

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1338857
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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 SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- 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 ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

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
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1338857

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 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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 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)*

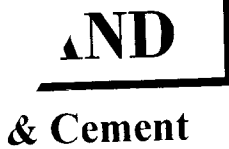
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

Invoice



**POST OFFICE BOX 438
HAYSVILLE, KS 67060
(316) 524-1225
(316) 524-1027 FAX**

KS ♦ GREAT BEND, KS
5161 (620) 793-3366
463-2104 FAX (620)

**INVOICE NUMBER:
C44434-IN**

LEASE: PEACE CREEK C-5

**BILL TO:
CARRIE EXPLORATION
& DEVELOPMENT, LLC
1611 COPPER CREEK CT.
HAYS, KS 67601**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS		
11/14/2016	C44434		11/08/2016		NET 30		
QUANTITY	U/M	ITEM NO./DESCRIPTION			D/C	PRICE	EXTENSION
394.80	MI	BULK TRUCK - TON MILES			20.00	1.10	347.42
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.			Net Invoice: RENCO Sales Tax: Invoice Total:		7,342.42 102.40 <u><u>7,444.82</u></u>
RECEIVED BY _____		NET 30 DAYS					

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

COPELAND

Acid & Cement

BURRTON, KS ♦ GREAT BEND, KS
(620) 463-5161 (620) 793-3366
FAX (620) 463-2104 FAX (620)

POST OFFICE BOX 438
HAYSVILLE, KS 67060
(316) 524-1225
(316) 524-1027 FAX

Invoice

Page: 1

INVOICE NUMBER:
C44434-IN

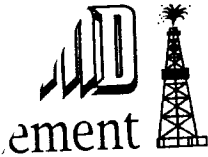
BILL TO:

**CARRIE EXPLORATION
& DEVELOPMENT, LLC
1611 COPPER CREEK CT.
HAYS, KS 67601**

LEASE: PEACE CREEK C-5

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
11/14/2016	C44434		11/08/2016		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
35.00	MI	MILEAGE CEMENT PUMP TRUCK		20.00	4.00	112.00
35.00	MI	MILEAGE PICKUP TRUCK		20.00	2.00	56.00
1.00	EA	PUMP CHARGE - LONG STRING		20.00	1,600.00	1,280.00
225.00	SK	60/40 POZ 2% GEL MIX		20.00	10.75	1,935.00
100.00	LB	C-37		20.00	4.00	320.00
150.00	LB	C-41P		20.00	3.75	450.00
50.00	LB	FLUID LOSS C-12		20.00	6.00	240.00
1,300.00	LB	SALT		20.00	0.25	260.00
1,150.00	LB	GILSONITE		20.00	0.75	690.00
600.00	GAL	MUD FLUSH		20.00	0.75	360.00
5.00	EA	TURBO-CENTRALIZER		20.00	85.00	340.00
2.00	EA	BASKET		20.00	155.00	248.00
1.00	EA	5 1/2" FLOAT SHOE W/AUTO-FILL		20.00	355.00	284.00
1.00	EA	LATCH DOWN PLUG & BAFFLE		20.00	175.00	140.00
280.00	EA	BULK CHARGE		20.00	1.25	280.00

Continued



FIELD ORDER N^o C 44434

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 11/2/16 20

AUTHORIZED BY: Carric Exploration (NAME OF CUSTOMER)

Address _____ City _____ State _____

Treat Well _____ Well No. C-5 Customer Order No. _____
Lease Pecca Creek

Sec. Twp. _____ County Reno State Ks
Range _____

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.
The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____ Agent
Well Owner or Operator

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	35	mileage pump truck	4. ⁰⁰	140.00
2	35	mileage pickup	2. ⁰⁰	70.00
2	1	Army Cheese - Long String	10. ⁷⁵	2,412.75
2	225	60/100 per 2% gel.	4. ⁰⁰	400.00
2	100 [#]	C-37	3. ⁷⁵	562.50
2	100 [#]	C-41p	6. ⁰⁰	300.00
2	50 [#]	C-12	.25	325.00
2	1,300 [#]	Selt	.75	862.50
2	1,150 [#]	Gilsonite	.75	450.00
2	600	Mud-Flush	85. ⁰⁰	425.00
2	5	Turbo-Complizers	155. ⁰⁰	310.00
2	2	Bustets		355.00
2	1	5 1/2" flood shoe w/ auto-fill		175.00
2	1	Latch down plus 2 handle	1. ²⁵	350.00
2	280	Bulk Charge	1. ¹⁰	434.28
2		Bulk Truck Miles 11.28 T x 35m = 394. # Tm x 1. ¹⁰		9,178.00
		Process License Fee on _____ Gallons		
			TOTAL BILLING	1,835.01
			70% Disc	1,284.51

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlik manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.
7,342.42

Copeland Representative Nathan W.

Station G-10

Ron H.
Well Owner, Operator or Agent

Remarks _____ NET 30 DAYS

TREATMENT REPORT

Acid Stage No. _____

District G.B. F.O. No. C44434

Location Ice Creek C-5

Field _____ State KS

Size 5.5" Type & Wt. Used-Mixed Set at _____ ft.

Perf. _____ to _____

Top at _____ ft. Bottom at _____ ft.

Cemented: Yes Perforated from _____ ft. to _____ ft.

Swung at _____ ft. Perforated from _____ ft. to _____ ft.

T.D. _____ ft. P.B. to _____ ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand

Bkdown _____ Bbl./Gal. _____

_____ Bbl./Gal. _____

_____ Bbl./Gal. _____

_____ Bbl./Gal. _____

Flush _____ Bbl./Gal. _____

Treated from _____ ft. to _____ ft. No. ft. 0

from _____ ft. to _____ ft. No. ft. 0

from _____ ft. to _____ ft. No. ft. 0

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Pump Trucks. No. Used: Std. 365 Sp. _____ Twin _____

Auxiliary Equipment 327

Personnel Nathan-Greg-Mike-Aaron

Auxiliary Tools _____

Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative Ron H. Treater Nathan W.

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	/p.m.	Tubing		
0		5.5"		On Location. Run float equipment.
				TD-3788'
				5.5"-3785' Centralizers-1,3,5,8,9
				Baffle-3743' Buckets-1,5
				Run pipe in well. Tag 39' high. Attempt to establish circulation. Had to pull 1jt. Establish circulation. Circulate pipe back down thru tight spots.
				Pump 600gal mud flush.
				Mix 225sks 60/40poz 2%gel .5% C-12 .25% C-37 .75% C-41p 12% Salt 5#/sk Gilsonite.
				Wash out pump and lines. Release plug.
				Displace with 91bbls at 4bpm-700# Plug landed at 900#
15				Released pressure. Float held.
				Thank You!
				Nathan W.

COPELAND

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

Acid & Cement

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620)

INVOICE NUMBER:
C44430-IN

BILL TO:

**CARRIE EXPLORATION
 & DEVELOPMENT, LLC
 1611 COPPER CREEK CT.
 HAYS, KS 67601**

LEASE: PEACE CREEK C-5

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS		
11/14/2016	C44430		11/04/2016		NET 30		
QUANTITY	U/M	ITEM NO./DESCRIPTION			D/C	PRICE	EXTENSION
40.00	MI	MILEAGE CEMENT PUMP TRUCK			20.00	4.00	128.00
40.00	MI	MILEAGE CEMENT PICKUP TRUCK			20.00	2.00	64.00
1.00	EA	CEMENT PUMP CHARGE - SURFACE			20.00	1,100.00	880.00
225.00	SK	COMMON CEMENT			20.00	12.75	2,295.00
13.00	SK	CALCIUM CHLORIDE			20.00	30.00	312.00
238.00	EA	BULK CHARGE			20.00	1.25	238.00
436.00	MI	BULK TRUCK - TON MILES			20.00	1.10	383.68
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP			Net Invoice:		4,300.68
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.			RENCO Sales Tax:		70.40
		NET 30 DAYS			Invoice Total:		4,371.08

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.



BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 11/4/16 20

IS AUTHORIZED BY: Carric Exploration
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well _____
As Follows: Lease Peccc Creek Well No. C-5 Customer Order No. _____

Sec. Twp. _____
Range _____ County Revo State Ks

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED
BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	40	milessc pump truck	4. ^{00/}	160. ^{00/}
2	40	milessc pickup	2. ^{00/}	80. ⁰⁰
2	1	Pump Charge - Surface		1,100. ⁰⁰
2	225	Common	12. ^{75/}	2,868. ⁷⁵
2	13	Calcium Chloride	30. ^{00/}	390. ⁰⁰
2	238	Bulk Charge	1. ^{25/}	297. ⁵⁰
2		Bulk Truck Miles $10.9 T \times 40m = 4367m \times 1.10/$	1. ^{10/}	390.00 479. ⁶⁰
		Process License Fee on _____ Gallons		5,375. ⁸⁵
		TOTAL BILLING		

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Nathan W,

Station G.D

20% 1075.17

Ron H. \$ 4300.68

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



**GAMMA RAY
NEUTRON
LOG**

Comp. CARRIE EXPL. & DEV. LLC
Well PEACE CREEK #C-5
Field ZENITH-PEACE CREEK
Co. RENO
State KANSAS

Company CARRIE EXPL. & DEV. LLC
Well PEACE CREEK #C-5
Field ZENITH-PEACE CREEK
County RENO State KANSAS

Location: API #: 15-155-21741-00-00
SW SW NW
2310' FNL & 330' FWL
SEC 36 TWP 22S RGE 10W
Permanent Datum GROUND LEVEL Elevation 1733'
Log Measured From KELLY BUSHING 6' Above GL
Drilling Measured From KELLY BUSHING
Elevation
K.B. 1739'
D.F. N/A
G.L. 1733'

PERF

Date of Service	12/19/2016	Run Number	ONE
Depth Driller or PBTD	3766'	Depth Logger	3766'
Bottom Log Interval	3754'	Top Log Interval	3450'
Open Hole Size	7.875"	Type Fluid	WATER
Fluid Level	FULL	Fluid Density	N/A
Max. Recorded Temperature	113 DEG F	Max. Wellhead Pressure	00 PSI
Wellhead Connection	N/A	Estimated Cement Top	2310'
Unit Number	106	Wireline Size	0.288
Location	COLBY	Recorded By	T. MARTIN
Witnessed By	RON HERALD	Size	WFt
Tubing Record		Surface Casing	8.625"
Production Casing	5.5"	Liner Record	
			23#
			15.5#
			00'
			00'
			225'
			TD
			Bottom

<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and Pioneer Wireline Services, LLC cannot and does not guarantee the accuracy or correctness of any interpretation, and Pioneer Wireline Services, LLC will not be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees.

Comments

N/A DENOTES NOT AVAILABLE OR NON-APPLICABLE.

ALDEN, KS, S ON N LANGDON RD TO W 56TH AVE,
2 W, 1/2 S, 1/2 W TO TREE LINE, 1/2 S, SW TO LOCATION

LOG RAN WITH 00 PSI SURFACE PRESSURE

THANK YOU FOR USING PIONEER ENERGY SERVICES!

