

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)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom

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	Becker Oil Corporation
Well Name	MAPHET # 1
Doc ID	1405821

Tops

Name	Top	Datum
Stone Corral Anhydrite	989	+1049
Heebner Shale	4216	-2178
Lansing Group	4410	-2372
Marmaton Group	4957	-2919
Pawnee	5050	-3012
Cherokee Shale	5110	-3072
Morrow Shale	5233	-3195
Miss. Chester	5258	-3220
St. Genevieve	5316	-3278
TD (Drlr)	5340	-3302
TD (Log)	5338	-3300

Form	ACO1 - Well Completion
Operator	Becker Oil Corporation
Well Name	MAPHET # 1
Doc ID	1405821

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	12.25	8.625	23	744	A-Con	200	3%cc,2% gel, 1/4# flo-seal
Surface					common	125	2%cc,2% gel, 1/4# flo-seal
Surface					common	75	2%cc,2% gel, 1/4# flo-seal
Surface					common	275	3%cc,2% gel, 1/4# flo-seal
							last 350 sx from surface w/ 1" pipe



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1005109	1718	11/08/2017
INVOICE NUMBER			
92563103			

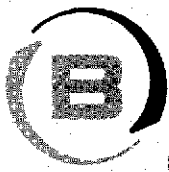
Pratt (620) 672-1201
 B BECKER OIL CORPORATION
 I PO BOX 1150
 L PONCA CITY
 L OK US 74602
 T
 O ATTN:

J LEASE NAME Maphet #1
 O LOCATION
 B COUNTY Clark
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41067864			Net - 30 days	12/08/2017

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 11/05/2017 to 11/05/2017</i>				
0041067864				
171815520A Cement-New Well Casing/Pi 11/05/2017 Cement-8 5/8" Surface				
A-Con Blend Common	200.00	GAL	9.00	1,800.00 T
Common Cement	475.00	GAL	8.00	3,800.00 T
Celloflake	101.00	EA	1.85	186.85 T
Calcium Chloride	1,504.00	EA	0.53	789.60 T
"Top Rubber Cmt Plug, 8 5/8" ""	1.00	EA	112.50	112.50
"Baffle Plate Alum., 8 5/8" (Blue)"	1.00	EA	85.00	85.00
"Centralizer, 8 5/8" (Blue)"	2.00	EA	45.00	90.00
"Unit Mileage Chg (PU, cars one way)"	70.00	MI	2.25	157.50
Heavy Equipment Mileage	210.00	MI	3.75	787.50
2125 Prop & Bulk Del. Chr. per ton mil	1.00	EA	2,655.63	2,655.63
Depth Charge; 501'-1000'	1.00	EA	600.00	600.00
Blending & Mixing Service Charge	675.00	BAG	0.70	472.50
Plug Container Util. Chg.	1.00	EA	125.00	125.00
"Service Supervisor, first 8 hrs on loc.	1.00	EA	87.50	87.50

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	11,749.58
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	427.47
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	12,177.05
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



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 15520 A

DATE _____ TICKET NO. _____

DATE OF JOB 11-5-17 DISTRICT Pratt		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 Becker Oil		LEASE M A P H R WELL NO. 1						
ADDRESS		COUNTY CLARK STATE Ks						
CITY STATE		SERVICE CREW MATTAL, Ruben, OSBORN						
AUTHORIZED BY		JOB TYPE: Z-42 8 5/8 SURF						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 11-4-17 DATE	AM	TIME
19842	10						PM	2:00
						ARRIVED AT JOB	AM	6:00
73768	1					START OPERATION	AM	10:25
						FINISH OPERATION	AM	8:15
19918	1					RELEASED	PM	9:15
						MILES FROM STATION TO WELL		70

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
CP 101	A-con blend cement	SK	200		3600 00
CP 100C	COMMON CEMENT	SK	200		3200 00
CP 100C	COMMON CEMENT	SK	275		4400 00
CC 102	CEMENT	lb	101		373 70
CC 109	CALCIUM CHLORIDE	lb	940		987 00
CC 109	calcium chloride	lb	564		592 20
CF 105	TOP RUBBER PLUG 8 5/8	EA	1		225 00
CF 753	BASIC PLATE ALUM. 8 5/8	EA	1		170 00
CF 1753	CENTRATION 8 5/8	EA	2		180 00
E 100	P.U. Miles	Mi	70		315 00
E 101	heavy eq. miles	Mi	210		1575 00
E 113	PUMP + bulk d-1	TM	2125		5311 25
CE 201	DEPTH CHANGE 50L-1000	4Hr	1		1200 00
CE 240	blend + mix	SK	675		945 00
CE 504	PLUG CON	JOB	1		250 00
S 003	SUPERVISOR	EA	1		175 00

