

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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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INVOICE

P.O. Box 205803
Dallas, TX 75320-5803

Invoice Number: 151592
Invoice Date: Jan 14, 2016
Page: 1

Voice: (832) 482-3742
Fax: (832) 482-3738

Federal Tax I.D.#: 20-8651475

Bill To:
CMX, Inc. 1700 N Waterfront Parkway Bldg 300, Suite B Wichita, KS 67206

Customer ID	Field Ticket #	Payment Terms	
CMX	55723	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-01	Great Bend	Jan 14, 2016	2/13/16

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Susank B #1-5		
300.00	CEMENT MATERIALS	Class A Common	17.90	5,370.00
846.00	CEMENT MATERIALS	Chloride	1.10	930.60
315.00	CEMENT SERVICE	Cubic Feet Charge	2.48	781.20
217.80	CEMENT SERVICE	Ton Mileage Charge	2.75	598.95
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
15.00	CEMENT SERVICE	Pump Truck Mileage	7.70	115.50
15.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	66.00
1.00	EQUIPMENT SALES	8-5/8 Wooden Plug	131.00	131.00
1.00	JOB DISCOUNT	Job Discount if paid within terms – Material & Equipment	3,344.43	-3,344.43
1.00	JOB DISCOUNT	Job Discount if paid within terms – Cement Service	1,598.43	-1,598.43
1.00	CEMENT SUPERVISOR	Robert Yakubovich		
1.00	EQUIPMENT OPERATOR	Brian Lang		
1.00	OPERATOR ASSISTANT	Marlyn Spangenberg		

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. ONLY IF PAID ON OR
BEFORE

Feb 13, 2016

1 1/2% CHARGED
THEREAFTER.

Subtotal	4,562.64
Sales Tax	231.54
Total Invoice Amount	4,794.18
Payment/Credit Applied	
TOTAL	4,794.18

ALLIED OIL & GAS SERVICES, LLC 055723

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Grant Bend KS

DATE <u>1-14-16</u>	SEC. <u>5</u>	TWP. <u>16</u>	RANGE <u>13</u>	CALLED OUT	ON LOCATION	JOB START <u>800 AM</u>	JOB FINISH <u>830 AM</u>
LEASE <u>Susank</u>	WELL# <u>B 1-5</u>	LOCATION <u>Susank KS 1/2 Winto</u>			COUNTY <u>Barton</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Duke 2

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 475

CASING SIZE 8 5/8 2 1/2" DEPTH 475

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 15

CEMENT LEFT IN CSG. 15

PERFS. _____

DISPLACEMENT 29.3

EQUIPMENT

PUMP TRUCK CEMENTER Robert Y.

366 HELPER Brian L

BULK TRUCK

610/170 DRIVER Marland

BULK TRUCK

_____ DRIVER _____

REMARKS:

see log

cement did circulate to surface

Thank you !!

CHARGE TO: CMX, Inc

STREET _____

CITY _____ STATE _____ ZIP _____

OWNER

CEMENT

AMOUNT ORDERED 300 ccm 39 ccc

COMMON	<u>300</u>	@	<u>17.90</u>	<u>5,370.00</u>
POZMIX		@		
GEL		@		
CHLORIDE	<u>876</u>	@	<u>1.10</u>	<u>930.60</u>
ASC		@		
		@		<u>6,300.60</u>
		@	<u>52%</u>	<u>3,276.31</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>315</u>	@	<u>2.48</u>	<u>781.20</u>
MILEAGE	<u>14.52 x 15 x 2.75</u>			<u>598.25</u>
TOTAL				

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE				<u>1512.25</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>Hum 15</u>	@	<u>7.70</u>	<u>115.50</u>
MANIFOLD		@		
	<u>Hum 15</u>	@	<u>4.40</u>	<u>66.00</u>
		@		

TOTAL 3,073.90
52% 1,598.43

PLUG & FLOAT EQUIPMENT

<u>wooden plugs</u>	@	<u>131.00</u>	<u>131.00</u>
	@		
	@		
	@		
	@		

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1000793	1718	01/21/2016
INVOICE NUMBER			
92026016			

Pratt (620) 672-1201
 B CMX INC
 I 1700 N WATERFRONT PKWY BLDG 300 STE B
 L WICHITA
 L KS US 67206
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Susank 'B' #1-5
 O LOCATION
 B COUNTY Barton
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40907766	19843-0		Net - 30 days	02/20/2016
For Service Dates: 01/19/2016 to 01/19/2016				
0040907766				
171812924A Cement-New Well Casing/Pi 01/19/2016				
5 1/2 Longstring Cement New Well				
AA2 Cement		175.00 EA	7.65	1,338.75 T
60/40 POZ		30.00 EA	5.40	162.00 T
C-41P		33.00 EA	1.80	59.40 T
Salt		810.00 EA	0.23	182.25 T
Cement Friction Reducer		50.00 EA	2.70	135.00 T
FLA-322		83.00 EA	3.37	280.12 T
Gilsonite		875.00 EA	0.30	263.81 T
"Top Rubber Cmt Plug, 5 1/2""		1.00 EA	47.25	47.25
"Guide Shoe - Regular. 5 1/2"" (Blue)"		1.00 EA	112.50	112.50
"Flapper Ins. Fit. Vlv., 5 1/2"" (Blue)		1.00 EA	96.75	96.75
"Turbolizer, 5 1/2"" (Blue)"		10.00 EA	49.50	495.00
"Cement Basket, 5 1/2""		1.00 EA	130.50	130.50
Mud Flush		500.00 EA	0.68	337.50 T
"Unit Mileage Chg (PU, cars one way)"		65.00 MI	2.02	131.62
Heavy Equipment Mileage		130.00 MI	3.38	438.75
"Proppant & Bulk Del. Chgs., 6211		1.00 EA	698.36	698.36
Depth Charge; 3001-4000'		1.00 EA	972.00	972.00
Blending & Mixing Service Charge		205.00 BAG	0.63	129.15
Plug Container Util. Chg.		1.00 EA	112.50	112.50
"Service Supervisor, first 8 hrs on loc.		1.00 EA	78.75	78.75

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	6,201.96
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	206.91
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	6,408.87
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 12924 A

DATE _____ TICKET NO. _____

DATE OF JOB 01-19-16 DISTRICT PRATH 1718		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 CNIX		LEASE SUSANK B 1-5 WELL NO.							
ADDRESS		COUNTY WARTON STATE KS							
CITY STATE		SERVICE CREW Sullivan, CDA & Frost, Masek							
AUTHORIZED BY		JOB TYPE: CNW 5' 4" Stn							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19843	40						1-19-16	PM	12:00
19860	20							PM	2:50
								AM	
								PM	8:30
								AM	9:15
								PM	6:00

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: *Kent Bruner*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 cmt	SK	175		2,975.00
CP 10.3	60/40 per cent	SK	30		360.00
CC 105	C-41 P	LB	33		132.00
CC 111	SALT	LB	810		405.00
CC 112	CMT Fracture Medium	LB	50		300.00
CC 129	7HA-322	LB	83		622.50
CC 201	7/8" Sulfur	LB	87		586.25
CF 103	TOP Rubber M...	SA	1		105.00
CF 251	Quartz Sand	SA	1		250.00
CF 1451	Flapper Insect Float	SA	1		215.00
CF 1651	Turbuloma	SK	10		1,100.00
CF 1901	P-Asphalt	SK	1		290.00
CC 151	man float	SK	500		750.00
8100	Appl...	mi	65		292.50
8101	Hydrogen Sulfide	mi	130		975.00
8113	Bulk Delivery	mi	621		1,551.88
CE 204	Depth Control 3.000-4000	SA	1		2,160.00
CE 280	Preformed Gasket	SK	205		287.00
CE 304	Oily Containing Water	SA	1		250.00
5003	SEALANT	SK	1		175.00
SUB TOTAL					13,792.13

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		13,792.13

SERVICE REPRESENTATIVE: *Robert Johnson*
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Kent Bruner*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>CWX INC</i>		Lease No.		Date	
Lease <i>SUSAR 13</i>		Well # <i>15</i>		<i>01-19-16</i>	
Field Order # <i>12734</i>	Station <i>PRATH</i>	Casing <i>5 7/8</i>	Depth <i>3441</i>	County <i>PRATT</i>	State <i>KS</i>
Type Job <i>CNW 500 kgpm</i>			Formation	Legal Description <i>S-10-13</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 7/8</i>								
Depth <i>3441</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>82</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>1500</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <i>1 1/2</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>3434</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative				Station Manager <i>Paul Scott</i>				Treater <i>RLG</i>			
Service Units	<i>37900</i>	<i>84081</i>	<i>1534</i>	<i>79903</i>	<i>19460</i>						
Driver Names	<i>Scott</i>	<i>Paul</i>	<i>Paul</i>	<i>Paul</i>	<i>Paul</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2:30</i>					<i>in line</i>
<i>6:00</i>					<i>Pad 5" 10.5 min</i>
<i>6:25</i>					<i>circulating and back</i>
<i>7:40</i>	<i>450</i>		<i>5</i>	<i>200</i>	<i>4000 gal. 10 min</i>
			<i>10</i>		<i>10 min 7/4 d.</i>
				<i>5</i>	<i>mix cont. 17" d. 10 min</i>
			<i>43</i>		<i>cont. mix 5 min. 10 min 10 min</i>
	<i>300</i>			<i>6</i>	<i>10 min 10 min</i>
	<i>450</i>				<i>10 min 10 min</i>
				<i>3</i>	<i>10 min 10 min</i>
<i>8:30</i>	<i>1550</i>		<i>57</i>		<i>10 min 10 min 10 min 10 min</i>
			<i>7</i>		<i>10 min 10 min 10 min 10 min</i>
					<i>SOR 6 min</i>
					<i>10 min 10 min</i>