

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
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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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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 11887 A

DATE _____ TICKET NO. _____

DATE OF JOB: 8-5-15		DISTRICT		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: F&G HOLL P&O LLC				LEASE: KNEFELD				WELL NO. F-19							
ADDRESS				COUNTY: BARTON				STATE: KS							
CITY				STATE				SERVICE CREW: KC, JH, TOM							
AUTHORIZED BY				JOB TYPE: M/S PUMP SERVICE											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED		DATE	AM	PM	TIME				
77012	1 1/2							8:25			11:20				
						ARRIVED AT JOB					11:30				
						START OPERATION					1:53				
19860	1/2					FINISH OPERATION					1:15				
						RELEASED					1:00				
						MILES FROM STATION TO WELL						65			

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
14-187	PORTLAND CEMENT	50	50		1000-
14-187	1.531	5	5		200-
E110	WATER METER	1	1	797.50	797.50
E111	TRUCK METER	1	1	475-	475-
E113	TRUCK METER	1	1	381.88	381.88
E120	TRUCK METER 300-400	1	1	2160-	2160-
E124	TRUCK METER 300-400	1	1	20-	20-
E130	TRUCK METER 300-400	1	1	500-	500-
E103	TRUCK METER 300-400	1	1	175-	175-

CHEMICAL / ACID DATA:			

SUB TOTAL		9954.30
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		3270.91

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.



ASIC Energy services, L.P.

TREATMENT REPORT

Customer <i>H. HOLL</i>	Lease No.	Date <i>8-5-15</i>	
Lease <i>KUEFELD</i>	Well # <i>1-19</i>		
Field Order # <i>1807</i>	Station <i>PHATLAS</i>	Casing <i>3 1/2</i>	Depth
Type Job <i>UCSPM-SQUEEZE</i>	Formation <i>ARB</i>	County <i>BURTON</i>	State <i>KS</i>
Legal Description <i>19-19-14</i>			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<i>3 1/2</i>	<i>2 3/8</i>							
Depth	Depth	From	To	Pre Pad		Max		5 Min.
<i>2.4</i>	<i>20.0</i>	<i>3562</i>	<i>3577</i>	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	Pecker Depth	From	To	Flush		Gas Volume		Total Load
<i>3462</i>								

Customer Representative <i>KEVIN</i>	Station Manager <i>KEVIN</i>	Treater <i>CONNOR</i>
Service Units <i>8335</i>	<i>27463</i>	<i>19960-19860</i>
Driver Names <i>KEVIN</i>	<i>JIA</i>	<i>TONY</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1430</i>					<i>ON LOCATION</i>
<i>1530</i>	<i>500</i>		<i>1</i>	<i>1</i>	<i>PLR - 3460' PERFS - 3562-72</i> <i>PST ANN - 500'</i> <i>INT RATE TRC - 1 BPM - 1300'</i>
		<i>1300</i>	<i>4</i>	<i>1</i>	<i>PUMP 4 bbl OIL</i>
		<i>1400</i>	<i>16</i>	<i>1</i>	<i>PUMP 50 gal OIL CEMENT</i>
		<i>1500</i>	<i>3</i>	<i>1</i>	<i>PUMP 3 bbl OIL</i>
		<i>1500</i>	<i>0</i>	<i>1</i>	<i>START 420 PST</i>
		<i>1500</i>	<i>3.5</i>	<i>1</i>	<i>CEMENT AT PERFS</i>
		<i>2000</i>	<i>10</i>	<i>1/2</i>	<i>2000'</i>
<i>1630</i>	<i>750</i>	<i>2500</i>	<i>16</i>	<i>1/2</i>	<i>2500' - STOP</i>
		<i>2500</i>			<i>STACIENK PST</i>
<i>1645</i>		<i>2400</i>			<i>HEAD 2400'</i> <i>RELEASE - HEAD</i>
<i>1650</i>	<i>600</i>		<i>5</i>	<i>2</i>	<i>REVERSE 5 bbl - STOP</i> <i>RUN 4 JTS TRC</i>
<i>1700</i>	<i>600</i>		<i>30</i>	<i>2</i>	<i>REVERSE OUT - 6 bbl CEMENT</i> <i>RUN 4 JTS TRC</i>
<i>1715</i>	<i>500</i>	<i>500</i>			<i>PST SQUEEZE TO 500'</i> <i>SET PLR - SHUT IN 500'</i> <i>35 SACKS CEMENT ON PERFS</i>
<i>1800</i>					<i>JOB COMPLETE - KEVIN</i>