SUB TOTAL

23999 15

CHEMICAL / ACID DATA:			

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

TOTAL

11749 58

SERVICE REPRESENTATIVE **Mike Mattal** THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer: Belk Oil	Lease No.:	Date: 11-5-17
Lease: MARW	Well #:	
Field Order #:	Station: Pratt	Casing: 8 5/8
Depth: 743	County: CLARK	State: KS
Type Job: 2-42 8 5/8 Slick	Formation:	Legal Description: 32-325 23W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size: 8 1/2	Tubing Size:	Shots/Ft:		Acid: 200 SK A-CU	3% RATE	PRESS: 250 CF	ISIP:
Depth: 743.45	Depth:	From:	To:	Pre Pad: 200 SK COM	Max: 2%	250 CF	5 Min.
Volume: 47.3	Volume:	From:	To:	Pad: 200 SK COM	Min: 3%		10 Min.
Max Press:	Max Press:	From:	To:	Frac: 75 SK	Avg: COMMON		15 Min.
Well Connection:	Annulus Vol.:	From:	To:		HHP Used:		Annulus Pressure:
Plug Depth: 897.52	Packer Depth:	From:	To:	Flush:	Gas Volume:		Total Load:

Customer Representative: **Doug Brown** Station Manager: **WESTMAN** Treater: **MATTA**

Service Units:	8335	38750	19500	19905	75765	19918	38750
Driver Names:	MATTA	RUGAN		W. BROWN		JOSE	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
6:00					ON LOCATION / SAFETY MEETING
8:15					RUN 8 5/8 CSNG W. GARB-FI PLATE #1
					CENTRATION ON #1 - #4
					LOST CIRCULATION AT 278' WHILE DRILLING
9:30					CSNG ON BOTTOM
9:45					HOOK TO CSNG, NOT PLUGGED
10:25			79	3	MIX 200 SK A-CU
10:47			27	3	MIX 125 SK COMMON
10:56					RUNAS. PLUG
10:59	50		3	3	START DISP
11:11	300		44.4		PLUG DOWN, SHUT IN WELL
					NO CRT IN SUCT. NO CRT
11:40			16	2	MIX 75 SK, TOP OFF WELL
					NO CRT, NO FILL
					TIME CHANGE FALL 5:00
1:15			16	3	MIX 75 SK, COMMON W. CC
					NO CRT, NO FILL
3:30			16	2	MIX 75 SK, COMMON W. CC
					NO CRT, NO FILL
6:15			11	2	MIX 50 SK, COMMON W. CC
					NO CRT, NO FILL
					8 SK, COMMON SUCT. HULL, NO CRT



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Becker Oil Corporation
 PO Box 1150
 Ponca City, OK 74602
 ATTN: Clyde Becker

36-32S-23W Clark

Maphet 1

Job Ticket: 63627

DST#: 1

Test Start: 2017.11.11 @ 03:12:23

GENERAL INFORMATION:

Formation: **Swope**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 05:54:38
 Time Test Ended: 11:12:08
 Interval: **4855.00 ft (KB) To 4890.00 ft (KB) (TVD)**
 Total Depth: 4890.00 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: 2028.00 ft (KB)
 2023.00 ft (CF)
 KB to GR/CF: 5.00 ft

