

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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Form	ACO1 - Well Completion
Operator	Mid-Continent Energy Corp.
Well Name	WHITE "B" 3
Doc ID	1329000

Tops

Name	Top	Datum
Anhydrite Top	662	1200
Anhydrite Base	689	1173
Topeka	2595	-733
Heebner	2890	-1028
Toronto	2910	-1048
Douglas	2920	-1058
Brown Lime	2991	-1129
Lansing	3006	-1144
Stark	3222	-1360
B/KC	3301	-1439
Arbuckle	3335	-1473

Form	ACO1 - Well Completion
Operator	Mid-Continent Energy Corp.
Well Name	WHITE "B" 3
Doc ID	1329000

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	3335-3341	150 Gallons (15%) MCA	Packer @ 3320' for treatment



PETERRA ENERGY SERVICES CONSULTING ENGINEERS FROM PROSPECT TO PROLINE

Scale 1:240 (5"=100') Imperial Measured Depth Log

Well Name: White "B" #3
API: 15-053-21349
Location: SW - NW - NE - SW of 8 16s 10w
License Number: 5205
Spud Date: 1/10/2017
Region: Ellsworth County
Surface Coordinates: Longitude (NAD 27) -98.4562987
Latitude (NAD 27) 38.6727973
Drilling Completed: 1/17/2016
Bottom Hole Same as surface coordinates
Coordinates:
Ground Elevation (ft): 1851' K.B. Elevation (ft): 1862'
Logged Interval (ft): 2400' To: 3397' Total Depth (ft): 3397'
Formation: Arbuckle Dolomite @ Total Depth
Type of Drilling Fluid: Chemical Drispac (Mudco) Rick Hughes
Printed by MudLog from Weisight Systems 1-800-447-1534 www.Weisight.com

OPERATOR

Company: Mid-Continent Energy Corp.
Address: 105 S. Broadway Suite #360
Wichita, KS 67202-4280

GEOLOGIST

Name: Jeffrey A. Burk & Eli J. Felts
Company: PETERRA Energy Services
Address: 7701 E. Kellogg Drive Ste #625
Wichita, KS 67207-1705

Comments

After sample evaluation & running (2) Drill Stem Tests in the Arbuckle formation with positive results, it was decided to run 5.5" 15.5# Production casing on the White "B" #3. We will further evaluate the well through casing. After running our open hole logs it was determined that there was a (3) discrepancy between the rotary total depth & log total depth. Prior to DST #1, the pipe strap came out to be 1.21' long to the reported rotary depth. Taking this into consideration, all drill time & both drill stem tests were shifted up (5') feet on this report to correct our sample tops to correlate with E-Log tops.

Best Regards,

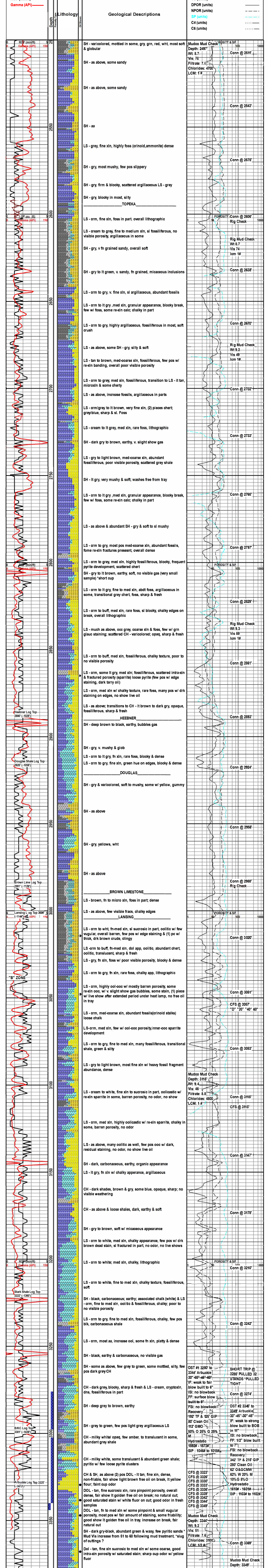
Peterra Energy Services,

Jeffrey A. Burk & Eli J. Felts

REFERENCE WELLS E-LOG TOPS table with columns for Well #1, Well #2, Well #3, Well #4, Well #5 and rows for various geological formations like Mississippian Top, Topeka, etc.

DRILL STEM TEST REPORT form for White #3, Job Ticket #4087, DST#1. Includes general information, pressure summary, and recovery data.

DRILL STEM TEST REPORT form for White #3, Job Ticket #4088, DST#2. Includes general information, pressure summary, and recovery data.





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Mid Continent Energy Corp

8-16s-10w Ellsworth

105 S.Broadway
STE 360
Wichita Ks 67202-4280
ATTN: Eli Felts ,Jeff Burk

White B #3

Job Ticket: 64087

DST#: 1

Test Start: 2017.01.15 @ 09:25:46

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 11:52:26

Time Test Ended: 17:42:40

Test Type: Conventional Bottom Hole (Initial)

Tester: Ray Schwager

Unit No: 77

Interval: 3280.00 ft (KB) To 3344.00 ft (KB) (TVD)

Total Depth: 3344.00 ft (KB) (TVD)

Hole Diameter: 7.85 inches Hole Condition: Fair

Reference Elevations: 1862.00 ft (KB)

1851.00 ft (CF)

KB to GR/CF: 11.00 ft

Serial #: 8018

Inside

Press@RunDepth: 95.49 psig @ 3284.00 ft (KB)

Start Date: 2017.01.15

End Date:

2017.01.15

Capacity: 8000.00 psig

Last Calib.: 2017.01.15

Start Time: 09:25:46

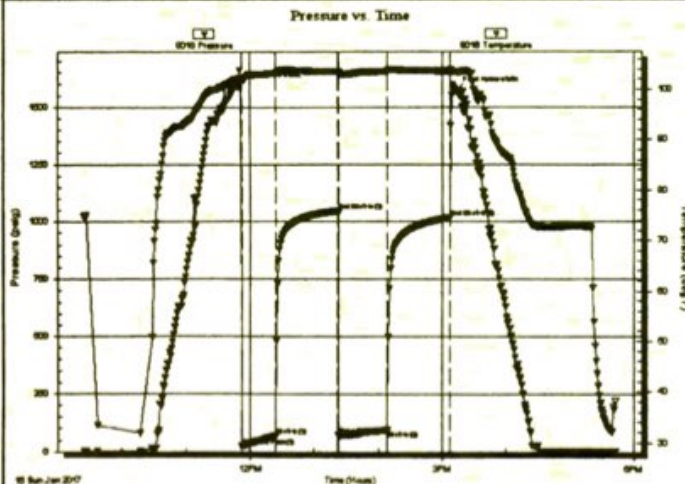
End Time:

17:42:40

Time On Btm: 2017.01.15 @ 11:48:56

Time Off Btm: 2017.01.15 @ 15:13:10

TEST COMMENT: 30-IFP-wk to a fr bl 1/2" to 6"bl
60-ISIP-no bl bk
45-FFP-wk to a gd bl surface to 9"bl
60-FSIP-no bl bk



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1592.01	102.13	Initial Hydro-static
4	24.52	101.68	Open To Flow (1)
35	67.17	103.24	Shut-In(1)
93	1046.47	103.50	End Shut-In(1)
94	72.52	103.08	Open To Flow (2)
140	95.49	103.63	Shut-In(2)
198	1018.11	103.66	End Shut-In(2)
205	1572.38	103.49	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
112.00	GMO 25%G25%M50%O	0.55
80.00	CO	1.05
0.00	125' GIP	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