Your Pioneer Energy Services Crew

Engineer: T. MARTIN
Operator: C. SCHOENROGGE
Operator:
Operator:

Tool Data - Services

Serial Number

Quantity	Offset (ft)	Schematic	Description	Length (ft)	O.D. (in)	Weight (lb)
----------	-------------	-----------	-------------	-------------	-----------	-------------

Sensor	Offset (ft)	Schematic	Description	Length (ft)	O.D. (in)	Weight (lb)
			CENT-Probe Probe Centralizer	2.83	2.75	20.00
CCL	7.64					
GR	6.30		GR_CCL-2 3/4" Probe (111032)	4.54	2.75	50.00
			NEU-PRNEU (ProbeNEU1)	4.00	1.88	
NEU	1.08					

Dataset: carrie.db: field/well/GRN/pass2.1
 Total length: 11.37 ft
 Total weight: 70.00 lb
 O.D.: 2.75 in

Log Variables

Top - Bottom

NPORSHIFT 0	NPORSEL Limestone	PPT usec 0	CASEWGHT lb/ft 15.5	MAXAMPL mV 0	MINAMPL mV 1	MINATTN db/ft 0.8	SRFTEMP degF 25
CASETHCK in 0.275	CASEOD in 5.5	PERFS 0	TDEPTH ft 3755	BOTTEMP degF 113	BOREID in 7.875		

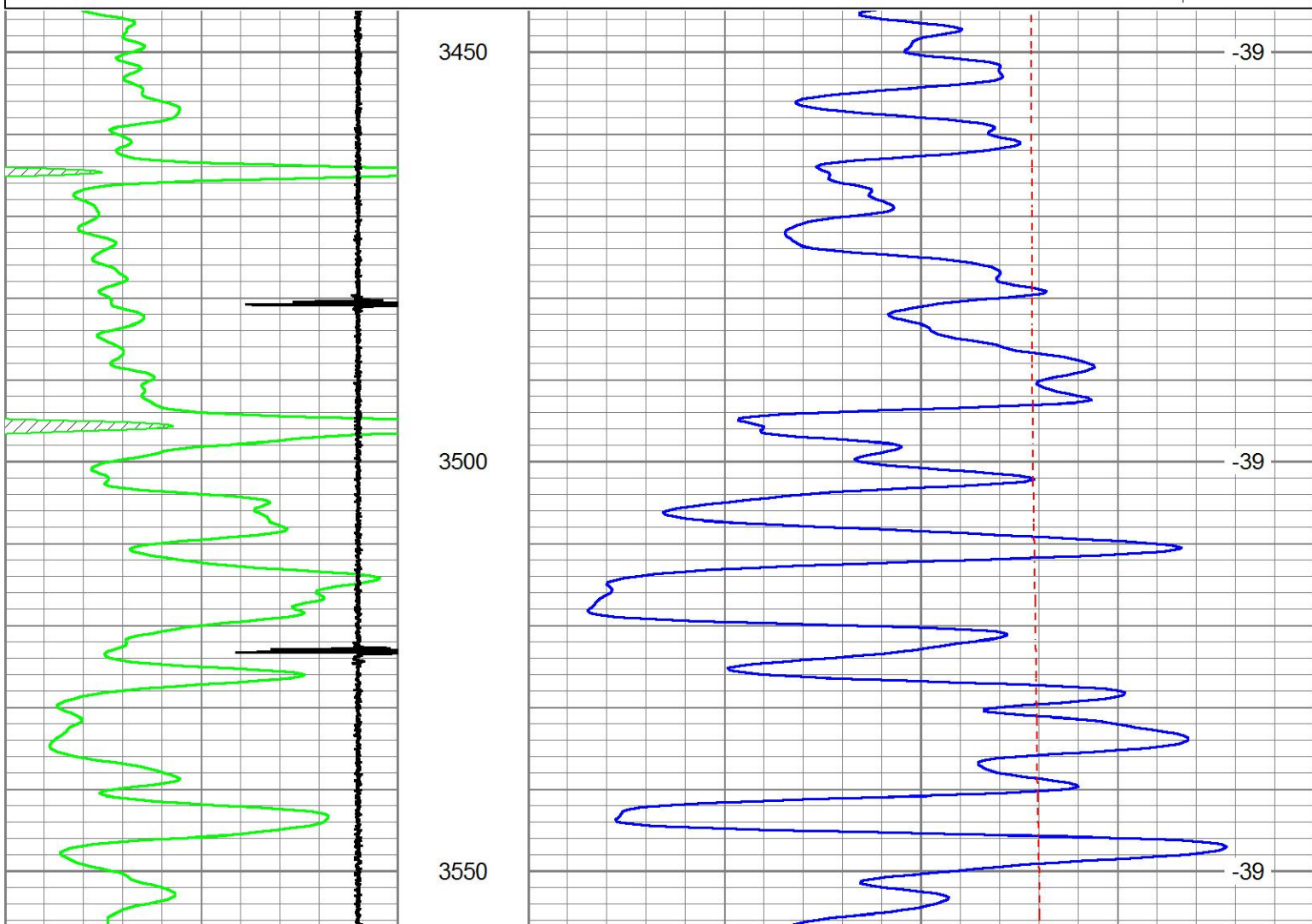


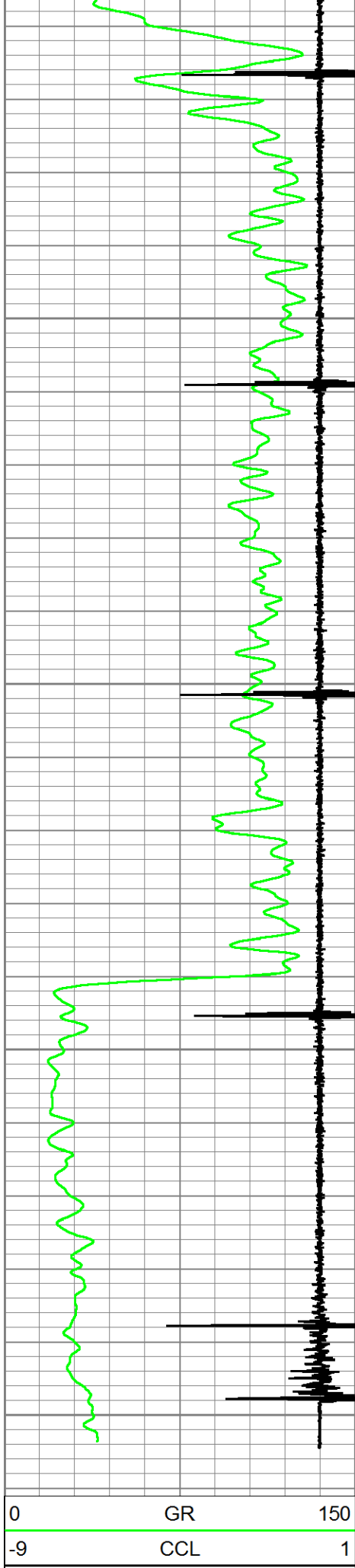
MAIN LOG

Zero PSI APPLIED AT SURFACE

Database File: carrie.db
 Dataset Pathname: GRN/pass2.1
 Presentation Format: PINR_N~1
 Dataset Creation: Mon Dec 19 12:13:28 2016
 Charted by: Depth in Feet scaled 1:240

