

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1368135
OIL & GAS CONSERVATION DIVISION

Form ACO-1
November 2016

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 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: _____

1368135

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)</i> <i>(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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Customer <i>Grunder Oil Inc</i>	Lease No.	Date <i>9/1/17</i>	
Lease <i>Grunder</i>	Well # <i>2</i>		
Field Order # <i>13979A</i>	Station <i>Pratt KS</i>	Casing	Depth
Type Job <i>Plug to Abandon</i>	Formation	County <i>Stafford</i>	State <i>KS</i>
Legal Description			

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

Customer Representative <i>Eric Grunder</i>	Station Manager <i>Judith Westerman</i>	Treater <i>Scott Graves</i>
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Service Units	<i>38950</i>	<i>76482</i>	<i>816779</i>	<i>70959</i>	<i>19860</i>				
Driver Names	<i>Scott</i>	<i>Michael</i>	<i>E.J.</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
				<i>4299'</i>	
					<i>On Location Safety Meeting Rig up</i>
<i>1:48</i>	<i>800</i>			<i>4</i>	<i>Pump H₂O Spacer</i>
<i>1:52</i>	<i>400</i>		<i>15</i>	<i>4</i>	<i>Mix 50 sks 60/40 P02</i>
<i>1:56</i>	<i>250</i>		<i>12.7</i>	<i>4</i>	<i>Pump H₂O Spacer</i>
<i>1:57</i>	<i>400</i>		<i>5</i>	<i>7</i>	<i>Start Displacement</i>
<i>2:05</i>	<i>0</i>		<i>53.5</i>	<i>0</i>	<i>Shut down</i>
					<i>810'</i>
<i>3:31</i>	<i>250</i>			<i>5</i>	<i>Pump H₂O Spacer</i>
<i>3:33</i>	<i>200</i>		<i>10</i>	<i>5</i>	<i>Mix 80 sks 60/40 P02</i>
<i>3:37</i>	<i>175</i>		<i>20.37</i>	<i>5</i>	<i>Start Displacement</i>
<i>3:40</i>	<i>0</i>		<i>9.5</i>	<i>0</i>	<i>Shut down</i>
					<i>250'</i>
<i>3:55</i>	<i>150</i>			<i>5</i>	<i>Pump H₂O Spacer</i>
<i>3:56</i>	<i>100</i>		<i>5</i>	<i>5</i>	<i>Mix 50 sks 60/40 P02</i>
<i>4:00</i>	<i>100</i>		<i>12.7</i>	<i>5</i>	<i>Start displacement</i>
<i>4:07</i>	<i>0</i>		<i>2</i>	<i>0</i>	<i>Shut down</i>
					<i>60'</i>
<i>5:05</i>	<i>0</i>			<i>3</i>	<i>Pump H₂O Spacer</i>
<i>5:06</i>	<i>50</i>		<i>2</i>	<i>3</i>	<i>Mix 70 sks 60/40 P02</i>
<i>5:08</i>	<i>0</i>		<i>5</i>	<i>0</i>	<i>Cement Circulated</i>
<i>5:10</i>	<i>0</i>		<i>.5</i>	<i>0</i>	<i>Shut down</i>

Customer <i>Winn-Dixie, Inc</i>	Lease No.	Date <i>8/22/17</i>			
Lease <i>Winn-Dixie</i>	Well # <i>2</i>				
Field Order # <i>15976.0</i>	Station <i>W 111 1st</i>	Casing <i>2 1/2</i>	Depth <i>1011'</i>	County <i>Lincoln</i>	State <i>KS</i>
Type Job <i>2 1/2" S. face pipe</i>	Formation <i>242</i>	Legal Description			

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>2 1/2"</i>				Pre Pad	Max		5 Min.
Depth <i>1011'</i>	Depth	From	To	Pad	Min		10 Min.
Volume <i>27.27</i>	Volume	From	To	Frac	Avg		15 Min.
Max Press <i>1500</i>	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection <i>5 5/8</i>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load
Plug Depth	Packer Depth	From	To				

