ PROD WELL DATE OF JOB □ WDW □ INJ DISTRICT WELL NO. CUSTOMER COUNT STATE **ADDRESS** SERVICE CREW CITY STATE JOB TYPE: **AUTHORIZED BY EQUIPMENT# EQUIPMENT#** HRS HRS **EQUIPMENT#** HRS TRUCK CALLED 10-10-18 100 ARRIVED AT JOB START OPERATION u FINISH OPERATION RELEASED MILES FROM STATION TO WELL 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. UNIT QUANTITY UNIT PRICE \$ AMOUNT MATERIAL, EQUIPMENT AND SERVICES USED 103 4.50 00 SUB TO CHEMICAL / ACID DATA: SERVICE & EQUIPMENT %TAX ON \$ %TAX ON \$ MATERIALS TOTAL

SERVICE REPRESENTA FIELD SERVICE ORDER NO.

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNED - OF ENATOR CONTRACTOR OR AGENT

CLOUD LITHO Ablene, 1X



	Liberal	SERVICE , Kansas	5				Cement Report
Customer	D			Lease No.		Date	10-10-15
Lease, loo	Alle-	Proso	1 ( ) 17-	Well #	1	Service Re	ceipt 06473
Casing		Depth	a ring	County	Lordan	State	5000
Job Type 7	41-	PNA	Formation		Legal	Description 3	2-29
	-	Pipe I	Data		Perf	orating Data	Cement Data
Casing size			Tubing Size			Shots/Ft	Lead
Depth			Depth		From	То	
Volume			Volume		From	То	
Max Press			Max Press		From	То	Tail in ZUO &
Well Connecti	on		Annulus Vol.		From	То	- 60/40 Poz
Plug Depth			Packer Depth		From	То	00/10 102
Time	Casing Pressure	Tubing Pressure	Bbls. Pumbed	Rate		Ser	vice Log
S00					on la	1-site as	888 Millert
AU5					700X	+nds-	Ma up
530					Sald	is most	ATP
5145					Messi	de test	4000 <del>4</del>
5130					cre	@ 2587	D'
	50		13.4	14	win a	+ PUMP	50 sk 60/40 Pot
	SD	an e ser liste meser	31	1 ci	0,30	balaked	dug toh
				,	CVZ	@ 1760	110
	80		20.8	4	Mix	a PUMD	100 to (0)/40 for
	80		18	4	0130	balance	el du foh
					cha	e 440	( ) 0
	50		(3,4	4	Mix o	lum 5	0st 60/40 Poo
	50		2	4	0/30	Balduces	Plus-40/1
	70.00			-	cha	e 40 (	10
	50		3	13	nix	- pump (	0 sc 60/40 loz
					ane	Cut 1	O swall
1:00					Jue,	rat	mouse holes
					1 wg	SO SC	
					106/C	ouplete	
					/	1	
Service Units	7894	Ω	93412 10 84	7780	-1ax83		
Driver Names	1/1/21	JUIN.	M Rayer		edora		
	17.65		- Navie	0.00			10

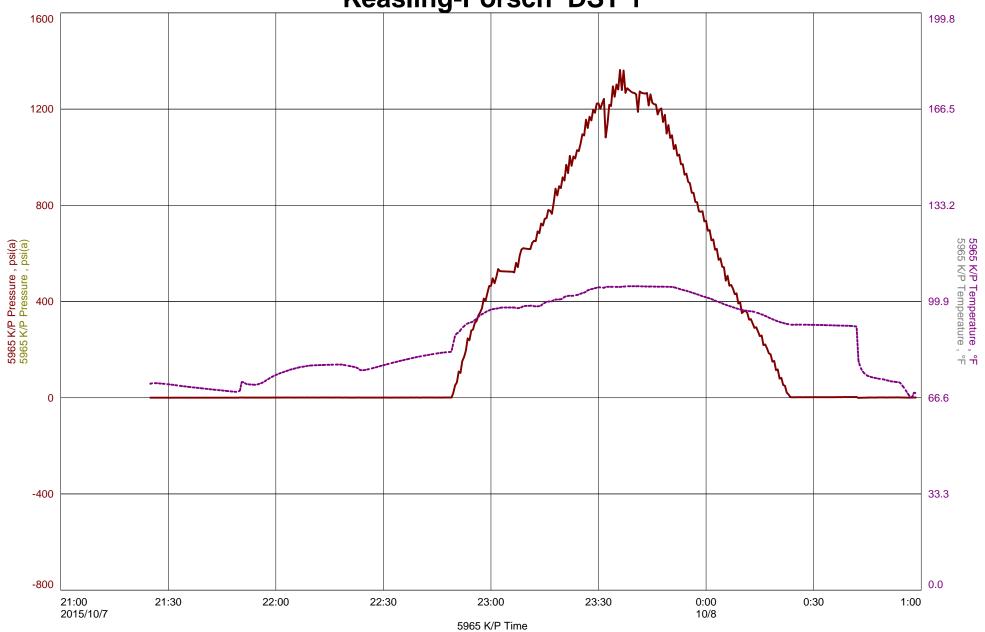
Customer Representative

Taylor Printing, Inc.