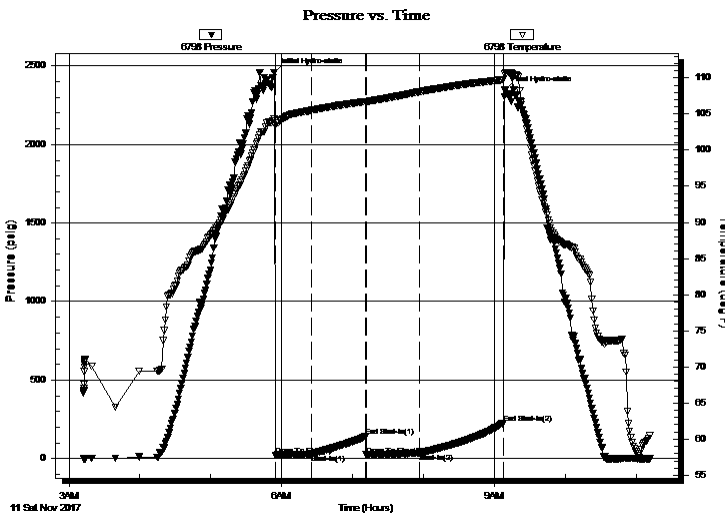
Serial #: 6798

Inside

Press@RunDepth: 33.83 psig @ 4856.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2017.11.11 End Date: 2017.11.11 Last Calib.: 2017.11.11
 Start Time: 03:12:24 End Time: 11:12:08 Time On Btm: 2017.11.11 @ 05:53:38
 Time Off Btm: 2017.11.11 @ 09:08:53

TEST COMMENT: IF: Weak Blow , Built to 3 1/2 inches
 IS: No Blow Back
 FF: Weak Blow , Built to 4 1/2 inches
 FS: No Blow Back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2457.84	104.33	Initial Hydro-static
1	19.10	103.41	Open To Flow (1)
32	29.51	105.51	Shut-In(1)
78	140.02	106.75	End Shut-In(1)
78	22.99	106.72	Open To Flow (2)
123	33.83	108.07	Shut-In(2)
194	224.49	109.75	End Shut-In(2)
196	2345.68	110.66	Final Hydro-static

Recovery

Gas Rates

Length (ft)	Description	Volume (bbl)
0.00	172 GIP	0.00
10.00	SGOCM 2%G 2%O 96%M	0.05

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Becker Oil Corporation

36-32S-23W Clark

PO Box 1150
Ponca City, OK 74602

Maphet 1

Job Ticket: 63627

DST#: 1

ATTN: Clyde Becker

Test Start: 2017.11.11 @ 03:12:23

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: 55.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 6900.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	172 GIP	0.000
10.00	SGOCM 2%G 2%O 96%M	0.049

Total Length: 10.00 ft Total Volume: 0.049 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

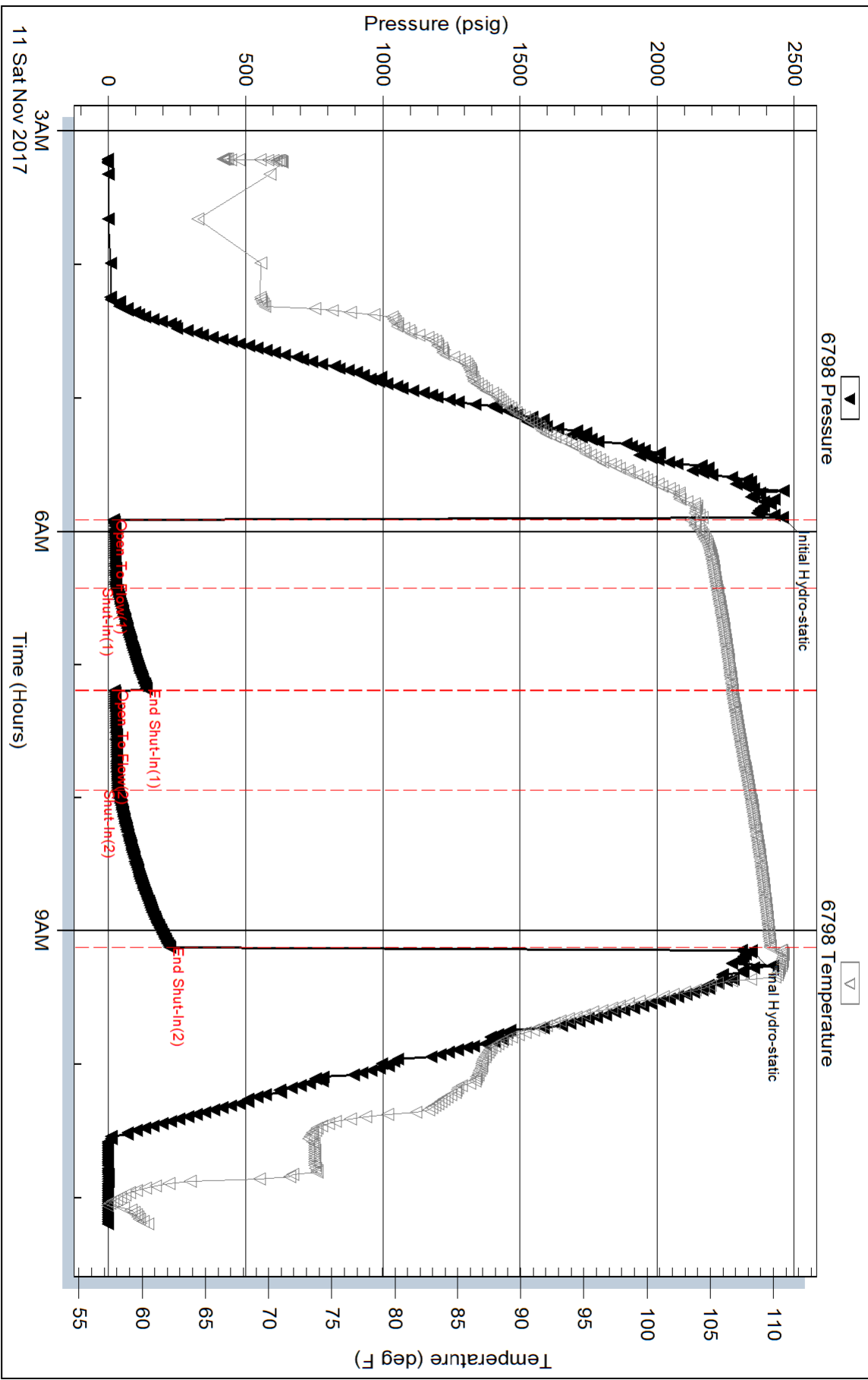
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time