Customer Representative <i>Lead / ...</i>	Station Manager <i>...</i>	Treater <i>...</i>								
Service Units <i>7000</i>	<i>2.16</i>	<i>1.00</i>	<i>1000.0</i>	<i>1000.0</i>						
Driver Names <i>...</i>	<i>...</i>	<i>...</i>								

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					<i>1st Injection Valve Working Properly</i>
					<i>Breaker Circulation</i>
<i>7:50</i>	<i>700</i>			<i>5</i>	<i>Pump 175 Surge</i>
<i>7:51</i>	<i>750</i>		<i>3</i>	<i>5.2</i>	<i>Flow 175 surges in 10 min</i>
<i>3:07</i>	<i>700</i>		<i>27</i>	<i>5.2</i>	<i>Flow 175 surges 11.5 gpm 14.5 gpm</i>
<i>3:13</i>	<i>150</i>		<i>27.8</i>	<i>0</i>	<i>Stop down</i>
<i>3:16</i>					<i>Volume Flow</i>
<i>3:17</i>	<i>150</i>			<i>4.5</i>	<i>Flow at Measurement</i>
<i>3:18</i>	<i>200</i>		<i>25</i>	<i>4.5</i>	<i>Control Circulation to 1.</i>
<i>3:22</i>	<i>150</i>		<i>5</i>	<i>3.5</i>	<i>Reduce Rate</i>
<i>3:25</i>	<i>150</i>		<i>6</i>	<i>3.5</i>	<i>Flow started</i>
<i>3:25</i>	<i>500</i>			<i>1</i>	<i>Volume increase</i>
<i>3:25</i>	<i>500</i>			<i>0</i>	<i>Stop down</i>
<i>3:27</i>					<i>Start in Winchki phase work</i>
					<i>is complete</i>



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 13376 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>5/22/17</u> DISTRICT _____		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.: _____								
CUSTOMER <u>Granada Oil Co</u>		LEASE <u>2 wells</u>		WELL NO. <u>2</u>						
ADDRESS _____		COUNTY <u>LeFlore</u>		STATE <u>KS</u>						
CITY _____ STATE _____		SERVICE CREW <u>See below</u>								
AUTHORIZED BY <u>Paul Granader</u>		JOB TYPE: <u>5 1/2"</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>2-1167</u>	<u>175</u>					ARRIVED AT JOB	<u>5/22/17</u>			<u>8:00</u>
<u>1-0017</u>	<u>14</u>					START OPERATION	<u>5/22/17</u>			<u>7:50</u>
						FINISH OPERATION	<u>5/22/17</u>			<u>2:27</u>
						RELEASED	<u>5/22/17</u>			<u>1:00</u>
						MILES FROM STATION TO WELL _____				

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
CE 101	A Con Island	ST	175		
CE 103	16.000.102	ST	17		
CE 107	1/2" pipe	lb	80		
CE 109	Galvanneal pipe	lb	797		
CE 110	5/8" Galvanneal pipe	lb	1		
CE 115	1/2" Galvanneal pipe	lb	1		
CE 116	1/2" Galvanneal pipe	lb	50		
CE 117	1/2" Galvanneal pipe	lb	118		
CE 118	1/2" Galvanneal pipe	lb	75		
CE 119	1/2" Galvanneal pipe	lb	1		
CE 124	Blowdown	lb	500		
CE 125	Blowdown	lb	1		
CE 126	Blowdown	lb	1		

SUB TOTAL

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$

TOTAL 5657 37

SERVICE REPRESENTATIVE [Signature] THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY [Signature]
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Grunder Oil LLC
122S Main St John KS 67576
ATTN: Keaton Jones

