

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1362266
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: _____

1362266



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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

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: _____ _____
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BASIC

energy services, L.P.

TREATMENT REPORT

Customer Deutch Oil Company	Lease No.	Date 4/12/2017
Lease Zink B	Well # 1-4	
Field Order # 14923	Station Pratt, KS	Casing 8 5/8
Type Job	Depth 300	County Pratt
	Formation TD-300	State KS
		Legal Description 4-265-11w

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
8 5/8				Pre Pad		Max		5 Min.
Depth 300	Depth	From	To	Pad		Min		10 Min.
Volume 19	Volume	From	To	Frac		Avg		15 Min.
Max Press	Max Press	From	To			HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush Freshwater		Gas Volume		Total Load
Plug Depth 280	Packer Depth	From	To					

Customer Representative Mike Kerns	Station Manager D. G. & Scott	Treater Darin Franklin
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Service Units	92911	38119	19520	70859	19862				
Driver Names	Darin	Chad	Chad	Darin	Bryan				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:30pm					on location / safety meeting
					200SK 12 serv lite, 6% Gel, 3% CC
					YU & Cellulose, 13.3 pps, 1.66 veils, 8.39 water
					200SK Common Cement, 3% CC, 2% Gel
					YU & Cellulose, 15.0 pps, 1.34 veils, 6.13 water
3:00pm	100		3	4 1/2	Pump 3 bbls water
	100		59	4 1/2	mix 200SK Legd
	100		48	4 1/2	mix 200SK T9.1
	100		17 3/4	4 1/2	Displace 17 3/4 water
3:30pm					Shut in
					Cement bit circulation 10 bbls
					Job complete / Darin & crew
					Thank you!!

Customer <i>Deutsch Oil Company</i>		Lease No.		Date <i>4/19/17</i>	
Lease <i>Zink B</i>		Well # <i>1-4</i>			
Field Order # <i>15040A</i>	Station <i>Pratt KS</i>	Casing <i>5 1/2</i>	Depth	County <i>Pratt</i>	State <i>KS</i>
Type Job <i>5 1/2 Long String</i>	242		Formation	Legal Description <i>Sec 4 Twp 26S R 11W</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 1/2 15.5</i>	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth <i>4118.10</i>	Depth	From	To	Pre Pad		Max		5 Min.
Volume <i>99.0107</i>	Volume	From	To	Pad		Min		10 Min.
Max Press <i>2000</i>	Max Press	From	To	Frac		Avg		15 Min.
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative <i>Mike Kern</i>	Station Manager <i>Justin Westerman</i>	Treater <i>Scott C.</i>
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Service Units <i>8950</i>	<i>78982</i>	<i>86779</i>	<i>84980</i>	<i>19860</i>				
Driver Names <i>Scott Shaw</i>	<i>-</i>	<i>-</i>	<i>Clymer</i>	<i>-</i>				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>12:50</i>					<i>On Location Safety meeting Rig up</i>
<i>3:00</i>					<i>Run Float Equipment Basket #6</i>
					<i>Turbo's 1, 3, 5, 7, 9, 11</i>
<i>4:50</i>					<i>Break Circulation Start Rotating</i>
<i>5:45</i>	<i>150</i>			<i>4</i>	<i>Pump H2O Spacer</i>
<i>5:46</i>	<i>150</i>		<i>5</i>	<i>4</i>	<i>Pump 500 gallons Mud Flush</i>
<i>5:49</i>	<i>200</i>		<i>12</i>	<i>4</i>	<i>Pump H2O Spacer</i>
<i>5:51</i>	<i>300</i>		<i>5</i>	<i>5</i>	<i>Mix 150 SKS AAZ 15.3. ppg</i>
<i>6:00</i>	<i>0</i>		<i>36.4</i>	<i>0</i>	<i>Shut down</i>
<i>6:01</i>					<i>Wash pump + lines clean</i>
<i>6:03</i>					<i>Release Plug</i>
<i>6:04</i>	<i>150</i>			<i>6</i>	<i>Start Displacement</i>
<i>6:17</i>	<i>350</i>		<i>67</i>	<i>6</i>	<i>lift Pressure</i>
<i>6:20</i>	<i>550</i>		<i>20</i>	<i>3.3</i>	<i>Reduce Rate stop Rotating</i>
<i>6:23</i>	<i>650</i>		<i>10.5</i>	<i>3.3</i>	<i>Plug landed</i>
<i>6:23</i>	<i>1500</i>			<i>3.3</i>	<i>Pressure up on Plug Held</i>
<i>6:25</i>	<i>0</i>				<i>Release Pressure NO Returns</i>
<i>6:28</i>	<i>40</i>			<i>3</i>	<i>Plug Rat hole 30SKS 60140 P02</i>
<i>6:30</i>			<i>7.5</i>		<i>Shut down</i>
<i>6:35</i>					<i>Wash up Equipment</i>
<i>6:50</i>					<i>Job Complete</i>



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