

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

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

TTMH 381  
FIELD SERVICE TICKET  
1718 16511 A

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

DATE OF JOB <u>3/10/18</u>		DISTRICT _____		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 <u>L.D. Drilling, Inc</u>				LEASE <u>Aicensman owned</u>				WELL NO. <u>3</u>							
ADDRESS _____				COUNTY <u>Barton</u>				STATE <u>Ks</u>							
CITY _____				STATE _____				SERVICE CREW <u>Scotty, Scott, Mcgraw, Riley</u>							
AUTHORIZED BY <u>Mark Davis</u>				JOB TYPE: <u>5 1/2 Production casing 242</u>											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
<u>86779</u>	<u>.75</u>					ARRIVED AT JOB	<u>3/10/18</u>	AM	PM	<u>12:45</u>					
<u>19918</u>	<u>.25</u>					START OPERATION	<u>3/10/18</u>	AM	PM	<u>7:05</u>					
						FINISH OPERATION	<u>3/10/18</u>	AM	PM	<u>3:35</u>					
						RELEASED	<u>3/10/18</u>	AM	PM	<u>4:15</u>					
						MILES FROM STATION TO WELL									

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: Mark Davis By DL Scott  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA2 Cement	SK	150		2550 <sup>00</sup>
CP103	60/40 POT	SK	80		960 <sup>00</sup>
CC102	Celluloflake	lb	38		140 <sup>60</sup>
CC105	C-41 P	lb	71		284 <sup>00</sup>
CC111	Sol H	lb	769		384 <sup>50</sup>
CC113	Gypsum	lb	705		578 <sup>75</sup>
CC148	C-17	lb	71		1420 <sup>00</sup>
CC701	Gilsonite	lb	901		603 <sup>67</sup>
CC760	Cement Gel	lb	136		34 <sup>00</sup>
CF1101	Cementing Shoe Basket Type 5 1/2	EA	1		1700 <sup>00</sup>
CF607	Watch down Plug + Baffle 5 1/2	EA	1		400 <sup>00</sup>
CF1901	5 1/2 Basket	EA	2		580 <sup>00</sup>
CF1651	Turbalizers 5 1/2	EA	8		880 <sup>00</sup>
F100	Unit Mileage Pick up	MI	75		337 <sup>50</sup>
F101	Heavy equipment Mileage	MI	150		1125 <sup>00</sup>
F113	Prod + Bulk Delivery Top Mile	TM	784		1959 <sup>38</sup>
CL204	Depth Charge 3001-4000'	Yds	1		2160 <sup>00</sup>
CL240	Blending & Mixing Service Chg	SK	230		322 <sup>10</sup>
CL504	Plug Container Utilization	Job	1		250 <sup>00</sup>
S003	Service Supervisor first 8 hrs	EA	1	175 <sup>00</sup>	
				SUB-TOTAL	13,234 <sup>40</sup>
				Book Total	16,794 <sup>40</sup>
CHEMICAL / ACID DATA:				SERVICE & EQUIPMENT	%TAX ON \$
				MATERIALS	%TAX ON \$
				TOTAL	9,572 <sup>81</sup>
				Discounted Price July	

SERVICE REPRESENTATIVE [Signature]  
FIELD SERVICE ORDER NO. \_\_\_\_\_

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Mark Davis By DL Scott  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>L.P. Perkins, Inc.</i>		Lease No.		Date <i>3/11/18</i>	
Lease <i>Measureman camp</i>		Well # <i>3</i>			
Field Order # <i>16511</i>	Station <i>Pratt KS</i>	Casing <i>5 1/2</i>	Depth	County <i>Barton</i>	State <i>KS</i>
Type Job <i>5 1/2 Production Casing</i>		Formation <i>247</i>		Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<i>5 1/2</i>				Pre Pad		Max		5 Min.
Depth <i>2466</i>	Depth	From	To	Pad		Min		10 Min.
Volume <i>8711</i>	Volume	From	To	Frac		Avg		15 Min.
Max Press <i>2660</i>	Max Press	From	To			HHP Used		Annulus Pressure
Well Connection <i>2 7/8</i>	Annulus Vol.	From	To	Flush		Gas Volume		Total Load
Plug Depth	Packer Depth	From	To					

Customer Representative <i>Mark Davis</i>	Station Manager <i>Justin Westerman</i>	Treater <i>Scott Graves</i>
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Service Units <i>91517-73981 26775 19889 19888</i>	Driver Names <i>Scott Morgan - P. Roy - Scotty</i>
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Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>12:45</i>					<i>On location Safety Meeting Pigeon</i>
					<i>Float Pump - Buckets 55, 13</i>
					<i>Tubes 1, 3, 5, 7, 9, 11, 13, 15</i>
<i>1:25</i>					<i>Break Circulation</i>
<i>1:50</i>					<i>Drop Ball Set Packer</i>
<i>2:05</i>	<i>700</i>		<i>.25</i>		<i>Packer Set</i>
<i>2:07</i>	<i>250</i>			<i>5</i>	<i>Run 1100 Spans</i>
<i>2:08</i>	<i>250</i>		<i>3</i>	<i>5</i>	<i>Start Seawater</i>
<i>2:11</i>	<i>300</i>		<i>12.75</i>	<i>5</i>	<i>Start ADT</i>
<i>2:19</i>	<i>0</i>		<i>40</i>	<i>0</i>	<i>Shut down</i>
<i>2:20</i>				<i>-</i>	<i>Work pump &amp; lines clean</i>
<i>2:23</i>				<i>-</i>	<i>Release Plug</i>
<i>2:24</i>	<i>80</i>			<i>5</i>	<i>Start Dry Treatment</i>
<i>2:33</i>	<i>300</i>		<i>47</i>	<i>5</i>	<i>1/1 Pressure</i>
<i>2:38</i>	<i>650</i>		<i>24</i>	<i>3</i>	<i>Packer Rate</i>
<i>2:41</i>	<i>750</i>		<i>11.5</i>	<i>3</i>	<i>Plug landed</i>
<i>2:43</i>	<i>1500</i>				<i>Wiggins on on Plug Hold</i>
<i>2:45</i>	<i>0</i>				<i>Release Pressure - Set Packer</i>
<i>2:50</i>	<i>0</i>		<i>7.7</i>	<i>3</i>	<i>Plug Set</i>
<i>3:25</i>					<i>Check pump &amp; equipment</i>
<i>3:50</i>					<i>Take Circulation</i>