LD Drilling DST 1 Lan/KC J 4110-4145 Start Test Date: 2015/10/07 Final Test Date: 2015/10/08

Keasling-Porsch Formation: Lan/KC J Job Number: W212

**Keasling-Porsch DST 1** 





## **Diamond Testing General Report**

Wilbur Steinbeck TESTER CELL: 620-282-1573

#### **General Information**

**Company Name** LD Drilling

Contact Kim Shoemaker Job Number W212 **Well Name** Keasling-Porsch Representative Wilbur Steinbeck DST 1 Lan/KC J 4110-4145 Well Operator Unique Well ID LD 1 **Surface Location** 32-6s-29w Sheridan/Kans Report Date 2015/10/07 Wilbur Steinbeck Field Wildcat Prepared By **Qualified By** Kim Shoemaker

#### **Test Information**

Test Type Conventional Formation Lan/KC J Well Fluid Type 01 Oil Test Purpose (AEUB) Initial Test

 Start Test Date
 2015/10/07 Start Test Time
 21:25:00

 Final Test Date
 2015/10/08 Final Test Time
 01:00:00

**Test Recovery** 

Recovery Miss Run hit a Bridge



## P.O. Box 157 OISINGTON, KANSAS 6754

HOISINGTON, KANSAS 67544 (800) 542-7313

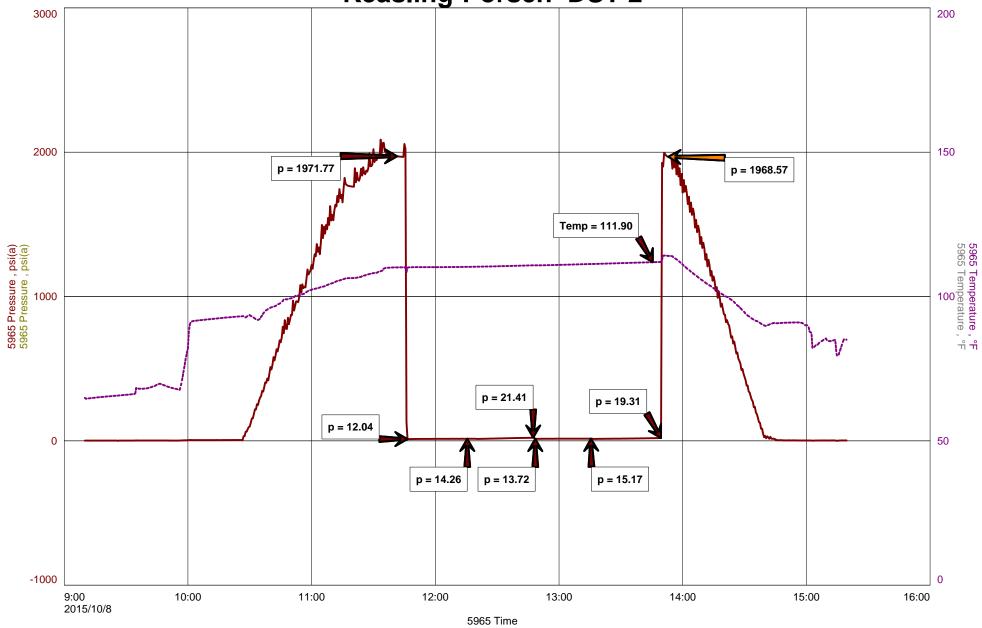
#### DRILL-STEM TEST TICKET

TIME ON: 21:25
TIME OFF: 01:00

FILE: Keasling-Porsch DST 1

Company LD Drilling		Lease & Well No. Kea	sling-Porsch				
Contractor LD		Charge to LD					
Elevation2839 KBFormation	Lan/KC J	Effective Pay		Ft.	Ticket N	No	W212
Date 10-7-15 Sec. 32 Twp. Test Approved By Kim Shoemaker		nge29 Diamond Representative	W County		eridan our Stein	_ State_ beck	KANSAS
							44.45
Formation Test No. 1 Interval Tested from					5.	. 27 10-20 20-20	4145 ft.
Packer Depth 4105 ft. Size 6 3/4		Packer depth				6 3/4	in.
	in.	Packer depth		ft.	Size	6 3/4	in.
Depth of Selective Zone Set							
		Recorder Number					<u>0</u> P.S.I.
Bottom Recorder Depth (Outside) 411	1_ft.	Recorder Number	55	587_Ca <sub>l</sub>	0	5,00	00_P.S.I.
Below Straddle Recorder Depth	ft.	Recorder Number		Сар			P.S.I.
Mud Type Chem Viscosity 53		Drill Collar Length		<u>0</u> ft.	I.D	2 1/	/4 in.
Weight9.2 Water Loss6.4	cc.	Weight Pipe Length_		O_ft.	I.D	2 7/	/8 in
Chlorides 900 P.F.	P.M.	Drill Pipe Length	40	77 <sub>ft.</sub>	I.D	3 1/	/2 in
Jars: Make STERLING Serial Number 7		Test Tool Length		33 <sub>ft.</sub>	Tool Size	3 1/	/2-IF in
Did Well Flow? No Reversed Out No	· .	Anchor Length		35 <sub>ft.</sub>	Size	4 1/	/2-FHin
Main Hole Size 7 7/8 Tool Joint Size 4 1/2	in.	Surface Choke Size	1	in.	Bottom (	Choke Si	ze <u>5/8</u> in
Blow: 1st Open: Miss Run Hit a Bridge							
2nd Open:							
Recoveredft. of							
Recoveredft. of							
Recoveredft. of							
Recovered ft. of							
Recoveredft. of		55 Miles RT		Price	Job		
Recovered ft. of				Othe	r Charge	s	
Remarks: Miss Run hit a bridge				Insur	ance		
				Tota			
Time Set Packer(s)	d Off Bott	om	A.M. _P.M. N	laximum	Tempera	ature	
Initial Hydrostatic Pressure		(A)	P.S.I				
Initial Flow PeriodMinutes		(B)	P.S.I	to (C)_			P.S.I.
Initial Closed In PeriodMinutes		(D)	P.S.I.				
Final Flow Period Minutes		(E)	P.S.I.	to (F)		F	P.S.I.
Final Closed In PeriodMinutes		(G)	P.S.I.				
Final Hydrostatic Pressure		(H)	P.S.I.				

