

#### Kansas Corporation Commission Oil & Gas Conservation Division

1355942

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 #			API No. 15					
Name:			Spot Description:					
Address 1:			Sec.	TwpS. R	East _ West			
Address 2:			F6	eet from North /	South Line of Section			
City:	State: Z	ip:+	Feet from East / West Line of					
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:			
Phone: ()			□ NE □ NW	V □SE □SW				
CONTRACTOR: License #			GPS Location: Lat:	, Long:				
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)			
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84				
Purchaser:			County:					
Designate Type of Completion:			Lease Name:	W	ell #:			
	e-Entry	Workover	Field Name:					
	_		Producing Formation:					
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:				
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:			
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet			
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No			
If Workover/Re-entry: Old Well I			If yes, show depth set:					
Operator:			If Alternate II completion, c	cement circulated from:				
Well Name:			feet depth to:	w/	sx cmt.			
Original Comp. Date:								
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan				
Plug Back	Conv. to G		(Data must be collected from to					
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls			
Dual Completion			Dewatering method used:_					
SWD			Location of fluid disposal if	hauled offsite:				
ENHR	Permit #:							
GSW	Permit #:		Operator Name:					
			Lease Name:					
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East West			
Recompletion Date		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
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:



Operator Name:			Lease Name: _			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	ring and shut-in pressu	ormations penetrated. Eures, whether shut-in predict final chart(s). Attach	essure reached stati	c level, hydrosta	atic pressures, bott		
		otain Geophysical Data a or newer AND an image		ogs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional S		Yes No			on (Top), Depth an		Sample
Samples Sent to Geol	logical Survey	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	ew Used			
			conductor, surface, inte		ion, 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 / SQL	JEEZE RECORD			
Purpose:  Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Did you perform a hydrau	ulic fracturing treatment o	n this well?		Yes	No (If No, ski	p questions 2 aı	nd 3)
Does the volume of the to	otal base fluid of the hydr	aulic fracturing treatment ex	_	= :	No (If No, ski	p question 3) out Page Three	
Shots Per Foot	PERFORATIO Specify F	N RECORD - Bridge Plug ootage of Each Interval Per	s Set/Type forated		cture, Shot, Cement mount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or ENH	HR. Producing Meth		Gas Lift (	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wate	er B	bls. G	as-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS:	Open Hole		Comp. Comp.	mmingled	PRODUCTIO	ON INTERVAL:
	bmit ACO-18.)	Other (Specify)	(Submit )	4CO-5) (Sub	omit ACO-4)		

Form	ACO1 - Well Completion
Operator	Trek AEC, LLC
Well Name	LECHNER A-1
Doc ID	1355942

### 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	20	271	60/40 Poz	160	3% Gel, 2% CaCl
Production	7.875	4.5	10.5	4751	ASC	150	50# Calcium Slurry
Production	4.5	3.5	7.58	4525	Common	150	CaCl



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

# FIELD SERVICE TICKET 1718 15015 A

PRESSURE PUMPING & WIRELINE DATE TICKET NO. OLD PROD INJ DATE OF CUSTOMER ORDER NO.: WDW DISTRICT P/9+T echner CUSTOMER LEASE WELL NO. HAIPEI STATE KS **ADDRESS** COUNTY SERVICE CREW MATTAL, M. Grav, OS Sorne CITY STATE 31/2" 2.41 **AUTHORIZED BY** JOB TYPE: **EQUIPMENT#** HRS **EQUIPMENT#** HRS **EQUIPMENT#** HRS TRUCK CALLED 3-24-9-T5 器 2746) 2 ARRIVED AT JOB 3-25-17 9:30 START OPERATION AM 10:46 19918 .5 **FINISH OPERATION** 12:30 RELEASED 1:30 MILES FROM STATION TO WELL 60

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 supstitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: Y / (a) / // (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICE	ES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	IT
CP 101	A-con bland		54	150-		2,700	w
CP 100	Common ent		5 K	75 =		2,400	_
CC 130	C-51		15	29 -		725	00
CC 112	CMT Kriction reducer		15	106 -		636	00
CC 109	Calcium chloribe		16	50 -	_ 52,	50 296	10
CC 109	Calcium Chloride		4	282 -		296	10
E100	P.U. Miles		mi	60	1	270	5
EIVI	Heavy eq. miles		Mi	120	1	900	00
EUS	Prop + baix del		TM		1	7,002	50
ce 205	depth charge 4001-5000		441	1		2,520	00
Cezyu	blend +mix		54	175	¥	420	w
5003	Surervisor		e1	1	N.	175	ىن
Ce 504	(*)			-100			
14:							
					SUB TOTAL		
CHI	EMICAL / ACID DATA:			BOOKT		10,134	60
		SERVICE & EQUIP	MENT	19695617000	X ON \$		
		MATERIALS		%TA	X ON \$		
				unred.	TOTAL	CEDIL	03
		0.	Sco	unted		5574	03
					ALS		

THE ABOVE MATERIAL AND SERVICE

FIELD SERVICE ORDER NO.

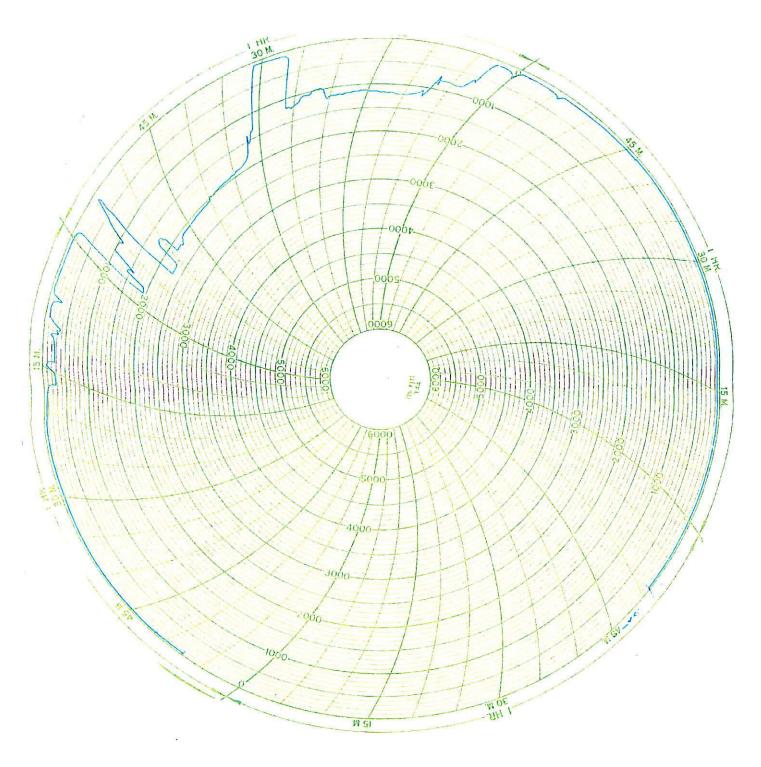
REPRESENTATIVE Mille Mattal

ORDERED BY CUSTOMER AND RECEIVED BY: (WELL OWNER OPERATOR CONTRACTOR OR AGENT)



## TREATMENT REPORT

Customer	( AE	C	110	Lease No.					Date	7 7	C 1	7
Lease L	e chn r.	P	_	Well #	1				1	7-7	5 - 1	/
Field Order #	Station	PraT				Casing -	3 <sup>1</sup> /2 Dept	1453U	County	HAIPEr		State KS
Type Job							Formation			Legal	Description	
PIPE	E DATA	PER	FORATII	NG DATA		FLUID (	JSED		Т	REATMENT		
Casing Size	Tubing Siz	e Shots/	Ft		Aeid	150	SM A-	con	RATE	PRESS	ISIP	
Dept4530	Depth	From	Т	· o	Pre F	Pad 75	545 C	Marion			5 Min.	
Volumel, 4	Volume	From	Т	io .	Pad	Homos		Min			10 Min.	
Max Press	Max Press	From	Т	ò	Frac			Avg			15 Min.	
Well Connection		200 OF # 11 20 20	Т	Ö				HHP Used	d		Annulus F	Pressure
Plug Pepth 0	Packer De	1 From	Т	7.7	Flush		4	Gas Volun	ne		Total Load	d
Customer Rep	resentative	ner N	elson	Station	Manag	ger DAV	io Scur	Τ	Treate	er Mike 1	Mattal	
Service Units Driver	37586		2746		19	1889	19918					
Names	Matta ( Casing	Tubing	McGray			OSRo	111					
Time	Pressure	Pressure	Bbls. F	umped	R	ate				Service Log		
9:30							on lu	CATIUN	SAI	crey Ma	ering	
10:46	1500		0.00							e/ jn 4'	a casing	
	1200		47		3	ζ		142				
11:30	1000		5 L		)	3	Mix			A-con		
11:35	1200	-+-	-	1				- Disp		+ Lina		
11:52	2,000		3	8	-	7		191				
11:54	2,500	-	40			1				ot hol	n	
12:00	2,000		- 11				r P1055	we well	TO	2.000	( L. T.	n will
12:12	200		5		1.	5	mix	25	5 16	Py mi i	n 85/4	1
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		/_								mile	c + Ri	t X
10244	NE Hiwa	ay 61 • F	P.O. Bo	x 8613 •	Prat	t, KS 6	7124-86	13 • (620	) 672-	1201 • Fa	x (620) 6	672-5383



03-25-17 Trek AEC hechner A #1 Harper, KS Cement Liner

.00914 Bbb / LA 41.4 D.15p

	Cel	ment C	allsheet	(	B B	ASIC
Company		TDEV ARC		rvice Point Pratt, I		
N. II T.	Old	TREK AEC,	LLC  co	ontact Person David		620-672-120
Well Type	Old	CONTRACTOR		COUNTY	Harper	STATE KS
DIRECTION	ş.l	Lechner	WELL#	SEC	TWP	RANGE
Joh Tom		Duquio Producti		2 West, South i	nto Thread	Weight
Job Typ	e	Troducti	on Liner	3 1/2 Tubing/Drill Pipe Size		
Amon (2004) 2004 - 189				Tubing Dini Pipe Size	inread	Weight
quipiment				Hole Size	Packer	Bridge Plug
Remarks:				Plug Container	Casing Swivel	Squeeze Manifold
		Harris II. Company of the Company of	3 1/2" Produc			
LEAD 1	Weight PPG	Туре	CEMENT D	DATA Additives		
	10000000000000000000000000000000000000	n.46.0		Additives		
kı	Excess	Yield Ft*/sk	Water Gal/sk			
TAIL 1	Weight PPG	Туре	- id	Additives		
CP101	12.40	A-Con R	lend Common	100000000000000000000000000000000000000	oride	
	Excess	Yield Ft'/sk	Water Gal/sk	.75% friction re	ducer	
150	250%	2.21	12.59	0.2 free water co	ontrol	
LEAD 2	Weight PPG	Туре		Additives		
s	Excess	Yield Fe'sk	Water Gal/sk			
TAIL 2	Weight PPG			Additives		
	Etcess	Yield Fr/sk	Water Gal/sk			
Rat Hole	Weight PPG	Туре		Additives		***************************************
	Excess	Yield Ft'/sk	Water Gal/sk			
D- 4.0		Ì	Float Equipr	ment		
Part#	Quanity	Top Rubber Cen	escription		# Us	ed #Returned
		- Sp Manber Cell	iont i iug, 5 1/2			
				-00		
			Misc. Chemi	icals		
			misc. Chelli	10413		
				-		
red By	anner Nel	son Ph	one 620-755-2571	Fax	Date of Job	
	evin Brun		one 620-213-1586	Email	Time Ready	
erator or			020 210 1000	an		
er Called					0-110-17	