

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	F. G. Holl Company L.L.C.
Well Name	KUFELD "OWWO" 1-19
Doc ID	1406736

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
4	3551	3560			Spotted 150 gal 15% MOD 202 acid. 250 gal 15% MOD 202 acid
	3414	3417			Squeezed old Arbuckle perms: 3553' - 3567'
	3271	3274			50 gal 15% nefe acid
	3283	3288			Squeezed all LKC perms: 3244' - 3417'
	3244	3248			
4	3244	3248			Spotted 250 gal 15% NEFE acid
4	3271	3274			Spotted 250 gal 15% NEFE acid
4	3277	3281			Spotted 500 gal 15% NEFE acid
					Spotted 250 gal 15% DSFE acid





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

**FIELD SERVICE TICKET**  
1718 11889 **A**

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB	8-31-15				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	FG HOLLIDAY LLC				LEASE	KUEFELD 1-19				WELL NO.											
ADDRESS					COUNTY	PONTIAC				STATE			KS								
CITY					STATE					SERVICE CREW			KC JH. BW								
AUTHORIZED BY					JOB TYPE:			CCSPW - SERVICE													

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
73768	1/4						8/31/15			
						ARRIVED AT JOB			AM	1130
						START OPERATION			AM	1300
						FINISH OPERATION			AM	1530
						RELEASED			AM	1600
						MILES FROM STATION TO WELL				15

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
C105	PORTLAND CEMENT	SK	50		800.00
C132	C-53L	BA	5		60.00
E100	PUMP	HP	65		297.50
E101	HEAVY EQUIP RENTAGE	HP	130		973.00
E113	PUMP	HP	153		361.00
E201	STRIKING 3001-4000	HP	1		3160.00
E240	BLENDED CHARGE	SK	50		71.00
E500	SLURRY MIXER	HP	1		500.00
5003	SUPPLEMENT	HP	1		175.00
SUB TOTAL					5954.30

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		3274.91

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

FIELD SERVICE ORDER NO.



energy services, L.P.

TREATMENT REPORT

Customer <i>FG Hall</i>	Lease No.	Date <i>8-31-15</i>	
Lease <i>KUEFELD</i>	Well # <i>1-19</i>		
Field Order # <i>11889</i>	Station <i>PRATT, KS</i>	Casing <i>5 1/2"</i>	Depth
Type Job <i>CCSPW SQUEEZE</i>	Formation <i>ARB</i>	County <i>BARTON</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>5 1/2"</i>	<i>4 1/2"</i>			Pre Pad	Max		5 Min.
Depth	Depth	From	To	Pad	Min		10 Min.
<i>7.2</i>	<i>70.0</i>			Frac	Avg		15 Min.
Max Press	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load
Plug Depth	Packer Depth	From	To				

Customer Representative <i>ROB</i>	Station Manager <i>KEVIN</i>	Treater <i>LEONIE</i>
Service Units <i>83353 27463</i>	<i>70959-73768</i>	
Driver Names <i>KG</i>	<i>JM</i>	<i>BIN</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1130</i>					<i>ON LOCATION</i>
<i>1300</i>	<i>500</i>		<i>15</i>	<i>2</i>	<i>PRE-3462 PADS-3553-3567</i>
		<i>300</i>	<i>7</i>	<i>1 1/4</i>	<i>LOWDOWN-500 FT</i>
<i>1315</i>		<i>200</i>	<i>4</i>	<i>1 1/4</i>	<i>DW. RATE-TRC-1 1/4 BPM-300 FT</i>
		<i>400</i>	<i>20</i>	<i>1 1/4</i>	<i>PUMP 4 bbl OIL SPACER</i>
		<i>400</i>	<i>4</i>	<i>1 1/4</i>	<i>50 SC OIL CEMENT</i>
<i>1335</i>		<i>400</i>	<i>0</i>	<i>1 1/4</i>	<i>PUMP 4 bbl OIL SPACER</i>
		<i>1000</i>	<i>1</i>	<i>1 1/4</i>	<i>START H<sub>2</sub>O DISP.</i>
		<i>2500</i>	<i>1</i>	<i>1/2</i>	<i>CHECK PST</i>
		<i>1500-2500</i>		<i>1/2</i>	<i>2500 FT-STOP</i>
					<i>STAGE ING PST</i>
					<i>RELEASE PST-SLOW LEAK</i>
<i>1430</i>	<i>2500</i>			<i>1/2</i>	<i>REPSD TO 2500 FT</i>
					<i>RELEASE PST-HELD INTERS</i>
<i>1445</i>	<i>500</i>		<i>22</i>	<i>2</i>	<i>REVERSE OUT-4 bbl CEMENT</i>
					<i>RUN 8 JTS-THRU SQUEEZE</i>
<i>1510</i>	<i>200</i>		<i>35</i>	<i>2</i>	<i>REVERSE OUT</i>
					<i>PULL 8 JTS-SET PKR</i>
<i>1530</i>		<i>300</i>			<i>PST SQUEEZE-300 FT</i>
		<i>300</i>			<i>SHUT IN-300 FT</i>
<i>1600</i>					<i>JOB COMPLETE KEVIN</i>