**Keasling-Porsch DST 2** 





## **Diamond Testing General Report**

Wilbur Steinbeck TESTER CELL: 620-282-1573

#### **General Information**

**Company Name** LD Drilling

Contact Kim Shoemaker Job Number W213 Keasling-Porsch Representative Wilbur Steinbeck **Well Name** DST 2 Lan/KC J 4110-4145 Well Operator Unique Well ID LD 1 **Surface Location** 32-6s-29w Sheridan/Kans Report Date 2015/10/08 Wilbur Steinbeck Field Wildcat Prepared By **Qualified By** Kim Shoemaker

#### **Test Information**

Test Type Conventional Formation Lan/KC J Well Fluid Type 01 Oil Test Purpose (AEUB) Initial Test

 Start Test Date
 2015/10/08 Start Test Time
 09:10:00

 Final Test Date
 2015/10/08 Final Test Time
 15:20:00

#### **Test Recovery**

Recovery 3' Mud

3' Total Fluid

**Tool Sample Mud** 



#### DIAMOND TESTING P.O. Box 157

HOISINGTON, KANSAS 67544 (800) 542-7313

#### **DRILL-STEM TEST TICKET**

TIME ON: 9:10 TIME OFF: 15:20

	ng-Porsch DST 2							
Company_LD Drilling	Lease & Well No. Keasling-Porsch							
Contractor_LD	Charge to LD							
Elevation 2839 KB Formation Lan/KC	J Effective PayFt. Ticket NoW212							
Date 10-8-15 Sec. 32 Twp. 6 S R	angeSheridanStateKANSAS							
Test Approved By Kim Shoemaker								
Formation Test No. 2 Interval Tested from 4	110 ft. to 4145 ft. Total Depth 4145 ft.							
Packer Depth 4105 ft. Size 6 3/4 in.	Packer depthft. Size6 3/4in.							
Packer Depth 4110 ft. Size 6 3/4 in.	Packer depthft. Size6 3/4in.							
Depth of Selective Zone Set								
Top Recorder Depth (Inside)ft.	Recorder Number         5965 Cap.         5000 P.S.I.							
Bottom Recorder Depth (Outside)ft.	Recorder Number 5587 Cap. 5,000 P.S.I.							
Below Straddle Recorder Depthft.	Recorder NumberCapP.S.I.							
Mud Type Chem Viscosity 59	Drill Collar Length         0 ft.         I.D.         2 1/4         in.							
Weight	Weight Pipe Length oft. I.D 2 7/8 in							
ChloridesP.P.M.	Drill Pipe Length 4077 ft. I.D 3 1/2 in							
Jars: Make STERLING Serial Number 7	Test Tool Length in Tool Size 3 1/2-IF in							
Did Well Flow? No Reversed Out No	Anchor Length 35 ft. Size 4 1/2-FH in							
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in.	Surface Choke Size 1 in. Bottom Choke Size 5/8 in							
Blow: 1st Open: Surge blow then died	No Return							
2nd Open: No Blow	No Return							
Recovered3 ft. of Mud								
Recovered 3 ft. of Total Fluid								
Recoveredft. of								
Recoveredft. of								
Recoveredft. of	55 Miles RT Price Job							
Recoveredft. of	Other Charges							
Remarks: Tool Sample=Mud	Insurance							
E	Tabel							
44.45 A.M.	Total A.M.							
Time Set Packer(s) 11:45 P.M. Time Started Off Bo	ottom 13:45 P.M. Maximum Temperature 112							
Initial Hydrostatic Pressure								
Initial Flow Period	(B)12 P.S.I. to (C)14 P.S.I.							
Initial Closed In Period	(D)P.S.I.							
Final Flow Period	(E)14 P.S.I. to (F)15 P.S.I.							
Final Closed In PeriodMinutes30	(G)19 p.s.i.							
Final Hydrostatic Pressure.								

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.

