

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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Form	ACO1 - Well Completion
Operator	TREK Resources, Inc.
Well Name	R&M UNIT JILG 1
Doc ID	1384333

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
4	3544	3554			Old Perforations Squeezed off
4	3578	3588			Old Perforations Squeezed off
4	3638	3646			Old Perforations Squeezed off
4	3752	3756			
4	3770	3773			
4	3802	3808			
4	3816	3819			
			CIBP Cast Iron Bridge Plug	3900	
			CIBP Cast Iron Bridge Plug	4030	
4	4049	4052			

Form	ACO1 - Well Completion
Operator	TREK Resources, Inc.
Well Name	R&M UNIT JILG 1
Doc ID	1384333

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.5	8.625	28	262	Common	175	Unknown
Production	7.875	5.5	14	2787	None	0	None
Production	7.875	5.5	15.5	4271	Common	250	Unknown
Production	7.875	4.5	10.5	3716	Common	150	Calcium Chloride

Customer TRK AEC LLC	Lease No.	Date 1/25/2018
Lease Jill's	Well # 1	
Field Order # 16072	Station Pratt, KS	Casing 4 1/2
Type Job 2411 Liner	Depth 3715	County Gove
	Formation	State KS
		Legal Description

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
4 1/2				Pre Pad		Max		5 Min.
Depth 3715	Depth	From	To	Pad		Min		10 Min.
Volume 59	Volume	From	To	Frac		Avg		15 Min.
Max Press 1500	Max Press	From	To			HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush WGR		Gas Volume		Total Load
Plug Depth 3715	Packer Depth	From	To					

Customer Representative **Tanner** Station Manager **Justin Westorfen** Treater **Darin Fisker**

Service Units	92911	84981	19843	19889	21010				
Driver Names	Darin	Ed	Ed	Disz	Disz				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
11:30am					On Location / SSPer meeting
					150 SK A-con Blend cement
					2% Calcium Chloride, 75% FR, 1% WCA
					120ppg, 2.46 v/v, 14.40 water
1:30pm	700		60	3	Establish circulation
	300		66	3	Mix 150 SK cement
					Shut down
	400		0	3	WGR Pump & Liner & Release Plug
	600		30	3	Start displacement
	700		40	3	
	800		45	3	
	900		50	3	
2:40pm	1500		59	3	Bump Plug
					Flow - Hold
					Did not circulate cement
2:45pm					Job complete / Darin & crew
					Thank you!!



Liberal Yard #1717 - Phone 620-624-2277 - 1700 S. Country Estates Road, Liberal KS 67901