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 12212 A

DATE _____ TICKET NO. _____

DATE OF JOB: 8/3/2015	DISTRICT: D-15-14	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: F.G. Hall Company LLC	LEASE: 146612		WELL NO. 17							
ADDRESS:		COUNTY: Barton	STATE: KS							
CITY:		SERVICE CREW: Dennis P. 3115								
AUTHORIZED BY:		JOB TYPE: Well Service - CCSW								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
						ARRIVED AT JOB	8/3		AM	
						START OPERATION	8/3		AM	12:30
						FINISH OPERATION	8/3		AM	2:00
						RELEASED	8/3		AM	2:30
						MILES FROM STATION TO WELL	61			

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	
Q21006	Common Cement	SK	25		400.00	
CC132	C 25L	SK	5		600.00	
1800	30' 2" pipe casing	M	65		292.50	
1810	10' 2" pipe casing	M	130		975.00	
1813	Pressure and Bulk Drilling Fluid	SK	78		195.00	
18204	Drilling Cement	SK	1		2,160.00	
18210	Blowdown Service Charge	SK	25		35.00	
18200	Compressor hire	HR	1		500.00	
8003	30' 2" pipe casing	HR	1		175.00	
					SUB TOTAL	3,532.50

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		2,922.50

SERVICE REPRESENTATIVE: _____

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



Energy services, L.P.

TREATMENT REPORT

Customer Fossil Company LLC	Lease No.	Date 8-3-2015
Lease Kuefeld	Well # 1-19	
Field Order # 12212	Station Pratt, KS	Casing
Type Job DSQ Squeeze - CO2PU	Depth	County Barton
	Formation	State KS
		Legal Description 19 19-14

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2	2 7/8			Pre Pad	Max		5 Min.	
Depth 100	Depth 3460	From 3562	To 3572	Pad	Min		10 Min.	
Volume 2.3	Volume 10 1/2	From	To	Frac	Avg		15 Min.	
Max Press	Max Press 2,000	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol. 52	From	To	Flush WATER	Gas Volume		Total Load	
Plug Depth	Packer Depth 3460	From	To					

Customer Representative Rob Long	Station Manager Kevin Gardner	Treater Darin Franklin
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Service Units	92911	84981	19843	19903	19860				
Driver Names	Darin	Ed	Ed	Biss	Biss				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
11:00am					on location / SSPEC meeting 2 SSIC common cements, 14.0 pps, 1.514 v. 12 7.71 water
12:30pm	500		15	2	Loss casing
		600	5	1	Injection PSIC
		1100	3	1	Pump 3 bbls O.I
		1,100	10	1	Mix 25% cement
		1,700	4 1/2	1	Pump 4 1/2 bbls O.I
		1,500	21 3/4	1	Pump 21 3/4 bbls
					Water 10 minutes
		1,500	22	1/4	Pump 1/4 bbl
					Water + 15 minutes
		1,500	22 1/4	1/4	Pump 1/4 bbl
					Water + 15 minutes
		1,500	22 1/2	1/4	Pump 1/4 bbl
					Water + 5 minutes
					Release - Hold
					Run 5 joints
	400		30	2 3/4	Water out squeeze
					Run 5 joints
2:45pm		6100	1	2	Pressure testing to 4000 psi shut in

STATE OF KANSAS



CORPORATION COMMISSION
CONSERVATION DIVISION
266 N. MAIN ST., STE. 220
WICHITA, KS 67202-1513

PHONE: 316-337-6200
FAX: 316-337-6211
<http://kcc.ks.gov/>

GOVERNOR JEFF COLYER, M.D.

SHARI FEIST ALBRECHT, CHAIR | JAY SCOTT EMLER, COMMISSIONER | DWIGHT D. KEEN, COMMISSIONER

April 23, 2018

Margery L. Nagel
F. G. Holl Company L.L.C.
9431 E CENTRAL STE 100
WICHITA, KS 67206-2563

Re: ACO-1
API 15-009-26023-00-00
KUFELD 1-19
SW/4 Sec.19-19S-14W
Barton County, Kansas

Dear Margery L. Nagel:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 07/31/2015 and the ACO-1 was received on April 20, 2018 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department