0	GR	150	20	NEU (NAPI)	310
-9	CCL	1		0	2000
				Line Tension (lb)	
				LSPD	





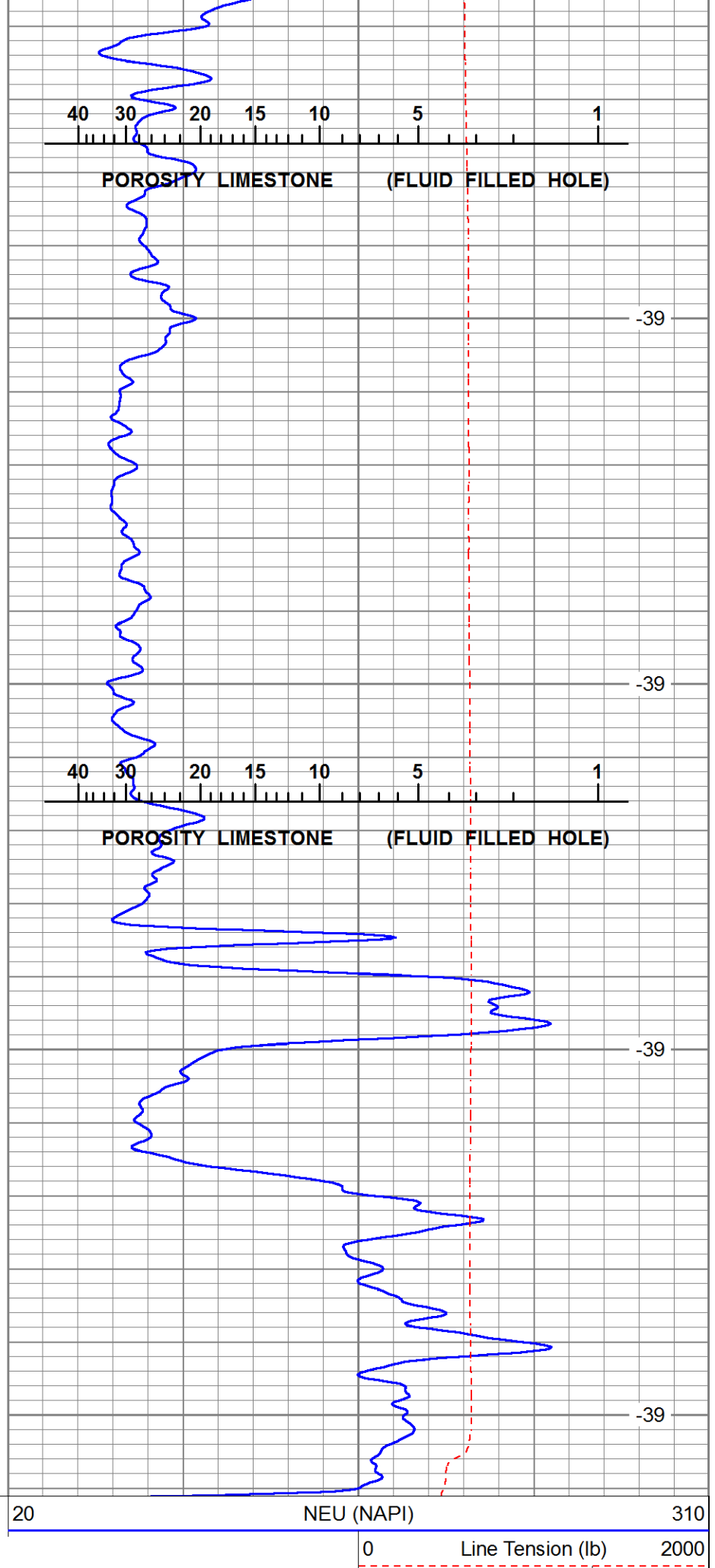
3600

3650

3700

3750

0 GR 150
-9 CCL 1



40 30 20 15 10 5 1
POROSITY LIMESTONE (FLUID FILLED HOLE)

-39

-39

-39

-39

20 NEU (NAPI) 310
0 Line Tension (lb) 2000

LSPD

Calibration Report

Database File carrie.db
Dataset Pathname GRN/pass2.1
Dataset Creation Mon Dec 19 12:13:28 2016

Neutron Calibration Report

Serial Number:	ProbeNEU1	
Tool Model:	PRNEU	
Performed:	(Not Performed)	
Calibrator Value:	1	NAPI
Calibrator Reading:	1	cps
Sensitivity:	1	NAPI/cps

Gamma Ray Calibration Report

Serial Number:	111032	
Tool Model:	2 3/4" Probe	
Performed:	(Not Performed)	
Calibrator Value:	1.0	
Background Reading:	0.0	cps
Calibrator Reading:	1.0	cps
Sensitivity:	1.0000	/cps



PIONEER
Pioneer Energy Services

Company	CARRIE EXPL. & DEV. LLC
Well	PEACE CREEK #C-5
Field	ZENITH-PEACE CREEK
County	RENO
State	KANSAS