## KOLAR Document ID: 1329686

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 -		WELL &	IEASE
VVELL	nisioni ·	DESCRIP	WELL Q	LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
OilWSWSWD GasDHEOR	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD         Permit #:           EOR         Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. R East _ West
Recompletion Date Reached TD Recompletion Date of Recompletion Date	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:					

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Operator Nam	ne:			Lease Name:	Well #:
Sec	Twp	S. R	East West	County:	

Page Two

**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 Yes No (Attach Additional Sheets)			Log Formation (Top), Depth and Datum Sample				Sample			
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum	
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No							
		Rep	CASING ort all strings set-c		] Ne	w Used rmediate, productio	on. etc.			
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
[			ADDITIONAL	CEMENTING /	SQU	EEZE RECORD				
Purpose:	Depth Top Bottom	Туре	e of Cement	# Sacks Use	d		Type and	Percent Additives		
Protect Casing Plug Back TD Plug Off Zone										
<ol> <li>Did you perform a hydra</li> <li>Does the volume of the</li> <li>Was the hydraulic fracture</li> </ol>	total base fluid of the	hydraulic fr	acturing treatment		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three		
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity	
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	COMPLETION:			PRODUCTION INTERVAL:		
Vented Sold (If vented, Subn	Used on Lease		Open Hole		-	·	nit ACO-4)	Тор	Bottom	
	foration Perform Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)		
TUBING RECORD:	Size:	Set At:		Packer At:						

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	SHERRY 2-9
Doc ID	1329686

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	4798-4806	3000 gal 15%MCA	
2		125 sks Common Cement	

Form	CO1 - Well Completion			
Operator	Griffin, Charles N.			
Well Name	SHERRY 2-9			
Doc ID	1329686			

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	206	60/40POZ		2%gel 3%cc
Production	7.875	5.5	15.5	4811	AA2	100	xx



DATE TICKET NO



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

							DATE HORETNO	
DATE OF -9-17 DISTRICT Pratt								DER NO.:
CUSTOMER GRIFFER MANAgement			LEASE Shelly WELL NO.2-9					
ADDRESS			COUNTY BAIB STATE U/					
CITY STATE			SERVICE CREW MATTAL, GIAVIS, ADAMS					
AUTHORIZED BY			JOB TYPE: Z-41 Sq. Perks					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLED 1-8-1-PATE	AM TIME
867791	6						ARRIVED AT JOB 1-9-17	AM 8:15 1
19860	15						START OPERATION	AM S:44
11000	1, ,						FINISH OPERATION	AM 2:15
		and the second sec					RELEASED	PM 2:35
							MILES FROM STATION TO WELL	35

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. UT/

SIGNED:

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT	AND SERVICE	S USED	UNIT	QUANTITY	UNIT PRICI	1	\$ AMOUN	Т
(1100C	COMMON CMF	,		54	25-	/		2,000	2
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SERVICE REPRESENTATIV	E Mille Mattal	THE ABOVE N ORDERED BY	ATERIAL AND SERV	/ICE ECEIVEI	овуХ Ж	144-			
FIELD SERVICE						OR CONTRACTO	ROR	AGENT)	



TREATMENT REPORT

Taylor Printing, Inc. 620-672-3656

Customer	for MA	Nagemen		ease No.		e della internet Victoria	aa' (* * *	an an an an An Anna	Date	9-1	7		
Lease Sh	0114		V and V	Vell #	5-0	1						01-1-	
Field Order #	G Station	prati			Casing $5^{1}$ Depth $46^{\circ}$			10 100				State Ky	
Type Job	2-41	54 nee	ze Ppif	S			Formatio	mm.ssiss	ippe	Legal De	9-335-	12W	
PIPE DATA						FLUID USED			TREATMENT RESUME				
Casing Size	Tubing, Si	ze Shots/F	18 40	4525		Aeid 125		0 9 ~ 0 .	TATE PRESS		ISIP		
epth 4695 Depth 37			То	То		ıd		Мах			5 Min.		
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Max Press Max Press			То	То		Frac		Avg		/	15 Min.		
Vell Connectio		Annulus Vol. From		То				HHP Used		13	Annulus Pressure		
Plug Depth 5	13 1				Flush			Gas Volume			Total Load		
Customer Rep	resentative	JR GA	iften	Station	n Ma <mark>nage</mark>	er Davi	SCUTT		Treater (	nike mo	17-01		
Service Units	37586	2 E I	78982	8677	79	· .	84980	19860					
Driver Names	MATTAL		Gra	V- 5			AD	AM1.		2 6	443		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped		Ra	te	Service Log				-		
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10:20			26			Sec.	CLEAND MALLER, STASING						
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