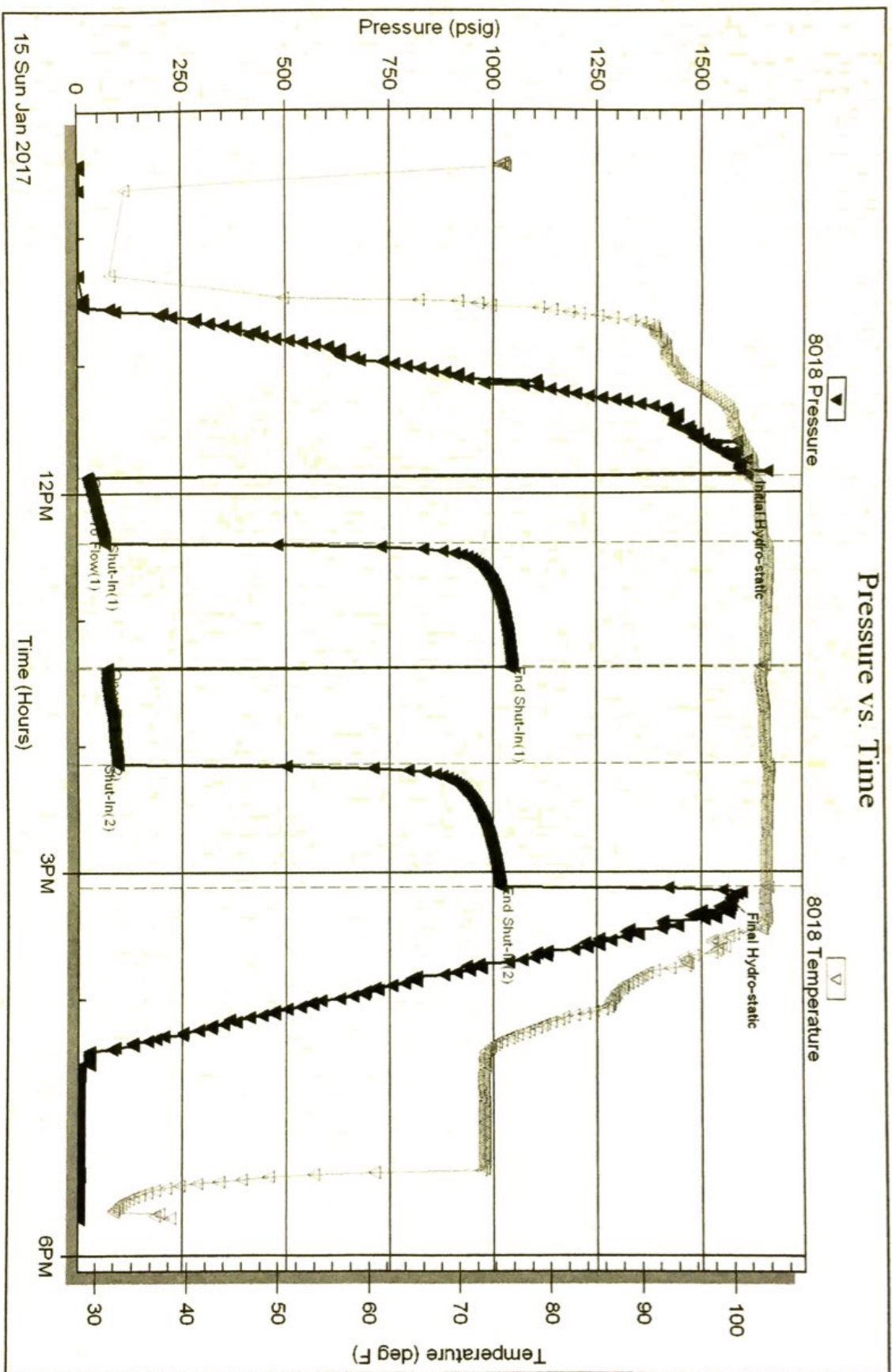
Serial #: 8018

Inside Mid Continent Energy Corp

White B#3

DST Test Number: 1

Pressure vs. Time





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Mid Continent Energy Corp

8-16s-10w Ellsworth

105 S. Broadway
STE 360
Wichita Ks 67202-4280
ATTN: Eli Felts, Jeff Burk

White B #3

Job Ticket: 64088 DST#: 2

Test Start: 2017.01.16 @ 00:20:25

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 02:21:35

Time Test Ended: 07:30:49

Test Type: Conventional Bottom Hole (Reset)

Tester: Ray Schwager

Unit No: 77

Interval: **3344.00 ft (KB) To 3349.00 ft (KB) (TVD)**

Total Depth: 3349.00 ft (KB) (TVD)

Hole Diameter: 7.85 inches Hole Condition: Fair

Reference Elevations: 1862.00 ft (KB)

1851.00 ft (CF)

KB to GR/CF: 11.00 ft

Serial #: 8018

Inside

Press@RunDepth: 136.30 psig @ 3345.00 ft (KB)

Start Date: 2017.01.16

End Date:

2017.01.16

Start Time: 00:20:25

End Time:

07:30:49

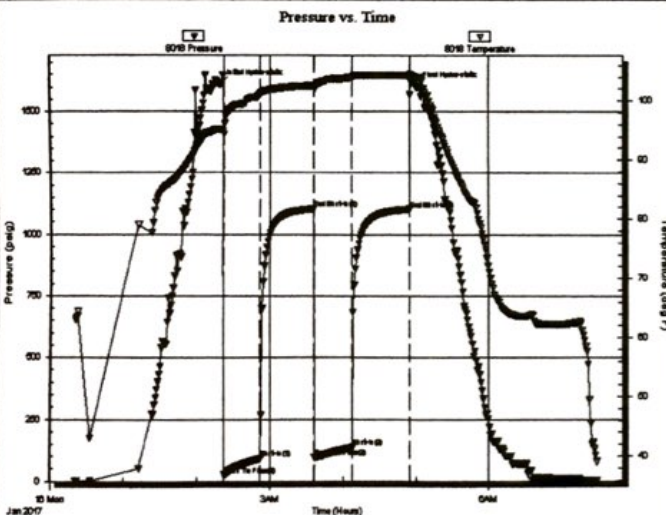
Capacity: 8000.00 psig

Last Calib.: 2017.01.16

Time On Btrr: 2017.01.16 @ 02:18:35

Time Off Btrr: 2017.01.16 @ 05:00:34

TEST COMMENT: 30-IFP-w k to strg in 11 min
45-ISIP-no bl
30-FFP-w k to a gd bl 1/2"to 7"bl
45-FSIP-no bl



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1610.01	95.09	Initial Hydro-static
3	25.35	94.24	Open To Flow (1)
33	92.08	101.14	Shut-In(1)
77	1103.04	102.54	End Shut-In(1)
78	95.48	102.04	Open To Flow (2)
109	136.30	103.93	Shut-In(2)
157	1102.49	104.29	End Shut-In(2)
162	1601.01	103.98	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
62.00	O&GCMW 8%O10%G20%M62%W	0.30
280.00	CO	3.40
0.00	215'GIP	0.00