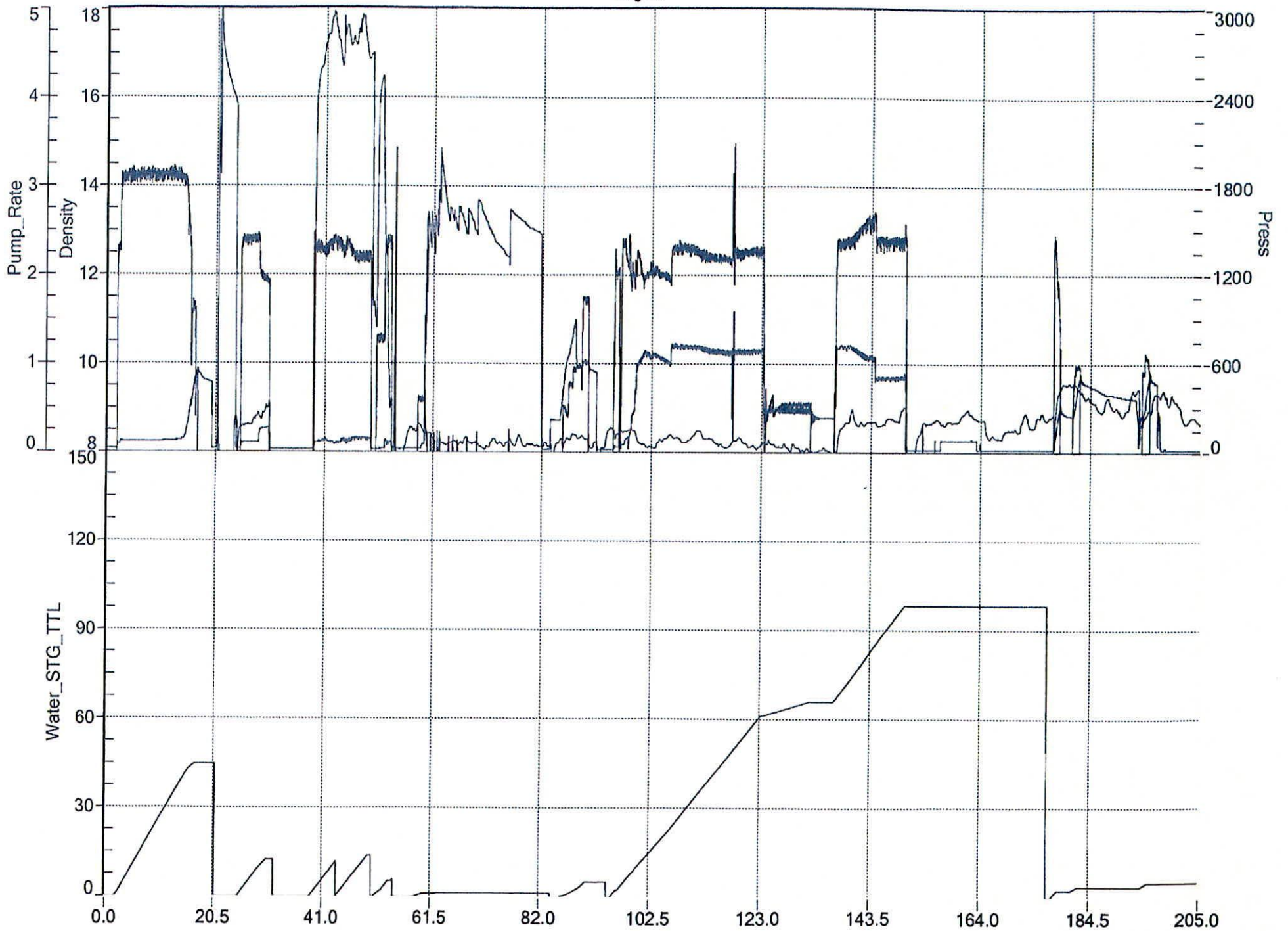
PRESSURE PUMPING

Job Log

Customer:	Trek AEC		Cement Pump No.:	38117, 19919 7.5Hrs.	Operator TRK No.:	96816			
Address:	4925 Greenville Ave Ste 915		Ticket #:	1718 15541 L	Bulk TRK No.:	30464, 37725	Manuel		
City, State, Zip:	Dallas Tx 75206		Job Type:	Z41 - Squeeze Perfs					
Service District:	1718 - Liberal, Ks.		Well Type:	OIL					
Well Name and No.:	Jilig #1		Well Location:		County:	Gove	State:	Ks	
Type of Cmt	Sacks	Additives		Truck Loaded On					
Premium / Common	50	1/3#sk OWB		30464, 37725 Manuel		Front	Back		
Premium / Common	50	Neat		30464, 37725		Front	Back		
						Front	Back		
Lead/Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Requirements		CU. FT.	Man Hours / Personnel			
Lead:	16.4	1.06	4.33		53	TT Man Hours:	40.5		
Tail:	16.4	1.06	4.35		53	# of Men on Job:	3		
Time (am/pm)	(BPM)	Volume (BBLs)	Pumps		Pressure (PSI)		Description of Operation and Materials		
			T	C	Tubing	Casing			
11:10							ON LOCATION & SAFETY MEETING		
11:20							RIG UP		
12:05 PM		43.5				560	LOAD B.S. TO 560PSI / 39BBLs TO LOAD		
12:29 PM	2	8.5			150		GET AN INJECTION RATE / LOAD W/ 8.5BBLs		
12:34 PM	2	12			160		2.0BPM @ 160PSI / SHUTDOWN		
12:43	2.3	9.4 slurry			60		PUMP 50SX LEAD @ 16.4# W/ OWB		
12:47	2.3	9.4 slurry			60		PUMP 50SX LEAD @ 16.4# NEAT		
12:53 PM							SHUTDOWN / W.P.		
12:59		2					DISPLACE W/ 3BBLs / ON VACUUM 1BPM		
13:02	0.6	2.5					ENGAGE PUMP		
13:04		3			1500		PRESSURE UP / STAGE IN		
13:30	1	4				880	REVERSE OUT W/ 4BBLs / NO RETURNS		
13:36							SHUTDOWN		
13:40	2.4	50			700		REVERSE OUT / LONG WAY		
14:18	2.3	63			700		SHUTDOWN OUT OF H2O		
14:22	2.3	93			500		PUMP 93BBLs		
14:35							SHUTDOWN / PULL T.B.		
15:03		3.5				500	PRESSURE UP B.S. TO 500 DROPPED TO 380		
15:18						380	IN 10 MIUTES		
15:20		1			500		PRESSURE UP T.B. WITH 1BBL TO 500PSI		
15:22					490		CLOSE IN		
							JOB COMPLETE		
Size Hole	7 7/8"	Depth				TYPE	Swage		
Size & Wt. Csg.	5 1/2" 14#	Depth			New / Used	Packer	3496'	Depth	
tbg.	2 3/8" 4.7#	Capacity	13.5BBLs			Retainer		Depth	
Top Plugs		Type				Perfs	3544' - 3638'	CIBP	3740'
Customer Signature:					Basic Representative:		Daniel Beck		
					Basic Signature:		<i>Daniel Beck</i>		
					Date of Service:		1/10/2018		

