

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 Recompletion Date _____ 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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BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FMH
(36)

FIELD SERVICE TICKET
171815114 A

DATE _____ TICKET NO. *JWS: 92437040*

DATE OF JOB <i>5-26-17</i> DISTRICT <i>P. GATT</i>		NEW WELL <input type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:							
CUSTOMER <i>Griffin Management</i>		LEASE <i>Sherry</i>		WELL NO. <i>9</i>					
ADDRESS:		COUNTY <i>Barber</i>		STATE <i>KS</i>					
CITY STATE		SERVICE CREW <i>MARTIN, Gravel, Clymer</i>							
AUTHORIZED BY		JOB TYPE: <i>2-42 4 1/2 Long String</i>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <i>5-26-17</i>	DATE	AM	TIME
<i>86779</i>	<i>1</i>					ARRIVED AT JOB		PM	<i>12:15</i>
<i>73768</i>	<i>X.5</i>					START OPERATION		AM	<i>7:58</i>
						FINISH OPERATION		AM	<i>9:00</i>
						RELEASED		AM	<i>10:00</i>
						MILES FROM STATION TO WELL			<i>35</i>

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 *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA-2 CMT	\$4	200		3,400.00
CP107	60/40 P02	\$4	50		600.00
CC111	SALT	lb	939		469.50
CC102	Cell Fibre	lb	49		181.30
CC112	CMT FRICTION REDUC	lb	94		564.00
CC201	Gilsonite	lb	1001		670.67
CC116	MAY CHN 10 C	lb	564		1,522.80
CF1250	AUTOFILL FLOAT SHUO <i>4 1/2</i>	EA	1		330.00
CF606	LATCH DOWN PLUG + BAFFLE <i>4 1/2</i>	EA	1		370.00
CF1900	BASKET <i>4 1/2</i>	EA	1		270.00
CF1650	TURBU 1, 201 <i>4 1/2</i>	EA	5		425.00
C704	CLAYMAY	5AL	4		140.00
CC151	Mud GAUS4	5AL	500		750.00
E100	P.U. Miles	mi	35		157.50
E101	heavy eq miles	mi	70		525.00
E113	PROP + bulk del	TN	404		1,010.63
CE205	DEPTH CHARGE	4hr	1		2,520.00
CE240	blend + mix	SK	250		350.00
CE504	PLUG COAT	JOB	1		250.00
5003	SUPERVISOR	EA	1		175.00
				SUB TOTAL	175.00
					\$ 2,681.90

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		8,221.98

SERVICE REPRESENTATIVE <i>Mile Martin</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY <i>[Signature]</i>
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)	

FIELD SERVICE ORDER NO.

Customer Griffin Management	Lease No.	Date 5-26-17
Lease Sherry	Well # 1-9	
Field Order # 73114	Station Pratt	Casing 4 1/2
		Depth 4873
Type Job 2-42 4 1/2 Long string	Formation 21' shoe	County WABW
		State KS
		Legal Description 9-33-12W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size 4 1/2	Tubing Size	Shots/Ft		Acid 200 SAS	RTD 4875	RATE AA-2	PRESS
Depth 4873	Depth	From	To	Pre Pad 50 SAS	Max 60/40	PUZ	ISIP
Volume 77.4	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 4852	Packer Depth	From	To	Flush 77.1	Gas Volume		Total Load

Customer Representative JA Griffin	Station Manager WESTERMAN	Treater MIKE MATTAL
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Service Units 83353	78982	86779	19903	73768
Driver Names MATTAL	Graves		Clymer	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:15					ON LOCATION, SATELITE MEETING
5:00					RUN 4 1/2 10.5# CSNG 21' STOP
					BASKET ON 1 TURBO ON 4, 5, 7, 10, 11
6:50					CSNG ON BOTTOM
7:00					HOOK TO CSNG. / BREAK CIRC W/ RIG
7:58	300		3	5.5	PUMP 3 bbl water
8:00	300		12	5.5	PUMP 12 bbl mud flush
8:03	300		3	5.5	PUMP 3 bbl water
8:04	250		49	5	MIX 200 SAS AA-2 CMF
8:23			4	3	WASH PUMP + LINE / DROP PLUG
8:27	200			5	START DISPLACEMENT W. KCL
8:35	300		50	5	LIFT PRESSURE
8:39	500		67	3	SLOW RATE
8:42	1,500		77.1		PLUG DOWN, RELEASED + LIA
					PLUG RAT + MOUSE HOLE
					CIRC. THRU JOBS
					JOB COMPLETE
					THANK YOU!
					MIKE MATTAL
					SCOTT + MICHAEL