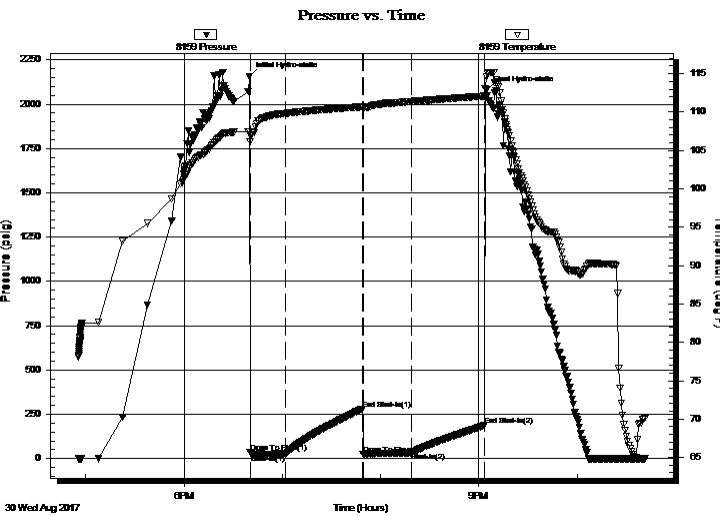
14-2s-13w Stafford
Grunder 2
Job Ticket: 63623 **DST#: 1**
Test Start: 2017.08.30 @ 16:55:32

GENERAL INFORMATION:

Formation: **viola**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 18:40:17
Time Test Ended: 22:41:32
Interval: **4094.00 ft (KB) To 4160.00 ft (KB) (TVD)**
Total Depth: 4160.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Good
Test Type: Conventional Bottom Hole (Initial)
Tester: Leal Cason
Unit No: 74
Reference Elevations: 1933.00 ft (KB)
1927.00 ft (CF)
KB to GR/CF: 6.00 ft

Serial #: 8159 Inside
Press@RunDepth: 32.60 psig @ 4095.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2017.08.30 End Date: 2017.08.30 Last Calib.: 2017.08.30
Start Time: 16:55:33 End Time: 22:41:32 Time On Btm: 2017.08.30 @ 18:39:47
Time Off Btm: 2017.08.30 @ 21:04:32

TEST COMMENT: IF: Fair Blow BOB 7 minutes
IS: No Blow Back
FF: Strong Blow , BOB in 15 seconds
FS: No Blow Back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2155.18	107.46	Initial Hydro-static
1	36.66	106.16	Open To Flow (1)
22	25.66	109.82	Shut-In(1)
69	279.50	110.70	End Shut-In(1)
70	22.11	110.63	Open To Flow (2)
100	32.60	111.38	Shut-In(2)
144	187.90	112.08	End Shut-In(2)
145	2079.03	114.56	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	1346 GIP	0.00
40.00	SOCM 2%O 98% M	0.56

