

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

November 2016

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

Gas  DH  EOR

OG  GSW

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 EOR  Conv. to SWD

Plug Back  Liner  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

EOR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: \_\_\_\_\_

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  Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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 TCores aken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1000793	1718	09/29/2015
<b>INVOICE NUMBER</b>			
<b>91928895</b>			

**Pratt** (620) 672-1201 **J** LEASE NAME Hagerman OWWO 3-10  
**B** CMX INC **O** LOCATION  
**I** 1700 N WATERFRONT PKWY BLDG 300 STE B **B** COUNTY Pawnee  
**L** WICHITA **S** STATE KS  
**L** KS US 67206 **I** JOB DESCRIPTION Cement-New Well Casing/Pi  
**T** **E** JOB CONTACT  
**O** ATTN: ACCOUNTS PAYABLE

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40873836	27463		Net - 30 days	10/29/2015

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<b>For Service Dates: 09/23/2015 to 09/23/2015</b>				
0040878836				
171812771A Cement-New Well Casing/Pi 09/23/2015 Cement 5 1/2" Longstring				
AA2 Cement	265.00	EA	7.82	2,072.30 T
C-41P	50.00	EA	1.84	92.00 T
Salt	1,227.00	EA	0.23	282.21 T
Cement Friction Reducer	75.00	EA	2.76	207.00 T
FLA-322	125.00	EA	3.45	431.25 T
Mud Flush	500.00	EA	0.69	345.00 T
Gilsonite	1,325.00	EA	0.31	408.36 T
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	184.00	184.00
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	165.60	165.60
"Turbolizer, 5 1/2" (Blue)"	10.00	EA	50.60	506.00
"5 1/2" Basket (Blue)"	1.00	EA	133.40	133.40
"Unit Mileage Chg (PU, cars one way)"	85.00	MI	2.07	175.95
Heavy Equipment Mileage	170.00	MI	3.45	586.50
"Proppant & Bulk Del. Chgs., per ton mil	1,063.00	EA	1.15	1,222.45
Depth Charge; 4001'-5000'	1.00	EA	1,159.20	1,159.20
Blending & Mixing Service Charge	265.00	BAG	0.64	170.66
Plug Container Util. Chg.	1.00	EA	115.00	115.00
Service Supervisor	1.00	HR	79.93	79.93

<b>PLEASE REMIT TO:</b>	<b>SEND OTHER CORRESPONDENCE TO:</b>	<b>SUB TOTAL</b>	<b>8,336.81</b>
<b>BASIC ENERGY SERVICES, LP</b>	<b>BASIC ENERGY SERVICES, LP</b>	<b>TAX</b>	<b>326.24</b>
<b>PO BOX 841903</b>	<b>801 CHERRY ST, STE 2100</b>	<b>INVOICE TOTAL</b>	<b>8,663.05</b>
<b>DALLAS, TX 75284-1903</b>	<b>FORT WORTH, TX 76102</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 12771 A

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

DATE OF JOB <u>9/23/15</u> DISTRICT <u>Pratt KS</u>				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 <u>CNX JOL</u>				LEASE <u>HAGSPRING</u> OWW <u>13-75</u> WELL NO.						
ADDRESS				COUNTY <u>Pawnee</u> STATE <u>KS</u>						
CITY				STATE						
AUTHORIZED BY				SERVICE CREW <u>Sullivan, Graves, Anthony</u>						
				JOB TYPE: <u>CNW 5 1/2 hour stop</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
							<u>9/23/15</u>			<u>4:30</u>
						ARRIVED AT JOB	<u>9/23/15</u>			<u>7:00</u>
						START OPERATION	<u>9/23/15</u>			<u>11:15</u>
<u>27463</u>	<u>45</u>	<u>19860</u>	<u>15</u>			FINISH OPERATION	<u>9/23/15</u>			<u>12:00</u>
						RELEASED	<u>9/24/15</u>			<u>12:30</u>
						MILES FROM STATION TO WELL				<u>86</u>

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: Retha Burt  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AN-2 cat	SK	215		2,655.00
CP 105	AN-2 cat	SK	50		850.00
CC 105	C-41 P	16	50		200.00
CC 111	SALT	15	1227		613.50
CC 112	CMT FRICTED Red	16	75		450.00
CC 129	FLR-322	15	125		937.50
CC 201	Gidsale	15	1325		887.75
CF 607	Latch Down Wye & Brail 5 1/4	54	1		400.00
CF 1251	Red Top Flat Gas	54	1		360.00
CF 1151	Teach	92	10		1,100.00
CF 1901	Basket	54	1		290.00
600	padding mat	m	85		392.30
E 101	Hammer	m	176		1,275.00
E 113	Bulk Delivery	Ton	1063		2,656.25
FE 205	Drill (Lupo 400) 5000	54	1		2,520.00
FE 240	Flange	SK	245		371.00
FE 504	Plan Content Part X	54	1		250.00
3003	Shower Screen	54	1		175.00
CC 151	1.000 Flange	SK	500		750.00

SUB TOTAL 18,123.50

CHEMICAL / ACID DATA:			

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

Discussed  
Thank  
KG  
TOTAL 8,336.81

SERVICE REPRESENTATIVE <u>Robert Sullivan</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Retha Burt</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	

Customer <b>CMX INC</b>	Lease No.	Date <b>9-23-15</b>	
Lease <b>HAGERMAN</b>	Well # <b>B-10</b>		
Field Order # <b>12711</b>	Station <b>TRATT 14</b>	Casing <b>5 1/2</b>	Depth <b>4503</b>
Type Job <b>CPW 5 1/2 Comp Sty</b>	Formation	County <b>PACWNEE</b>	State <b>KC</b>
		Legal Description <b>10-20-19</b>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<b>5 1/2</b>								
Depth <b>4503</b>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <b>106</b>	Volume	From	To	Pad	Min		10 Min.	
Max Press <b>1500</b>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <b>P.C.</b>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <b>4760</b>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager <b>DAVE SOFT</b>	Treater <b>Robert Sullivan</b>
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Service Units	<b>37900</b>	<b>27463</b>	<b>19903</b>	<b>19860</b>					
Driver Names	<b>Sullivan</b>	<b>Gray</b>	<b>Anthony</b>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<b>7:00</b>					<b>CON LOC</b>
					<b>Run 107 sts 5 1/2 15.5</b>
<b>9:50</b>					<b>CASING ON BOTTOM</b>
<b>10:00</b>					<b>HOOK RI, CIRC</b>
<b>11:15</b>			<b>9</b>	<b>3.5</b>	<b>RT SPACER</b>
			<b>12</b>		<b>RT MUD FLU</b>
			<b>5</b>		<b>SPACER</b>
				<b>4.5</b>	<b>MIX CMT 215% AA-2CMT</b>
			<b>53</b>		<b>CMT MIXED SHUT DOWN WASH LINES UP</b>
					<b>Release Plug</b>
				<b>5.5</b>	<b>RT DEEP</b>
					<b>RT PSI</b>
	<b>550</b>		<b>95</b>	<b>3.5</b>	<b>Slow Rate</b>
<b>12:00</b>	<b>1500</b>		<b>106</b>		<b>Plug down</b>
			<b>7</b>		<b>Plug RT w/ 30% K</b>
			<b>4</b>		<b>Plug RT w/ 20% K</b>
					<b>5013 Complete</b>
					<b>[Signature]</b>