KOLAR Document ID: 1408484

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 #	API No.:						
Name:	Spot Description:						
Address 1:	SecTwpS. R						
Address 2:	Feet from North / South Line of Section						
City: State: Zip:+	Feet from _ East / _ West Line of Section						
Contact Person:	Footages Calculated from Nearest Outside Section Corner:						
Phone: ()	□NE □NW □SE □SW						
CONTRACTOR: License #	GPS Location: Lat:, Long:						
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)						
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84						
Purchaser:	County:						
Designate Type of Completion:	Lease Name: Well #:						
New Well Re-Entry Workover	Field Name:						
□ Oil □ WSW □ SWD	Producing Formation:						
Gas DH EOR	Elevation: Ground: Kelly Bushing:						
☐ OG ☐ GSW	Total Vertical Depth: Plug Back Total Depth:						
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet						
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?						
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet						
Operator:	If Alternate II completion, cement circulated from:						
Well Name:	feet depth to:w/sx cmt.						
Original Comp. Date: Original Total Depth:							
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan						
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)						
Committed at Provider	Chloride content: ppm Fluid volume: bbls						
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:						
SWD Permit #:	Location of fluid disposal if hauled offsite:						
EOR Permit #:	Location of fluid disposal if fladied offsite.						
GSW Permit #:	Operator Name:						
<u> </u>	Lease Name: License #:						
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West						
Recompletion Date Recompletion Date	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 III Approved by: Date:									

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Page Two

Operator Name:					Lease Na	ame: _			Well #:		
SecTwp	oS.	R	East	West	County: _						
open and closed, and flow rates if g	flowing and s gas to surface y Log, Final L	hut-in pressu test, along wi ogs run to ob	res, whe ith final c tain Geo	ther shut-in pre chart(s). Attach physical Data a	essure reache extra sheet i and Final Elec	ed stati if more ctric Lo	c level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool rature, fluid recovery, Digital electronic log	
Drill Stem Tests To			Y	es No		L	og Formatio	on (Top), Dept	h and Datum	Sample	
Samples Sent to	,	ırvey	Y	es No		Nam	е		Тор	Datum	
Cores Taken Electric Log Run Geologist Report List All E. Logs Ri	_		Y	es No es No es No							
			David		RECORD	☐ Ne					
	Qi	ize Hole	-	re Casing	Weight		ermediate, producti	on, etc.	# Sacks	Type and Percent	
Purpose of Str		Drilled		t (In O.D.)	Lbs. / F		Depth	Cement	Used	Additives	
	'	'		ADDITIONAL	. CEMENTING	3 / SQL	JEEZE RECORD		'		
Purpose:		Depth p Bottom	Туре	of Cement	# Sacks U	sed		Туре а	and Percent Additives		
Perforate Protect Cas Plug Back	sing	p Bottom									
Plug Off Zo											
Did you perform Does the volume Was the hydraulic	of the total bas	e fluid of the hy	draulic fra	acturing treatmen		•		No (If No	o, skip questions 2 an o, skip question 3) o, fill out Page Three o		
Date of first Produc	ction/Injection or	Resumed Prod	duction/	Producing Meth			0.1%	W 45 ()			
,				Flowing	Pumping			other (Explain) _			
Estimated Product Per 24 Hours	tion	Oil Bl	bls.	Gas	Mcf	Wate	er Bl	ols.	Gas-Oil Ratio	Gravity	
DISPO	SITION OF GA	S:		N	METHOD OF C	OMPLE	ETION:		PRODUCTIO		
Vented	Sold Us	ed on Lease		Open Hole	Perf.	_ ,		nmingled	Тор	Bottom	
(If vented	d, Submit ACO-1	8.)				(Submit	ACO-5) (SUD	mit ACO-4)			
Shots Per Perforation Perforation Bridge Plug Foot Top Bottom Type					Bridge Plug Set At Acid, Fracture, Shot, Cementing Squeeze Reco (Amount and Kind of Material Used)			Record			
TUBING RECORD): Size:	:	Set At:		Packer At:						

Form	ACO1 - Well Completion
Operator	Redland Resources, LLC
Well Name	HAYSE 1-23A
Doc ID	1408484

Casing

Purpose Of String		Size Casing Set	Weight	Setting Depth	"		Type and Percent Additives
Surface	12.25	8.625		410			
Production	7.875	4.5	10.5	5193	AA-2	335	



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

FIELD SERVICE TICKET 1718 16264

PRESSURE PUMPING & WIRÉLINE DATE TICKET NO. DATE OF JOB CUSTOMER ORDER NO.: OLD PROD INJ [] WDW 79 - 2018 DISTRICT CUSTOMER LEASE **ADDRESS** COUNTY STATE CITY STATE SERVICE CREW 7RAW **AUTHORIZED BY** JOB TYPE: **EQUIPMENT#** HRS **EQUIPMENT#** HRS **EQUIPMENT#** HRS TRUCK CALLED 5 ARRIVED AT JOB START OPERATION **FINISH OPERATION** RELEASED MILES FROM STATION TO WELL

WELL NO/-23/4 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. SIĞNÈD: (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT) ITEM/PRICE REF. NO. MATERIAL, EQUIPMENT AND SERVICES USED UNIT QUANTITY **UNIT PRICE** \$ AMOUNT 105 CEMENT 11 N

<u> 5 003 SERVICE SOPERVISOR</u>	Z <u> EA </u>	/ /	21750	
CHEMICAL / ACID DATA:		SUB TOTA	11,23	
	SERVICE & EQUIPMENT	%TAX ON \$		_
	MATERIALS	%TAX ON \$	2	
		TOTA	I.	****

SERVICE	1
REPRESENT	ATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



TREATMENT REPORT

	~~												
Customer.	KAND	K	S(X) R	CES	Lease	No.				Date			
Lease	AWES	5 C	WU	20	Well #	t	1-23F			/	24.	-201	8
Field Order	#, St	ation /	771	7T ; K) > ,		Casing	C' Depth	 າ	Country	1000		State KS
Type Job	4//	. "./	ONIC	5772				Formation	l		Legal De	scription - 305 -	10,5
PIF	PE DAȚA				ING DA	TA	FLUID	HSED.		TDEA	TMENT F		- (7()
Casing Size		. 5	Shots/l		2mT					RATE PRE		ISIP	
Depth 25/	Depth	5	,				Acid= 2855K /- Pre 9ad> / /	14 & CEM	Max			5 Min.	
Volume	> Volum	ie	From		To		Pre Pad /. Pad	BCOFT	Min			10 Min.	
Max Press	Max P	ress	From		To		Frac		Avg			15 Min.	
Well-Connect	· · · · · · · · · · · · · · · · · · ·	ıs Vol.	From		To				HHP Used			Annulus Pre	OCCUPA .
Plug Depth	Packe	r Depth	From		To To		Flush		Gas Volum	e		Total Load	29901G
Customer Re	presentati	ve 📐 🛆	From	ICKMI	To On Sta	ation	A 4	331	<u> </u>	Treater //	/ /		
Service Units	63/5	31 76	10.00 1982	8677			- $ -$	Ú <i>ESTER</i> I	///AN	/2	.65	455	
Driver Names	LESLE	0.4	GRAU		- 10)H	95							
Time	Casing Pressure	J T	ubing		Pumped	7-1							
1:30Am	riessuit	e i Pr	essure	buis.	rumpeo	+	Rate	611		Servic		11.000	
1:00Am								RUNI /	.e. 1	<u>01.1 - 5</u>	AFE 19	MILET	7NG
<i></i>						 		7.00	24 <u>173</u>			, # 25 <u>6</u>	7 .
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O. SUAM	1	1				┪—				OTTOWN	r	1.720	1-11
(1) £85Am	350	,			10	1	5	1/20	Aller	<u> </u>	CAK C	IKL. W	18167
0.57AM	40				<u>"3</u>	1	5	MULE	MACI	1112	A series of	A . 15	0
1:00pm					200	1	.5	MIX 23	<u>05KS</u>			AVENL	TO AL
1.18/1m					764	1-						PPG	\
1:15AM	100				$\overline{}$	1	6	ST10-	7 DIS	2 MC	1 - U/4	<u> </u>), PLUG
1: 25Am	250			10	·O	\top	5	115-	7055	<u>PLACEM</u> SURE	ICN)		
1.28Am	900			~	5		4	S/06	100	TE	······································	···	***************************************
:30Am	1500			\Diamond	(2)		4	DUG	7	1-1/2	20		
				()	- (X 			1121	<u> </u>	<u> </u>			
:45Am								PUC	RIJ	± M.1	<u> </u>		
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10244	NE Hi	way 6	1 • P.	O. Bo	x 8613		Pratt, KS 67	7124-8613	· (620)	672-1201	• Fax (620) 672	2-5383