Trek AEC

Jilig #1





BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 16072 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>1/25/2019</u> DISTRICT: <u>Pratt, KS</u>		NEW WELL <input type="checkbox"/> OLD WELL <input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:							
CUSTOMER: <u>Trek AEC LLC</u>		LEASE: <u>J. L. G</u> WELL NO.: <u>1</u>							
ADDRESS:		COUNTY: <u>Gove</u> STATE: <u>KS</u>							
CITY: _____ STATE: _____		SERVICE CREW: <u>Darin, Ed</u>							
AUTHORIZED BY:		JOB TYPE: <u>241/Liner</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
<u>19843</u>	<u>2 1/4</u>						<u>1/25</u>	<u>AM</u>	<u>8:00</u>
<u>21010</u>	<u>3/4</u>					ARRIVED AT JOB	<u>1/25</u>	<u>AM</u>	<u>11:30</u>
						START OPERATION	<u>1/25</u>	<u>AM</u>	<u>1:30</u>
						FINISH OPERATION	<u>1/25</u>	<u>AM</u>	<u>2:45</u>
						RELEASED	<u>1/25</u>	<u>AM</u>	<u>3:15</u>
						MILES FROM STATION TO WELL			<u>100</u>

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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP101	A-Con Blend Common	SK	150		
CC109	Calcium Chloride	Lb	282		
CC112	Cement Friction Reducer	Lb	106		
CC130	C-51	Lb	15		
CF850	4 1/2" Float Shoe (Blue)	Ft	1		
CF102	Top Rubber Plug	Ft	1		
E100	Unit mileage charge - pickups, small usos & cars	m.	100		
E101	Heavy Equipment mileage	m	200		
E113	Proppant gas Bulk Delivery Charge per ton	ton	705		
CE204	Depth Charge; 3001-4001	4 hr	1		
CE240	Blending & mixing Service Charge	SK	150		
CE504	Plug Container Ut. 1.292 on Charge	Job	1		
5003	Service Supervisor, 8 hrs on job	Ft	1		

CHEMICAL / ACID DATA:			

SUB TOTAL		
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
Discount	TOTAL	<u>6014 03</u>

SERVICE REPRESENTATIVE: Darin Ed THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]

FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer TRK AEC LLC	Lease No.	Date 1/25/2018
Lease Jill's	Well # 1	
Field Order # 16072	Station Pratt, KS	Casing 4 1/2
Type Job 2411 Liner	Formation	Depth 3715
		County Gove
		State KS
Legal Description		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
4 1/2				Pre Pad		Max		5 Min.
Depth 3715	Depth	From	To	Pad		Min		10 Min.
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Well Connection	Annulus Vol.	From	To	Flush WGR		Gas Volume		Total Load
Plug Depth 3715	Packer Depth	From	To					

Customer Representative **Tanner** Station Manager **Justin Westorfen** Treater **Darin Fisker**

Service Units	92911	84981	19843	19889	21010				
Driver Names	Darin	Ed	Ed	Disz	Disz				

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Service District:	1718 - Liberal, Ks.		Well Type:	OIL					
Well Name and No.:	Jilig #1		Well Location:		County:	Gove	State:	Ks	
Type of Cmt	Sacks	Additives		Truck Loaded On					
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Top Plugs		Type				Perfs	3544' - 3638'	CIBP	3740'
Customer Signature:					Basic Representative:		Daniel Beck		
					Basic Signature:		<i>Daniel Beck</i>		
					Date of Service:		1/10/2018		

Trek AEC

Jilig #1