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

Serial #: 8159

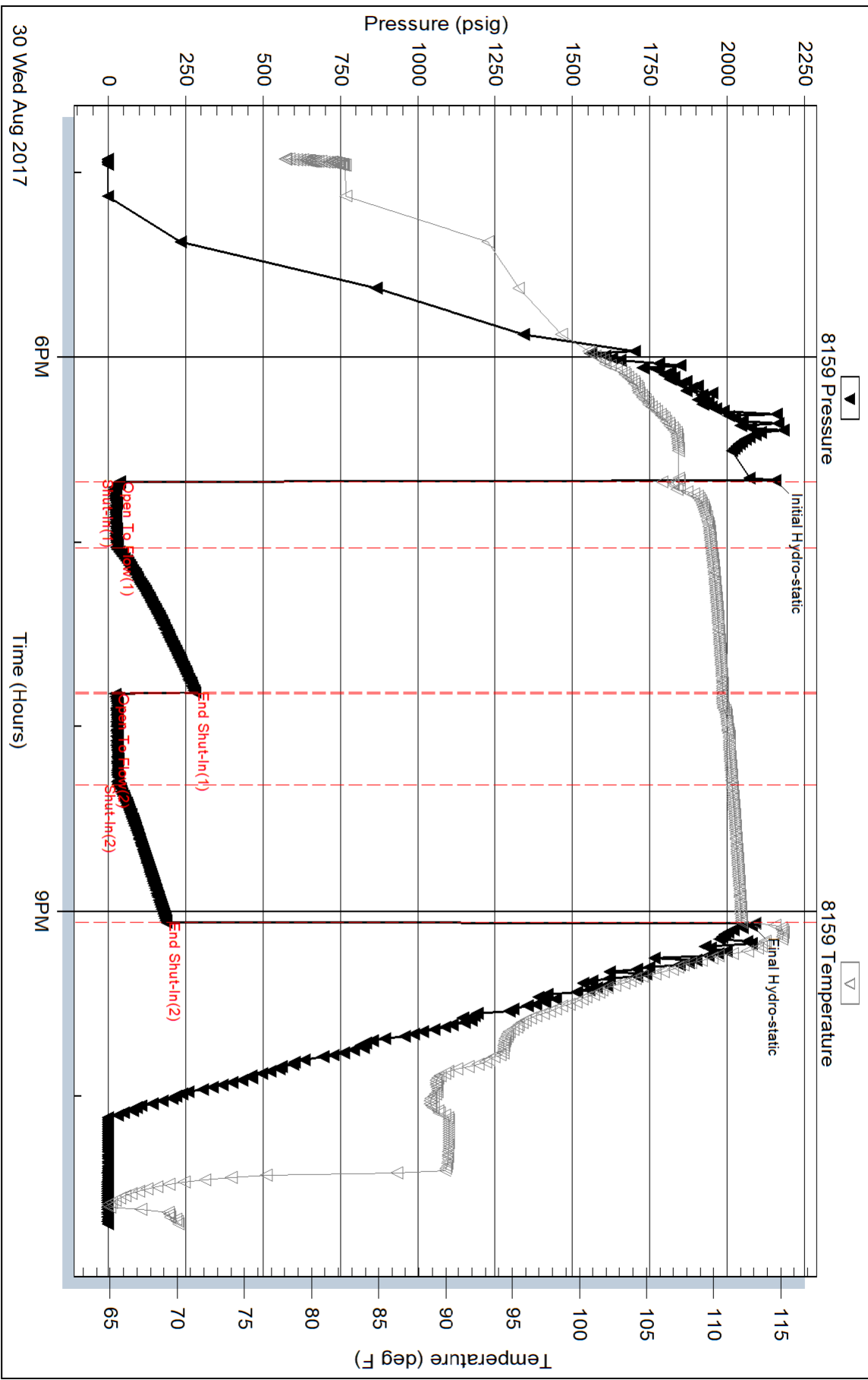
Inside

Grunder Oil LLC

Grunder 2

DST Test Number: 1

Pressure vs. Time

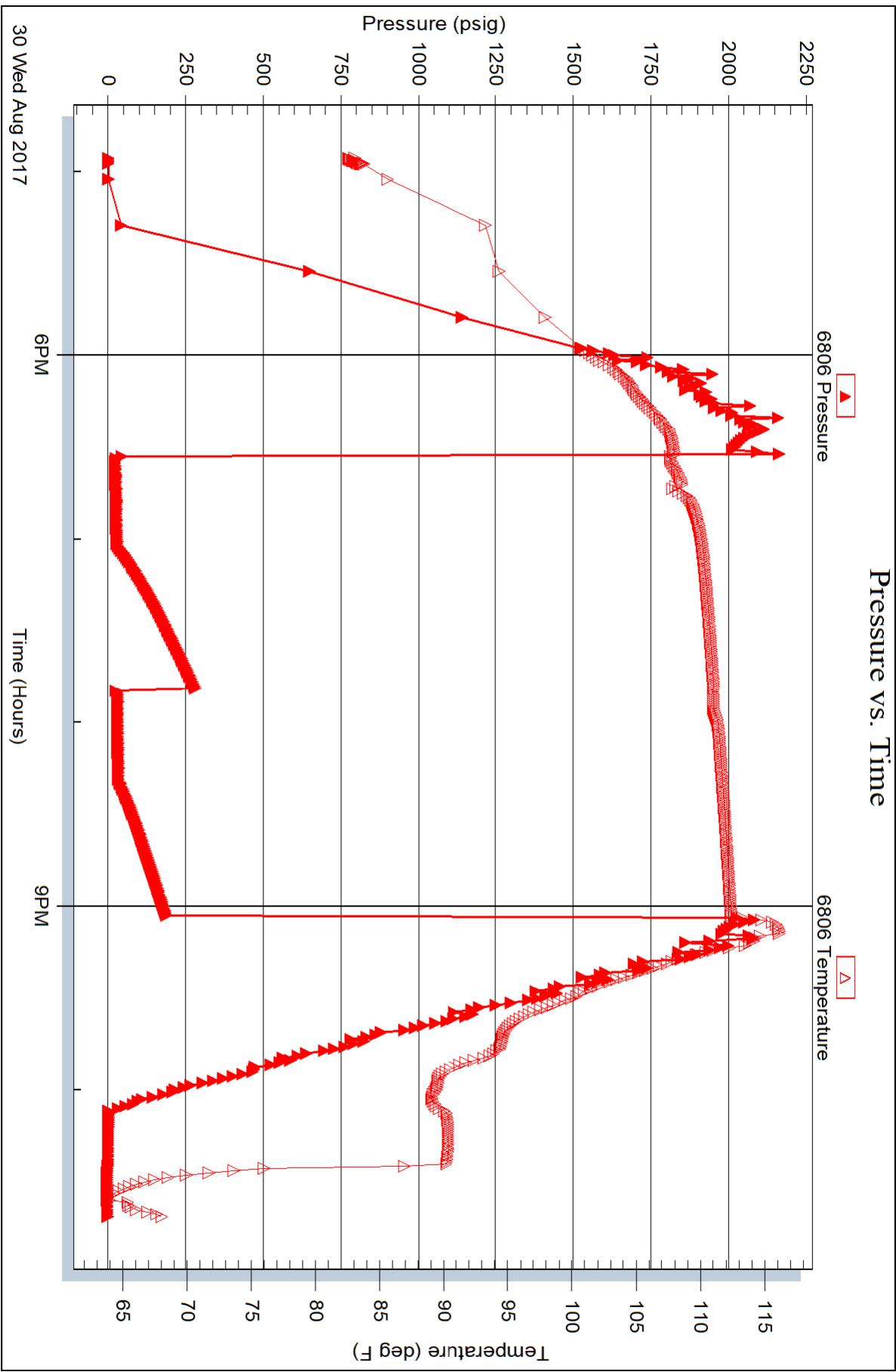


Serial #: 6806

Outside Grunder Oil LLC

Grunder 2

DST Test Number: 1





TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

FLUID SUMMARY

Grunder Oil LLC
122S Main St John KS 67576
ATTN: Keaton Jones

14-2s-13w Stafford
Grunder 2
Job Ticket: 63624 **DST#: 2**
Test Start: 2017.08.31 @ 08:42:17

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 10.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 60.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.58 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 7000.00 ppm			
Filter Cake: 0.02 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	Mud	0.070

Total Length: 5.00 ft Total Volume: 0.070 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