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ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 11891 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: 9-10-15		DISTRICT: PRATT, KS		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: <del>PRATT</del> ESTER HALL				LEASE: KUEFELD T-19				WELL NO.:							
ADDRESS:				COUNTY: BARTON				STATE: KS							
CITY:				STATE:				SERVICE CREW: KG DALLAN LARSEN							
AUTHORIZED BY:				JOB TYPE: 405PM - SQUEEZE											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
20470	3 1/2						9-10			12:00					
						ARRIVED AT JOB				12:00					
						START OPERATION				1:30					
21010	1/2					FINISH OPERATION				1:30					
						RELEASED				1:40					
						MILES FROM STATION TO WELL				6.5					

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: Kob...  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E101	COMMON CEMENT	SI	150		7400.00
E102	2 1/2" SINK STAND	WT	2		61.00
E103	4" PUMP WIRE	WT	65		297.50
E104	3" PUMP WIRE	WT	130		575.00
E113	BULL HEAD VALVE	WT	438		1145.63
E124	3" WIRELINE	WT	1		210.00
E125	3" WIRELINE	WT	150		210.00
E150	SQUEEZE UNIT	WT	1		500.00
S003	SQUEEZE SUPERVISOR	PH	1		175.00
				SUB TOTAL	7920.13

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		4356.07

SERVICE REPRESENTATIVE: _____	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Kob...</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. \_\_\_\_\_





energy services, L.P.

TREATMENT REPORT

Customer <i>H. Holl</i>	Lease No. <i>1-19</i>	Date <i>9-10-15</i>
Lease <i>KLEFELS</i>	Well # <i>1-19</i>	
Field Order # <i>1871</i>	Station <i>PRATT, KS.</i>	Casing <i>5 1/2</i>
Type Job <i>CCSPW - SQUEEZE</i>	Formation <i>KC</i>	Legal Description <i>19-19-14</i>
		County <i>BARLTON</i> State <i>KS</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>	<i>2 3/8</i>			<i>150 SIK</i>				
Depth	Depth	From	To	Pre-Pad	Max		5 Min.	
		<i>3283</i>	<i>88</i>	<i>COMMON</i>				
Volume	Volume	From	To	Pad	Min		10 Min.	
<i>25</i>	<i>18.2</i>	<i>3277</i>	<i>81</i>					
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
		<i>3271</i>	<i>74</i>					
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
		<i>3244</i>	<i>48</i>					
Pig Depth	Pager Depth	From	To	Flush	Gas Volume		Total Load	
<i>3066</i>	<i>3141</i>							

Customer Representative <i>Rob</i>	Station Manager <i>HEVEN</i>	Treater <i>GORDLEY</i>
Service Units <i>83353</i>	<i>83708-70920</i>	<i>19959-71010</i>
Driver Names <i>KC</i>	<i>BARLTON</i>	<i>CLARENCE</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0800</i>					<i>ON LOCATION</i>
					<i>RBP-3386 PRR-3303</i>
<i>0930</i>		<i>2000</i>	<i>7</i>	<i>1</i>	<i>PSI TEST RBP-2000 - 7 bbl</i>
<i>1000</i>		<i>0</i>	<i>16</i>	<i>2</i>	<i>SPOT SAND ON RBP-3308</i>
<i>1045</i>					<i>SET PRR-3141</i>
	<i>500</i>		<i>12</i>	<i>2</i>	<i>LOAD ANNU. - 12 bbl - 500#</i>
<i>1100</i>		<i>100</i>	<i>6</i>	<i>2 1/2</i>	<i>INJ. RATE TBC - 2 1/2 BPM 100#</i>
		<i>100</i>	<i>30</i>	<i>2 1/2</i>	<i>MIX 150 SIK COMMON</i>
					<i>WASH LINE</i>
		<i>0</i>	<i>0</i>	<i>2 1/2</i>	<i>START ISIP</i>
		<i>200</i>	<i>4</i>	<i>2 1/2</i>	<i>CAUGHT PSI</i>
<i>1130</i>		<i>1000</i>	<i>18.2</i>	<i>1/2</i>	<i>18.2 bbl OUT - STOP</i>
					<i>STAGING</i>
<i>1230</i>		<i>2000</i>	<i>19</i>		<i>HELD 2000#</i>
					<i>RELEASE - HOLD</i>
<i>1245</i>	<i>200</i>		<i>25</i>	<i>3</i>	<i>REVERSE OUT - NO CEMENT</i>
					<i>PULL CJS</i>
	<i>500</i>	<i>500</i>			<i>PSI SQUEEZE TO 500#</i>
					<i>SET PRR</i>
<i>1300</i>	<i>500</i>	<i>500</i>			<i>SHOT IN W/500#</i>
<i>1400</i>					<i>JOB COMPLETE - HEVEN</i>