* Recovery from multiple tests

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

Serial #: 8018

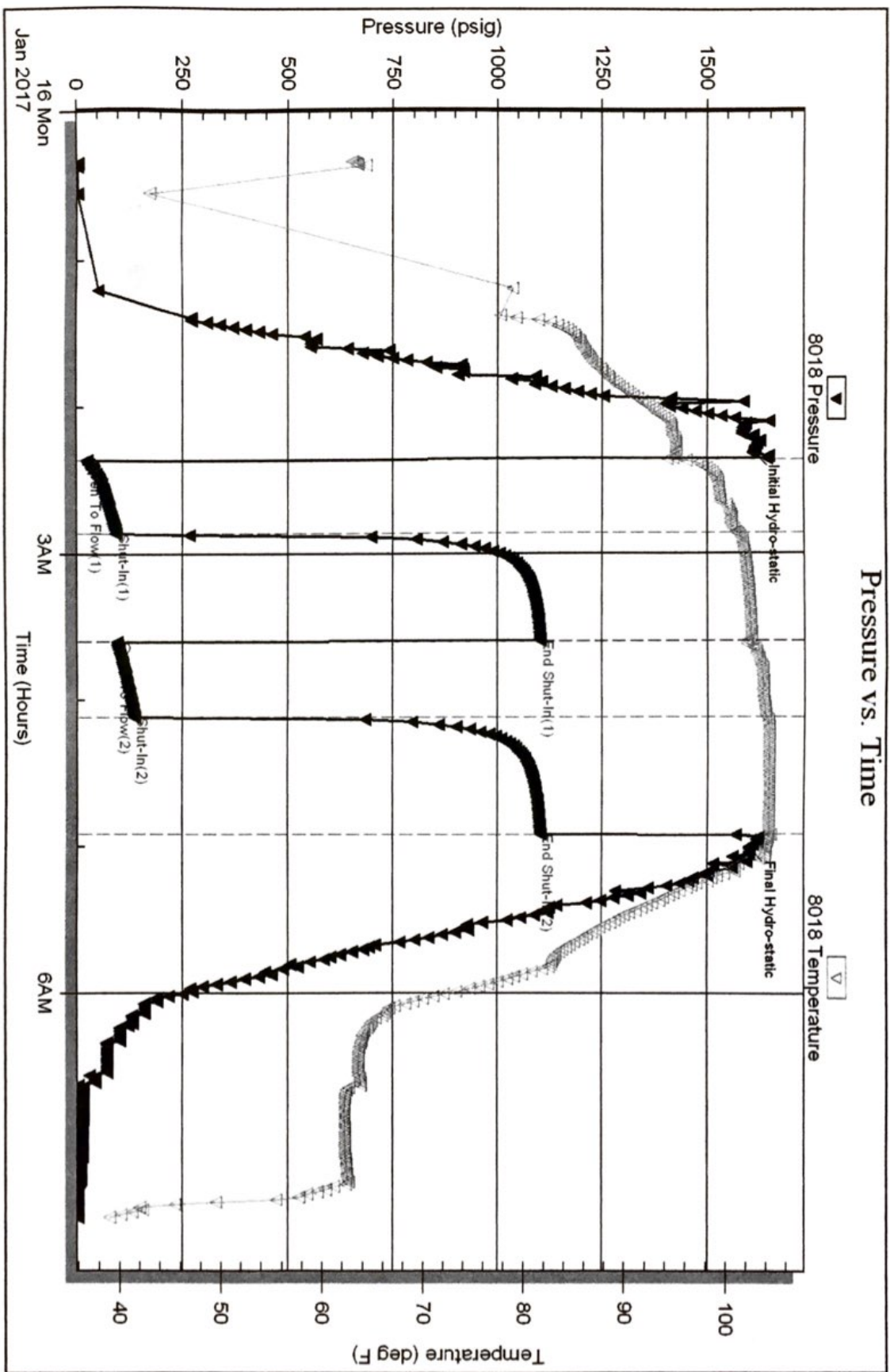
Inside

Md Continent Energy Corp

Write B#3

DST Test Number: 2

Pressure vs. Time



Triobite Testing, Inc

Ref. No: 64088

Printed: 2017.01.16 @ 07:50:26

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 3118

Date	1-11-17	Sec.	8	Twp.	16	Range	10	County	Ellsworth	State	Ks	On Location		Finish	10:00
------	---------	------	---	------	----	-------	----	--------	-----------	-------	----	-------------	--	--------	-------

Lease White B Well No. 3 Location Beaver - 11E, 2 1/2 N, E1 into

Contractor Ww 14 Owner To Quality Oilwell Cementing, Inc.
 Type Job Surface You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size 12 1/4" T.D. 336' Charge To Mid Continent Energy Corp.
 Csg. 8 5/8" Depth 336' Street 105 S Broadway STE 1360
 Tbg. Size _____ Depth _____ City Wichita State Ks 67202

Tool _____ Depth _____
 Cement Left in Csg. 20' Shoe Joint 20' The above was done to satisfaction and supervision of owner agent or contractor
 Meas Line _____ Displace 20 BLS Cement Amount Ordered 180 80/20 306 CC 2% Gel

EQUIPMENT

Pumptrk <u>20</u> No.	Cementer <u>Nick</u>	Common <u>1411</u>
	Helper _____	Poz. Mix <u>36</u>
Bulktrk <u>21</u> No.	Driver <u>Doug</u>	Gel. <u>7</u>
	Driver _____	Calcium _____
Bulktrk <u>p.u.</u> No.	Driver <u>Rick</u>	Hulls _____
	Driver _____	Salt _____

JOB SERVICES & REMARKS

Remarks: Cement did Circulate
 Rat Hole _____
 Mouse Hole _____
 Centralizers _____
 Baskets _____
 D/V or Port Collar _____
 Sand 190
 Handling _____
 Mileage _____

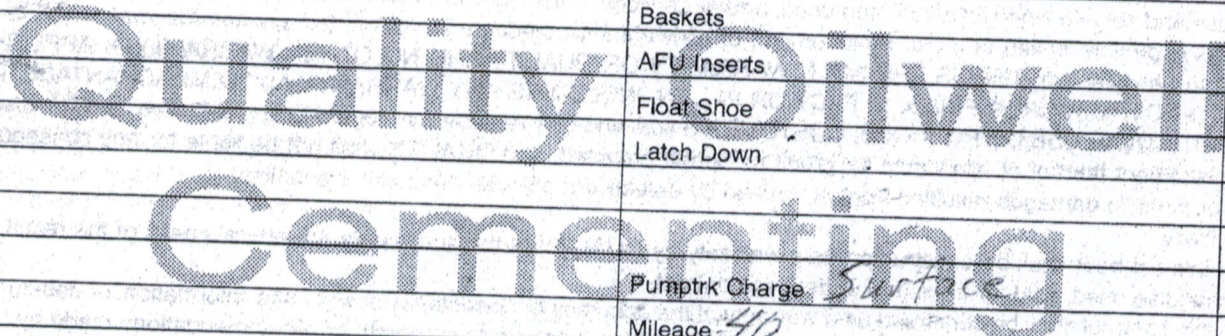
FLOAT EQUIPMENT

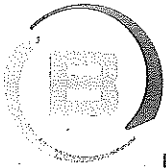
Guide Shoe _____
 Centralizer _____
 Baskets _____
 AFU Inserts _____
 Float Shoe _____
 Latch Down _____

