

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	James B. Read Operating, Inc.
Well Name	BAKER-SMITH 3-19
Doc ID	1457835

All Electric Logs Run

Phased Induction
Shallow Focus SP Log
Compensated Neutron Density
Micro
Geological Log

Form	ACO1 - Well Completion
Operator	James B. Read Operating, Inc.
Well Name	BAKER-SMITH 3-19
Doc ID	1457835

Tops

Name	Top	Datum
Topeka	3672	-1664
Heebner Shale	4136	-2128
Lansing Lime	4304	-2296
Stark Shale	4656	-2648
Base KC Lime	4748	-2740
Marmaton Lime	4803	-2795
Mississippian Lime	4944	-2936
Kinderhook Shale	5374	-3366
Viola Dolomite	5403	-3395
TD	5600	-3592



PAGE 1 of 1	CUST NO 1012210	YARD # 1718	INVOICE DATE 12/07/2018
INVOICE NUMBER 92863257			

Pratt (620) 672-1201
 B JAMES B READ OPERATING
 I 5 A STREET SW STE 300
 L ARDMORE
 L OK US 73401
 T
 O ATTN:

J LEASE NAME Baker-Smith 3-19
 O LOCATION
 B COUNTY Comanche
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41148581	86779		Net - 30 days	01/06/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 12/05/2018 to 12/05/2018				
0041148581				
171817545A. Cement-New Well Casing/Pi 12/05/2018 PLUG TO ABANDON				
60/40 POZ	210.00	EA	6.60	1,386.00 T
362 LBS Cement Gel	1.00	LB	49.78	49.78 T
50 PICKUP MILES	1.00	MI	123.75	123.75
100 Heavy Equipment Mileage	1.00	MI	412.50	412.50
Proppant & Bulk Del. Chgs., per ton mil	1.00	EA	622.18	622.18
Depth Charge; 501'-1000'	1.00	EA	660.00	660.00
Blending & Mixing Service Charge	210.00	SK	0.77	161.70
"Service Supervisor, first 8 hrs on loc.	1.00	EA	96.25	96.25

Cement - Surface Pipe

PIE

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,512.16
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	93.33
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	3,605.49
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

Customer <i>James B Read op.</i>	Lease No.	Date <i>12-5-16</i>
Lease <i>Baker-Smith</i>	Well # <i>3-19</i>	
Field Order # <i>17545</i>	Station <i>Pratt Kansas 1718</i>	Casing <i>4 1/2" OP</i>
Type Job <i>PTA 2-42</i>	Depth <i>920</i>	County <i>Comanche</i>
	Formation	State <i>KS</i>
		Legal Description <i>19-313-17W</i>

