

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 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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Form	ACO1 - Well Completion
Operator	CMX, Inc.
Well Name	BLACK WIDOW OWWO 1-29
Doc ID	1371819

All Electric Logs Run

Micro
Neutron Porosity
Induction Resistivity
Sonic

Form	ACO1 - Well Completion
Operator	CMX, Inc.
Well Name	BLACK WIDOW OWWO 1-29
Doc ID	1371819

Tops

Name	Top	Datum
Herrington	1986	-120
Wabaunsee	2810	-944
Topeka	3352	-1486
Heebner	3694	-1828
Lansing	3896	-2030
B/KC	4302	-2436
Warsaw	4401	-2535
Viola	4645	-2779



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1000793	1718	10/25/2017
INVOICE NUMBER			
92552472			

Pratt (620) 672-1201
 B CMX INC
 I 1700 N WATERFRONT PKWY BLDG 300 STE B
 L WICHITA
 L KS US 67206
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Black Widow OWWO 1-29
 O LOCATION
 B COUNTY Pratt
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE	
41064754	19843		Net - 30 days	11/24/2017	
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 10/20/2017 to 10/20/2017</i>					
0041064754					
171815484A Cement-New Well Casing/Pi 10/20/2017 Cement PTA					
60/40 POZ		190.00	EA	6.60	1,254.00 T
Cement Gel		328.00	EA	0.14	45.10 T
"Unit Mileage Chg (PU, cars one way)"		20.00	MI	2.48	49.50
Heavy Equipment Mileage		40.00	MI	4.13	165.00
Proppant & Bulk Del. Chgs., per ton mil		164.00	EA	1.38	225.50
Blending & Mixing Service Charge		190.00	BAG	0.77	146.30
Depth Charge; 501'-1000'		1.00	EA	660.00	660.00
"Service Supervisor, first 8 hrs on loc.		1.00	EA	96.25	96.25

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	2,641.65
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	107.18
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	2,748.83
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

(77MH 14)

BASIC

energy services, L.P.

TREATMENT REPORT

Customer Cmx, Inc.		Lease No.		Date 10/20/2017	
Lease Bliscr widow ownr		Well # 1-29			
Field Order # 15454	Station Prs 2 Lks	Casing	Depth	County Prs 2	State KS
Type Job 242/PTA			Formation	Legal Description 29-28-11w	

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 Freshwater	Gas Volume			Total Load

Customer Representative Hector Torrez			Station Manager Justin Westerman			Treater Darin Frankie		
Service Units	92511	84581	19843	19903	73768			
Driver Names	Darin	McGrew	McGrew	Clymer	Clymer			

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
6:30am					on location / 99pm meeting
					780'
8:45am	200		15	5	Pump 15 bbbs water
	200		13	5	mix 13 bbbs cement
	200		5	5	Pump 5 bbbs water
					330'
	200		19	5	mix 19 bbbs cement
	200		1/2	5	Pump 1/2 bbbs water
					60'
	100		5	5	mix 5 bbbs cement
					PG+ Hole
	50		7	3	mix 7 bbbs cement
10:00am					Job complete / Darin & crew
					Thank you!!



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

CMX Inc
 1700 N Waterfront Pkw y
 Bldg 300 B
 Wichita, KS 67206
 ATTN: Leah Kasten

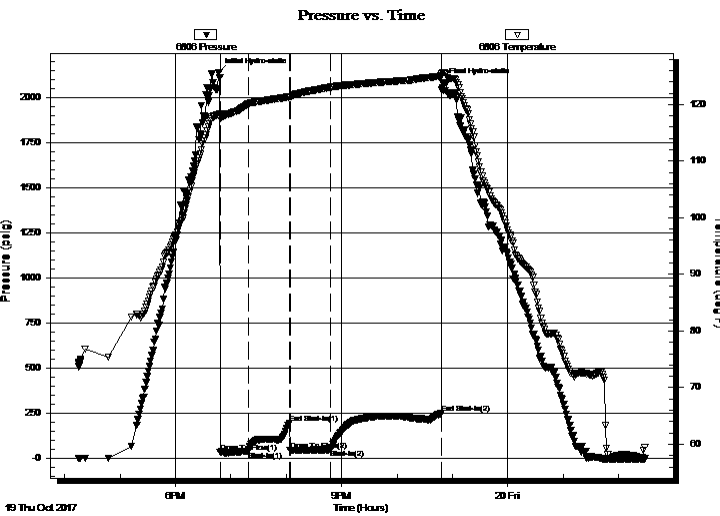
29-29S-11W Pratt
Black Widow 1-29
 Job Ticket: 57841 **DST#: 1**
 Test Start: 2017.10.19 @ 16:15:15

GENERAL INFORMATION:

Formation: **Mississippi**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Straddle (Initial)
 Time Tool Opened: 18:48:30 Tester: Leal Cason
 Time Test Ended: 02:28:30 Unit No: 74
 Interval: **4360.00 ft (KB) To 4480.00 ft (KB) (TVD)** Reference Elevations: 1870.00 ft (KB)
 Total Depth: 4748.00 ft (KB) (TVD) 1861.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Good KB to GR/CF: 9.00 ft

Serial #: 6806 Outside
 Press@RunDepth: 49.79 psig @ 4361.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2017.10.19 End Date: 2017.10.20 Last Calib.: 2017.10.20
 Start Time: 16:15:16 End Time: 02:28:30 Time On Btm: 2017.10.19 @ 18:47:00
 Time Off Btm: 2017.10.19 @ 22:49:00

TEST COMMENT: IF: Strong Blow , BOB in 6 minutes
 IS: Blow Back Built to BOB in 20 minutes
 FF: Strong Blow , BOB in 30 seconds
 FS: Blow Back Built to BOB in 30 minutes



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2140.99	118.24	Initial Hydro-static
2	34.88	117.49	Open To Flow (1)
32	39.58	120.06	Shut-In(1)
77	195.23	121.37	End Shut-In(1)
78	45.88	121.36	Open To Flow (2)
122	49.79	123.06	Shut-In(2)
241	249.37	125.01	End Shut-In(2)
242	2082.25	125.67	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	3886 GIP	0.00
80.00	GCM 2%G 98%M	1.12

Gas Rates

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



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

CMX Inc
 1700 N Waterfront Pkw y
 Bldg 300 B
 Wichita, KS 67206
 ATTN: Leah Kasten

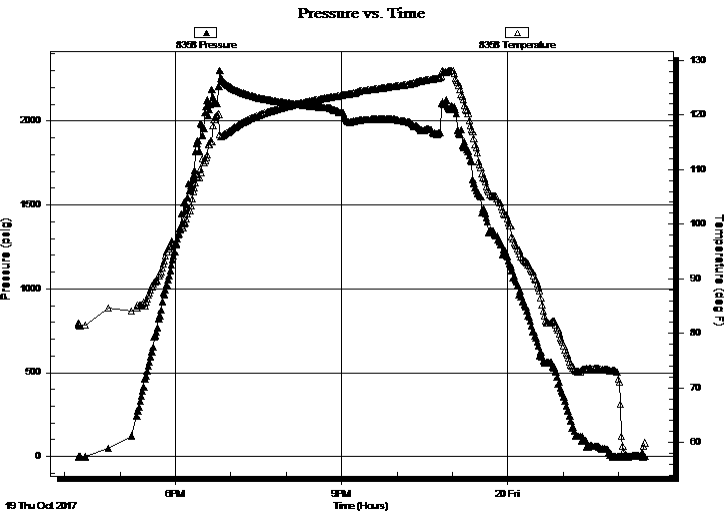
29-29S-11W Pratt
Black Widow 1-29
 Job Ticket: 57841 **DST#: 1**
 Test Start: 2017.10.19 @ 16:15:15

GENERAL INFORMATION:

Formation: **Mississippi**
 Deviated: No Whipstock: ft (KB)
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 Time Test Ended: 02:28:30
 Interval: **4360.00 ft (KB) To 4480.00 ft (KB) (TVD)**
 Total Depth: 4748.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Straddle (Initial)
 Tester: Leal Cason
 Unit No: 74
 Reference Elevations: 1870.00 ft (KB)
 1861.00 ft (CF)
 KB to GR/CF: 9.00 ft

Serial #: 8358 Below (Straddle)
 Press@RunDepth: psig @ 4491.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2017.10.19 End Date: 2017.10.20 Last Calib.: 2017.10.20
 Start Time: 16:15:16 End Time: 02:28:30 Time On Btm:
 Time Off Btm:

TEST COMMENT: IF: Strong Blow , BOB in 6 minutes
 IS: Blow Back Built to BOB in 20 minutes
 FF: Strong Blow , BOB in 30 seconds
 FS: Blow Back Built to BOB in 30 minutes



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
0.00	3886 GIP	0.00
80.00	GCM 2%G 98%M	1.12

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

CMX Inc
1700 N Waterfront Pkw y
Bldg 300 B
Wichita, KS 67206
ATTN: Leah Kasten

29-29S-11W Pratt
Black Widow 1-29
Job Ticket: 57841 **DST#: 1**
Test Start: 2017.10.19 @ 16:15:15

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 60.00 sec/qt	Cushion Volume: bbl		
Water Loss: 12.78 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 10000.00 ppm			
Filter Cake: 0.02 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	3886 GIP	0.000
80.00	GCM 2%G 98%M	1.122

Total Length: 80.00 ft Total Volume: 1.122 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:

