

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1272879
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 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: _____



1272879

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) (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 #	YARD #	INVOICE DATE
1 of 1	1004409	1718	10/21/2015
INVOICE NUMBER			
91948650			

Pratt (620) 672-1201
 B VAL ENERGY
 I 125 n market ste 1710
 L WICHITA
 L KS US 67202
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Kennedy 1 SWD
 O LOCATION
 B COUNTY Cowley
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40885210	20920		Net - 30 days	11/20/2015

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 10/15/2015 to 10/15/2015				
0040885210				
171812906A Cement-New Well Casing/Pi 10/15/2015				
Cement 5 1/2" Longstring				
50/50 POZ	125.00	EA	3.96	495.00 T
60/40 POZ	30.00	EA	4.32	129.60 T
Celloflake	31.00	EA	1.33	41.29 T
Salt	693.00	EA	0.18	124.74 T
Gypsum	525.00	EA	0.27	141.75 T
FLA-322	53.00	EA	2.70	143.10 T
Gilsonite	625.00	EA	0.24	150.75 T
Mud Flush II	500.00	EA	0.55	275.40 T
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	144.00	144.00
"Cmt. Shoe Packer Type, 5 1/2" (Blue) "	1.00	EA	1,008.00	1,008.00
"Turbolizer, 5 1/2" (Blue)"	5.00	EA	39.60	198.00
"Unit Mileage Chg (PU, cars one way)"	100.00	MI	1.62	162.00
Heavy Equipment Mileage	200.00	MI	2.70	540.00
"Proppant & Bulk Del. Chgs., per ton mil	655.00	EA	0.90	589.50
Depth Charge; 3001-4000'	1.00	EA	777.60	777.60
Blending & Mixing Service Charge	155.00	BAG	0.50	78.12
Plug Container Util. Chg.	1.00	EA	90.00	90.00
"Service Supervisor, first 8 hrs on loc.	1.00	EA	63.00	63.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	5,151.85
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	101.36
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	5,253.21
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 12906 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>10-15-15</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>VAL-ENERGY</u>		LEASE <u>KENNEDY SWP 1</u> WELL NO.:							
ADDRESS:		COUNTY <u>Cowley</u> STATE <u>KC</u>							
CITY STATE		SERVICE CREW <u>Sullivan, Mody, Shadine</u>							
AUTHORIZED BY		JOB TYPE: <u>new 5/4 long 5/4</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							<u>10-14-15</u>	PM	<u>2:00</u>
						ARRIVED AT JOB	<u>10-14-15</u>	PM	<u>11:30</u>
<u>20920</u>	<u>30</u>					START OPERATION	<u>10-15-15</u>	AM	<u>2:40</u>
<u>19718</u>	<u>15</u>					FINISH OPERATION		AM	<u>3:15</u>
						RELEASED		AM	<u>4:00</u>
						MILES FROM STATION TO WELL			<u>100</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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 104	50/50 P02 cont	SK	125		1,375 00
CP 103	60/40 P02 cont	SK	30		260 00
CC 102	collar	lb	31		114 70
CC 111	GALT	lb	693		346 50
CC 113	Gyphor	lb	525		393 75
CC 129	FLA 372	lb	53		397 50
CC 201	Vikawit 6	lb	625		415 75
CF 807	LATCH (downd) Plug RAETH 5/4	SA	1		400 00
CF 1051	Cont Packer SHOE	SA	1		2,400 00
CF 1051	Tealox 12 e	SA	5		350 00
CE 155	Super Alum	gal	500		765 00
E 100	graded sand	cu	100		450 00
E 101	Uran sand	cu	20		1,500 00
E 113	Brick Deter	TM	255		1,637 50
PE 204	Depth change 3000-4000	SA	1		2,160 00
PE 240	Blenders 1000	SK	165		217 00
CE 504	Phy Contact Deter	SA	1		250 00
S 003	SPAN 400 Super	SA	1		175 00
SUB TOTAL					14,310 70

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
Deducted TOTAL		5,151.85

SERVICE REPRESENTATIVE <u>Robert / 11/20</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>M. Jett</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____

Customer: <u>VAL ENERGY</u>	Lease No.:	Date: <u>10-18-15</u>
Lease: <u>Keppard</u>	Well #: <u>15000</u>	
Field Order #: <u>12906</u>	Station: <u>Pratt ks</u>	Casing: <u>3 1/2</u>
		Depth: <u>3391</u>
Type Job: <u>CW LOWESTRONG</u>	Formation:	County: <u>Cowley</u>
		State: <u>KS</u>
		Legal Description: <u>10-30-5</u>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<u>3 1/2</u>				Pre Pad	Max		5 Min.	
Depth: <u>3391</u>	Depth	From	To	Pad	Min		10 Min.	
Volume: <u>81</u>	Volume	From	To	Frac	Avg		15 Min.	
Max Press: <u>1500</u>	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection: <u>P.C.</u>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth: <u>3391</u>	Packer Depth	From	To					

Customer Representative:	Station Manager: <u>DAVE SOUTH</u>	Treater: <u>Robert J...</u>
Service Units: <u>37900</u>	<u>33708</u>	<u>20920</u>
Driver Names: <u>Sullivan</u>	<u>Mattal</u>	<u>Shawline</u>

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<u>1:30</u>					<u>op loc</u>
					<u>Run 5 1/2 csg w/ packer shoe</u>
					<u>latch down BOP in top production</u>
					<u>Casing on Bottom</u>
<u>1:45</u>					<u>circ w/ rig</u>
<u>2:35</u>					<u>DDSP BALL</u>
<u>2:40</u>	<u>1350</u>		<u>5</u>	<u>4</u>	<u>Set Packer shoe w/ Tank</u>
			<u>12</u>		<u>4 SPACER</u>
			<u>7</u>		<u>SPACER</u>
				<u>4.5</u>	<u>mix cont 125 k 50% po2 2/100 po2</u>
					<u>cont mix d shut down work line, pad</u>
					<u>He pump & Plug</u>
				<u>6</u>	<u>W Disp</u>
	<u>300</u>				<u>LIFT</u>
<u>3:15</u>	<u>1500</u>		<u>8 1/2</u>	<u>2.5</u>	<u>Plug down</u>
			<u>7</u>		<u>Play RH w/ 30sk</u>
					<u>303 complete</u>
					<u>Thru</u>