Pumptrk Charge Surface
 Mileage 40

X Signature Asel Perry

Tax _____
 Discount _____
 Total Charge _____





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 14861 A

1 OF 2

DATE _____ TICKET NO. _____

DATE OF JOB: 1-17-17 DISTRICT: Pratt		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: MID CONTINENT Energy Corp.		LEASE: White "B" WELL NO. 3							
ADDRESS:		COUNTY: Ellsworth STATE: KS							
CITY: STATE:		SERVICE CREW: MATTHEW, GARROS, McCRAW							
AUTHORIZED BY:		JOB TYPE: 2 4/2 5 1/2 Long string							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
86779X1						1-16-17	1-17-17	6:30	
						ARRIVED AT JOB		12:08	
						START OPERATION		7:14	
19862X.5						FINISH OPERATION		8:15	
						RELEASED		9:15	
						MILES FROM STATION TO WELL		85	

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.

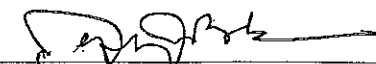
SIGNED: 
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 cmt	SK	115		1955 00
CP 103	60/40 P02	SK	65		780 00
CC 102	Cellox14ke	lb	29		107 30
CC 105	C-41 P	lb	28		112 00
CC 111	Salt	lb	534		267 00
CC 112	CMT FRICTION REDUCER	lb	33		198 00
CC 201	Gilsonite	lb	578		387 26
CC 129	R14-322	lb	55		412 50
CF 607	INCH DOWN plug + basket 5 1/2	ea	1		400 00
CF 1257	AUTOFILL float stop 5 1/2	ea	1		360 00
CF 1651	turbulizer 5 1/2	ea	6		660 00
CF 1901	basket 5 1/2	ea	1		290 00
CC 151	Mud flush	gal	500		750 00
C 704	CLAY MAX	sm	5		175 00

SUB TOTAL

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Mike Mattal	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: 
FIELD SERVICE ORDER NO. _____	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

BASIC

energy services, L.P.

TREATMENT REPORT

Customer Mid-Continent Energy corp	Lease No.	Date 1-17-17
Lease White "B"	Well # 3	
Field Order # 14861	Station Pratt	Casing 5 1/2
		Depth 3397.40
		County Ellsworth
		State MS
Type Job Z 42 5 1/2 long string	Formation 3400 RTO	Legal Description 8-165-10W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid CMF 65 SKS	RATE 60 PPD	PRESS 290	ISIP 5.1
Depth 3395	Depth	From	To	Pre Pad 115	MAX AA-2	Bulk B	5 Min
Volume 80.8	Volume	From	To	Pad	Min		10 Min.
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.
Well Connection PC	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth 3385	Packer Depth	From	To	Flush 80.5	Gas Volume		Total Load

Customer Representative Jeff Burk	Station Manager Dave Scott	Treater Mike Mattal
--------------------------------------	-------------------------------	------------------------

Service Units 37586	78982	86779	70959	19862
Driver Names Mattal	Graves		McGraw	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:05					ON location / safety meeting
4:00					RUN 77 JTS 15.5 5 1/2 casing 10' show
					BASKER on top of #1 Tubus on 1, 2, 4, 7, 9, 1
5:30					CASING on bottom
5:55					hook to CSNG. / Break circ w. Rig
7:14	150		12	5	Pump 500 gal. mud flush
7:17	150		5	5	Pump 5 bbl water
7:18	150		3.5	5	Mix 15 SKS scavenger
7:20	150		28	5	Mix 115 SKS AA-2
7:27			3	4	Wash Pump + Line, release Plug
7:30	200			7.5	START 290 KCl Displacement
7:38	310		60	7.5	LIFT Pressure
7:40	300		70	3	slow rate
7:41	350		72	3.5	Plug down STOP rotating
7:43	1,000		80.5		Plug Down / released + hold
8:05					Plug RAT + mouse hole
					circulation thru job
					Job Complete
					Thank You!
					Mike Mattal
					SCOTT + Mike