

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 Cores Taken <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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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 12624 A

10-165-22W

DATE _____ TICKET NO. _____

DATE OF JOB: 9-29-15	DISTRICT: Pratt, Kansas	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: Coral Coast Petroleum, LC.	LEASE: Dorothy	WELL NO. 1								
ADDRESS:	COUNTY: Ness	STATE: Kansas								
CITY:	STATE:	SERVICE CREW: C. Messick, P. Franklin, M. McGuire								
AUTHORIZED BY:	JOB TYPE: C.N.W. Surface									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
86,779	.5						9-29-15			1:00
						ARRIVED AT JOB				5:00
						START OPERATION				8:15
19,860	.5					FINISH OPERATION				8:45
						RELEASED	9-29-15			9:00
						MILES FROM STATION TO WELL				100

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: *Mike Ken*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP103	60/40 Poz	sk	150		\$ 1,800 00
CC102	Cellflake	Lb	38		\$ 140 60
CC109	Calcium Chloride	Lb	387		\$ 406 35
E100	Unit Mileage Charge - Pickups, Small Vans & cars	mi	100		\$ 450 00
E101	Heavy Equipment Mileage	mi	200		\$ 1,500 00
E113	Proppant and Bulk Delivery	Tm	645		\$ 1,612 50
CE200	Depth Charge 0 Feet To 500 Feet	4 Hr	1		\$ 1,000 00
CE240	Blending and Mixing Service	sk	150		\$ 210 00
S003	Service Supervisor	Ea	1		\$ 179 00

SUB TOTAL 7,294.45

CHEMICAL / ACID DATA:			

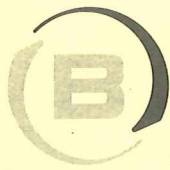
SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$

TOTAL \$ 2,917 78

SERVICE REPRESENTATIVE: <i>R.M. [Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Mike Ken</i>
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



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 12692 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>10/8/15</u>		DISTRICT _____		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>Coral Coast Petroleum</u>				LEASE <u>Dorothy</u>				WELL NO. <u>1</u>		
ADDRESS _____				COUNTY <u>Ness</u>				STATE <u>KS</u>		
CITY _____ STATE _____				SERVICE CREW <u>Scott, Shawn, Mike</u>						
AUTHORIZED BY <u>Mike Keen</u>				JOB TYPE: <u>plug to abandon crew</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>19843</u>	<u>175</u>					ARRIVED AT JOB	<u>10/8/15</u>			<u>5:00</u>
<u>75768</u>	<u>15</u>					START OPERATION	<u>10/8/15</u>			<u>6:16</u>
						FINISH OPERATION	<u>10/8/15</u>			<u>8:50</u>
						RELEASED	<u>10/8/15</u>			<u>9:45</u>
						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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
<u>CD103</u>	<u>60/40 P02</u>	<u>SK</u>	<u>270</u>		<u>3240.00</u>	
<u>CC107</u>	<u>cellulose</u>	<u>lb</u>	<u>68</u>		<u>251.60</u>	
<u>CC200</u>	<u>Cement Gal</u>	<u>lb</u>	<u>466</u>		<u>116.50</u>	
<u>E100</u>	<u>Unit Mileage Pickups</u>	<u>MI</u>	<u>100</u>		<u>450.00</u>	
<u>E101</u>	<u>Heavy Equipment Mileage</u>	<u>MI</u>	<u>200</u>		<u>1500.00</u>	
<u>E115</u>	<u>Prop 15ulp Delivery 700mi</u>	<u>TM</u>	<u>1165</u>		<u>2917.50</u>	
<u>CE207</u>	<u>Depth Charge 1001-2000'</u>	<u>4hr</u>	<u>1</u>		<u>1500.00</u>	
<u>CE240</u>	<u>Blending + Mixing Charge</u>	<u>SK</u>	<u>270</u>		<u>378.00</u>	
<u>5003</u>	<u>Service Supervisor 8 hrs</u>	<u>SA</u>	<u>1</u>		<u>175.00</u>	
					SUB TOTAL	<u>10,523.60</u>
					SERVICE & EQUIPMENT	%TAX ON \$
					MATERIALS	%TAX ON \$
					TOTAL	<u>10,4209.44</u>

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)	

FIELD SERVICE ORDER NO. _____

DRILLING REPORT

Dorothy #1 API: 15-135-25889-00-00

1800' FNL & 115' FWL Section 10-16s-22w Ness County, Kansas

Elevations: 2429 KB, 2422 GL Pick rell Drilling rig #10

September 29, 2015 Finished digging pits yesterday. Moving in drilling rig and will start drilling later today.

September 30, 2015 Drilling at 299'. Yesterday: MI & RURT. Spud @ 2:30 PM. Drld 12 ¼" surface hole to 223'KB. SHT @ 223' = 3/4°. Ran 5 jts of New 8 5/8" 24# surface casing set @ 221'KB, (tally was 211'), cmt w/150sx 60-40 poz, 2% gel, 3% CC w/1/4# FC/sx. PD @ 8:30 PM on 9-29-15. CDC. Basic Energy ticket #12624. WOC approx.. 8 hrs.

October 1, 2015 Drilling at 1625'.

October 2, 2015 Drilling at 2600'. 1/2° at 2530'.

October 3, 2015 Drilling at 3202'.

October 4, 2015 Drilling at 3722'. Displaced mud at 3250'.

October 5, 2015 Drilling at 4135'. Lost circulation at 3242' but regained it quickly while displacing.

October 6, 2015 Drilling at 4372'. Should reach "pay" sand today.

October 7, 2015 Drill stem testing at 4410'. Basal Cherokee Sandstone had drilling break and slight show of oil in the samples. Ran DST #1 4304 to 4400, weak blow, Recovered 15' mud with oil spots, SIP 556-258. Drilled 10 more feet. Had better drilling break. DST #2, 4312-4410, weak blow.(details later).

October 8, 2015 DST #1 Cherokee sands 4304-4400 15-45-30-30 Recovered 15' mud with oil spots HYD 2241-2172 FP 59-59, 59-60 SIP 115° F. DST #2 Cherokee sands 4313 to 4410 15-45-30-30 Recovered 20' mud with oil spots HYD 2273-2139 FP 57-59, 60-63 SIP 731-363 111° F. RTD 4510'. Ran E-Logs. LTD 4515'. In process of P&A as follows: 50sx @ 1850', 80sx @ 1100', 50sx @ 550', 40sx @ 250', 20sx @ 60', 30sx in RH of 60-40 poz, 4% gel w/1/4# FC/sx. Plugging permission from Ken Jehlik on 10/5/15 @ 10:30 AM.

Formation tops		Comparison to #1-10 Conrath
Anhydrite	1762 +667	+4
Base/Anh	1801 +628	+5
Heebner	3806 -1377	+9
BKC	4136 -1707	+6
Cherokee Shale	4315 -1886	+10
Mississippi	4456 -2027	-29