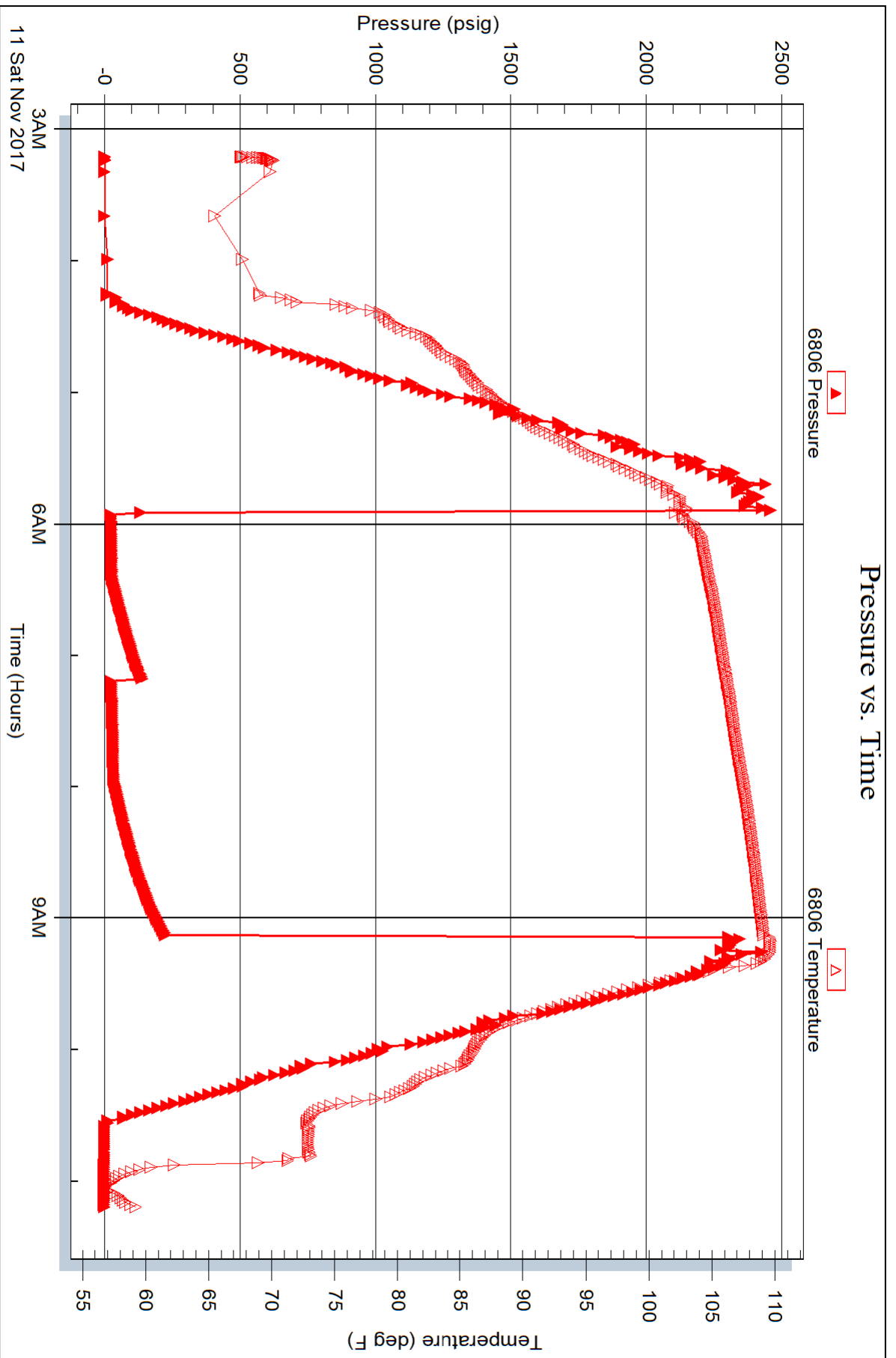


Serial #: 6806

Outside Becker Oil Corporation

Maphet 1

DST Test Number: 1





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Becker Oil Corporation
 PO Box 1150
 Ponca City, OK 74602
 ATTN: Clyde Becker

36-32S-23W Clark

Maphet 1

Job Ticket: 63628

DST#: 2

Test Start: 2017.11.12 @ 06:12:04

GENERAL INFORMATION:

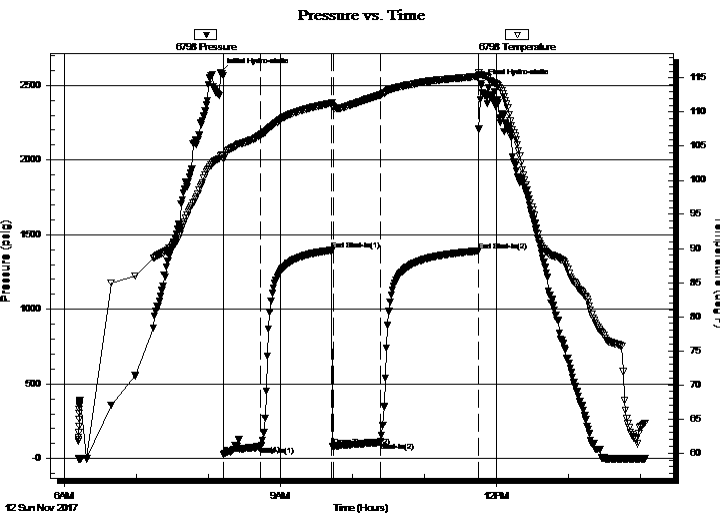
Formation: **Pawnee**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 08:12:34
 Time Test Ended: 14:03:19
 Interval: **5015.00 ft (KB) To 5080.00 ft (KB) (TVD)**
 Total Depth: 5080.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Leal Cason
 Unit No: 74
 Reference Elevations: 2028.00 ft (KB)
 2023.00 ft (CF)
 KB to GR/CF: 5.00 ft

Serial #: 6798

Inside

Press@RunDepth: 107.97 psig @ 5016.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2017.11.12 End Date: 2017.11.12 Last Calib.: 2017.11.12
 Start Time: 06:12:05 End Time: 14:03:19 Time On Btm: 2017.11.12 @ 08:10:19
 Time Off Btm: 2017.11.12 @ 11:47:04

TEST COMMENT: IF: Weak Blow , Built to 4 inches
 IS: No Blow Back
 FF: Weak Blow , Built to 4 3/4 inches
 FS: No Blow Back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2586.12	103.51	Initial Hydro-static
3	29.34	103.15	Open To Flow (1)
34	79.98	106.67	Shut-In(1)
93	1395.19	111.31	End Shut-In(1)
94	81.50	110.74	Open To Flow (2)
133	107.97	112.50	Shut-In(2)
215	1390.19	115.27	End Shut-In(2)
217	2511.57	115.47	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
119.00	VSOSMCW -1%O 32%M 67%W	0.59
68.00	SGCM 2%G 98%M	0.95

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Becker Oil Corporation

36-32S-23W Clark

PO Box 1150
Ponca City, OK 74602

Maphet 1

Job Ticket: 63628

DST#: 2

ATTN: Clyde Becker

Test Start: 2017.11.12 @ 06:12:04

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:

90000 ppm

Viscosity: 55.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.58 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 6900.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
119.00	VSOSMCW -1%O 32%M 67%W	0.585
68.00	SGCM 2%G 98%M	0.954

Total Length: 187.00 ft Total Volume: 1.539 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

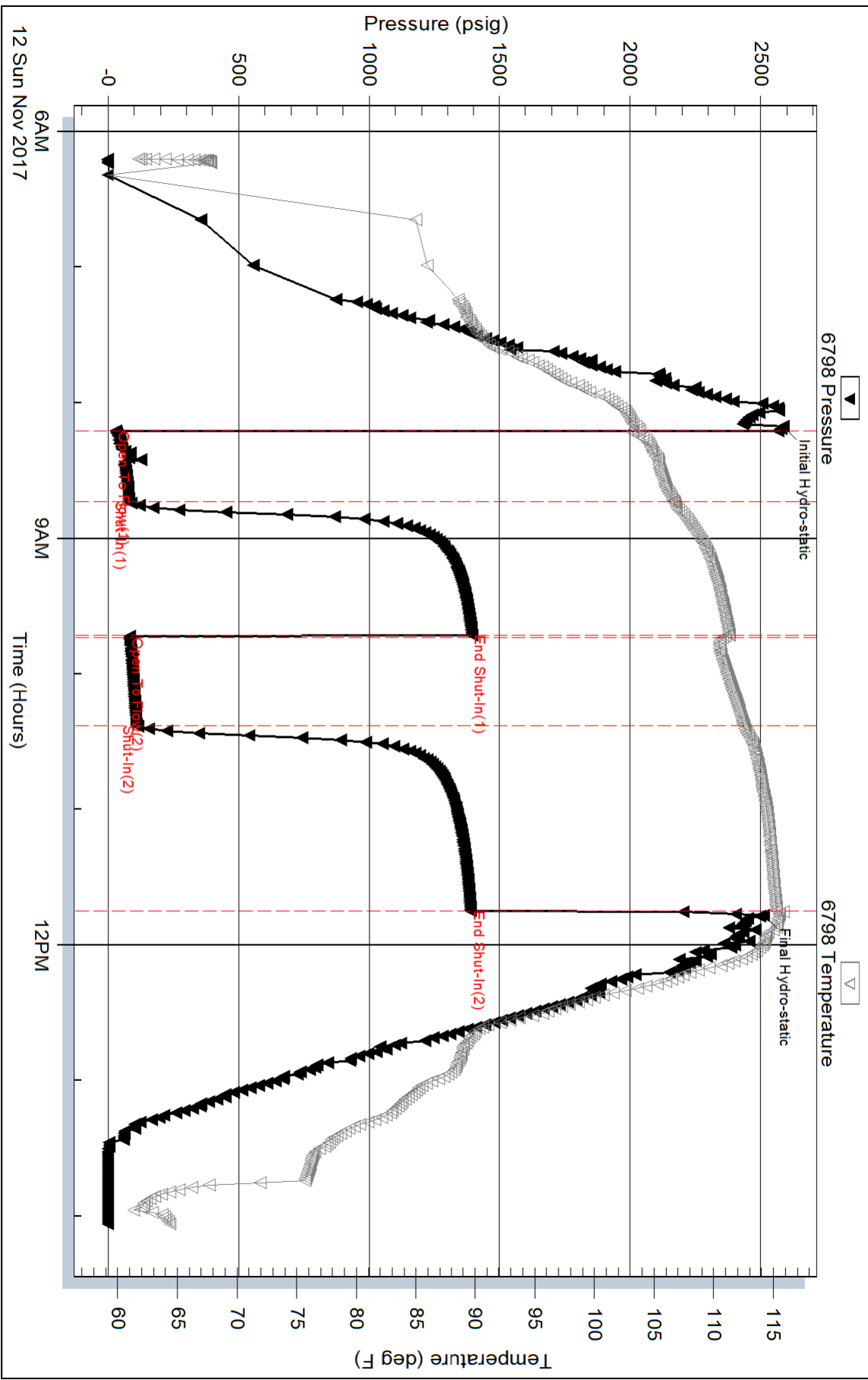
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: RW w as .1 @ 61 degrees

Pressure vs. Time



Serial #: 6806

Outside Becker Oil Corporation

Mapnet 1

DST Test Number: 2