Serial #: 8159

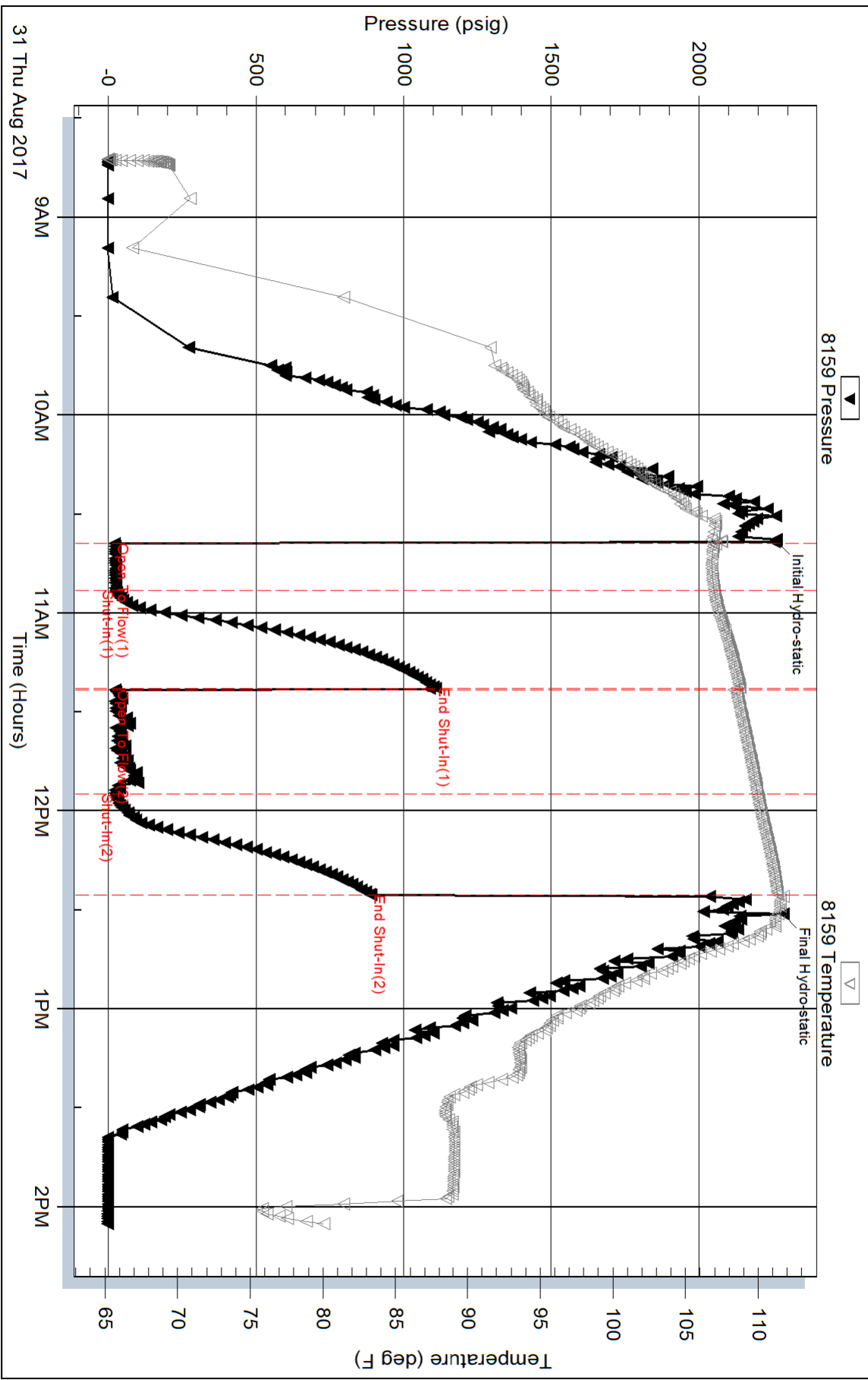
Inside

Grunder Oil LLC

Grunder 2

DST Test Number: 2

Pressure vs. Time

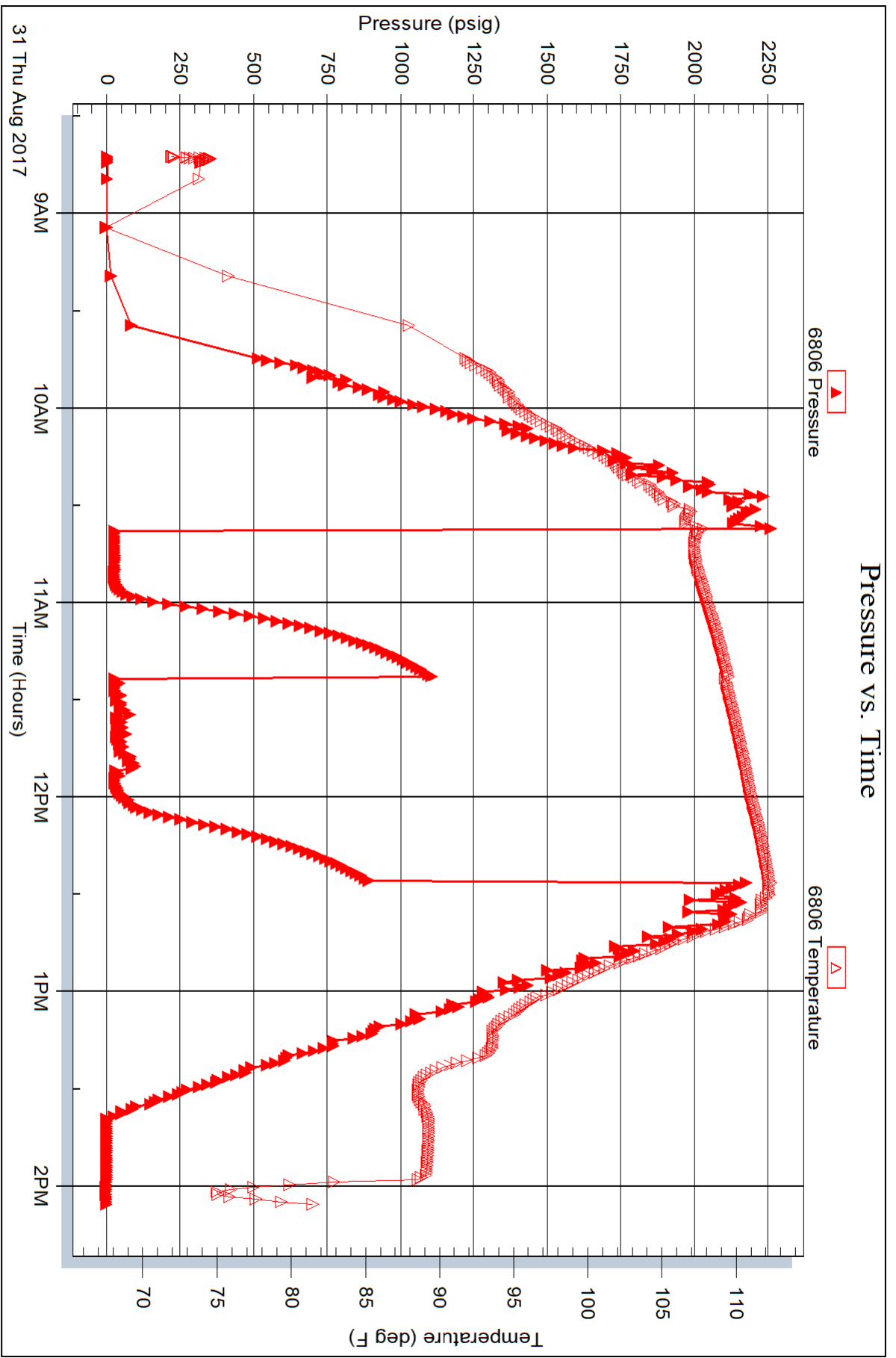


Serial #: 6806

Outside Grunder Oil LLC

Grunder 2

DST Test Number: 2





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Grunder Oil LLC
122S Main St John KS 67576
ATTN: Keaton Jones

14-2s-13w Stafford
Grunder 2
Job Ticket: 63625 **DST#: 3**
Test Start: 2017.09.01 @ 00:18:12

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 10.00 lb/gal	Cushion Length: ft	Water Salinity:	42000 ppm
Viscosity: 56.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.99 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 7500.00 ppm			
Filter Cake: 0.02 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
882.00	Water	12.372
441.00	MOCW 5%M20%O 75%W	6.186
252.00	MOCW 5%M22%O 73%W	3.535
315.00	MWCO 20%M40%W 40%O	4.419

Total Length: 1890.00 ft Total Volume: 26.512 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments: RW w as .21 @ 57degrees

Serial #: 8159

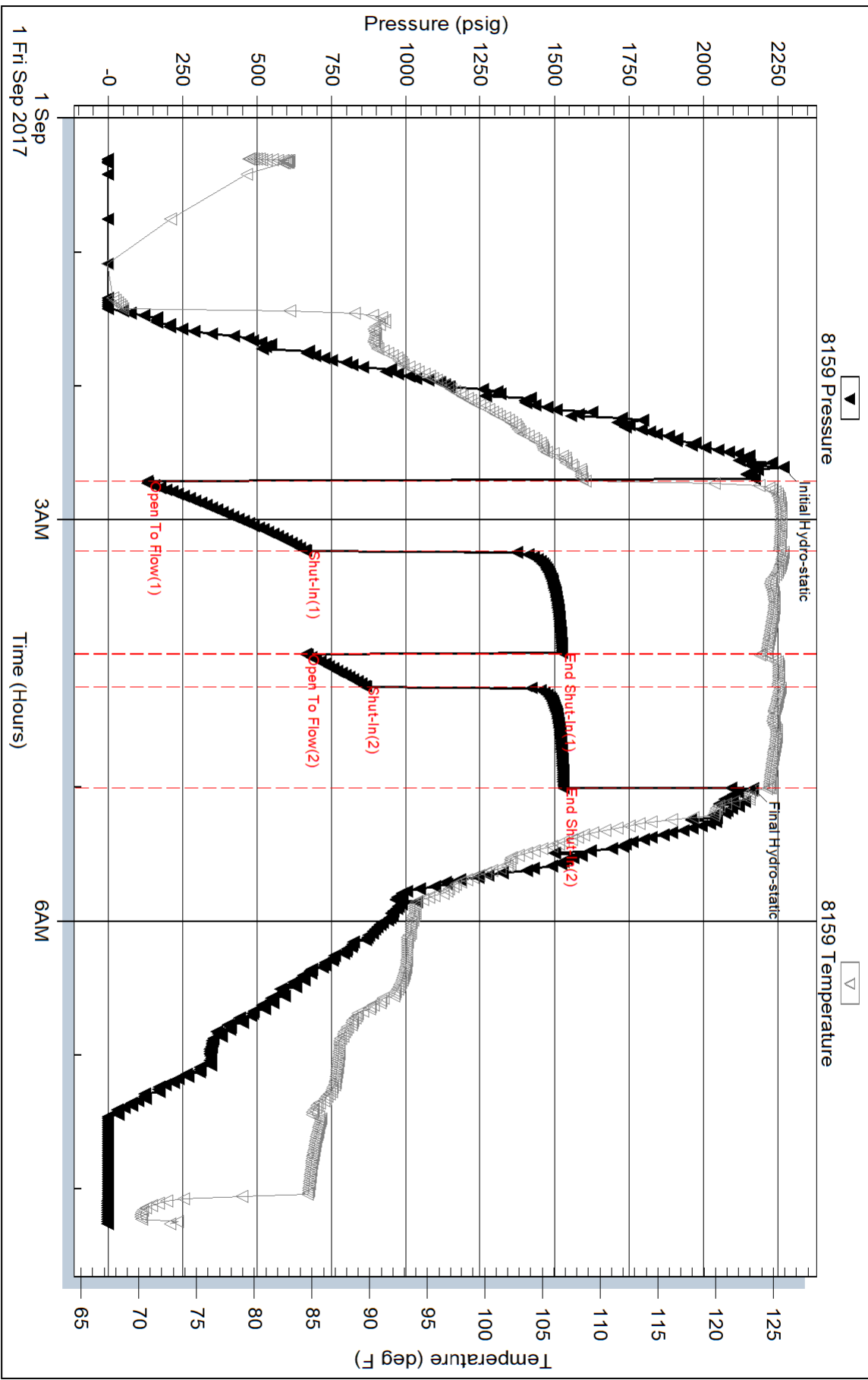
Inside

Grunder Oil LLC

Grunder 2

DST Test Number: 3

Pressure vs. Time



Trilobite Testing, Inc

Ref. No: 63625

Printed: 2017.09.01 @ 08:39:47

Serial #: 6806

Outside Grunder Oil LLC

Grunder 2

DST Test Number: 3