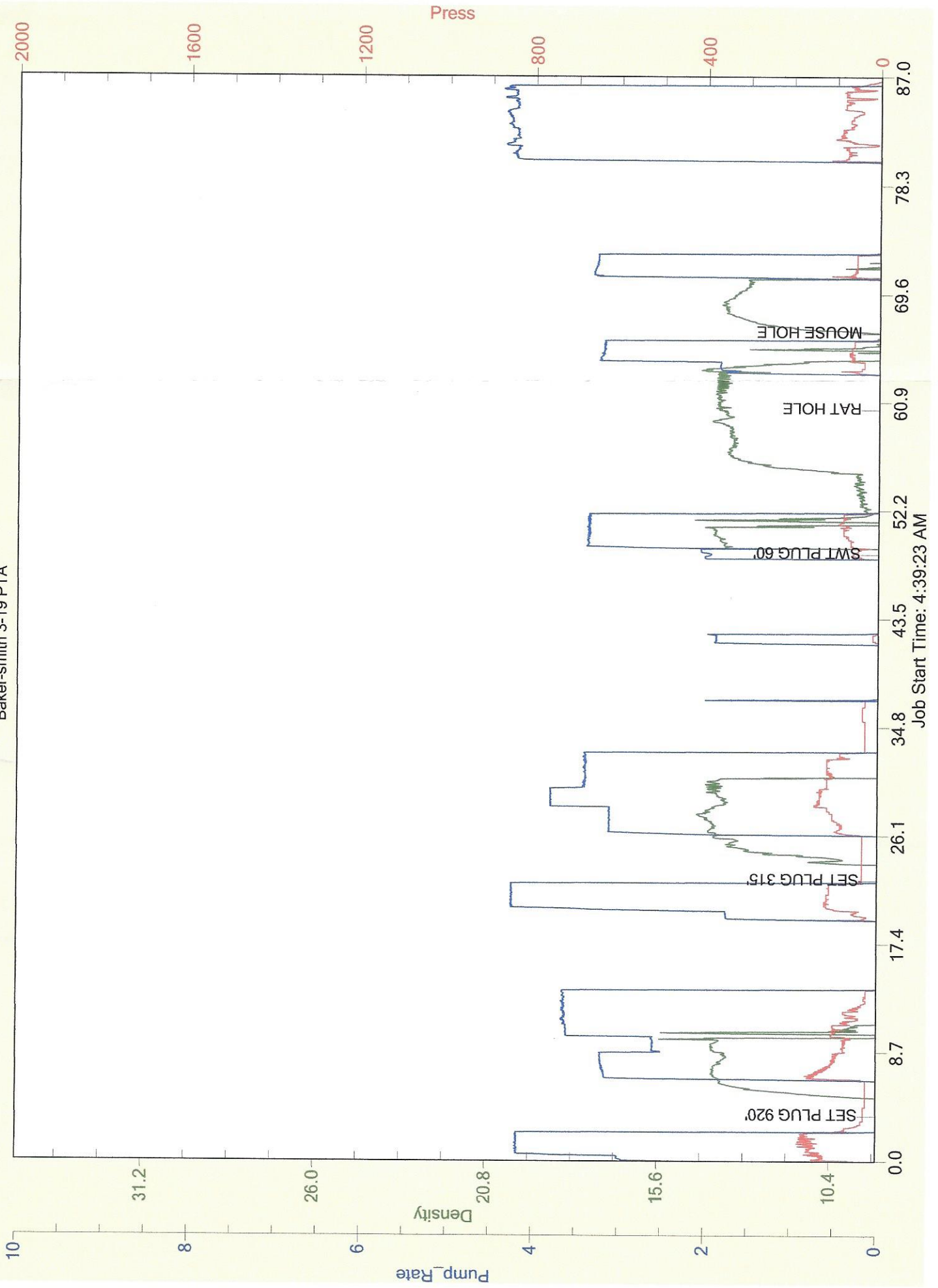
PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth	Depth <i>920</i>	From	To	Pre Pad	Max		5 Min.
Volume	Volume <i>13</i>	From	To	Pad	Min		10 Min.
Max Press	Max Press <i>500</i>	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol. <i>64</i>	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager	Treater
Service Units <i>78866 77686 86779 19959 21010</i>		
Driver Names <i>Fennis Mike Mike Florence Florence</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0200					Arrived on location/safety meeting
0230					Rig up equipment
0337		130	10	3	Pump H2O Ahead
0340		120	12.7	3	Mix 50st 60/40 Puz @ 13.8pphr
0348		50	9.8	3.5	Pump H2O behind
					1st Plug @ 920' Hoc-210.96' Toc-709.04'
0436		120	10	4	Pump H2O Ahead
0440		100	20.3	3	Mix 80st 60/40 Puz @ 13.8pphr
0450		80	2.3	3	Pump H2O behind
					2nd Plug @ 315' Hoc-155.85' Toc-159.15'
0635		60	7	3	Mix 30st 60/40 Puz @ 13.8pphr
0640		60	4.7	3	3rd Plug @ 60' Hoc-60' Toc-Surface
0640		60	4.7	3	Plug RH 30st 60/40 Puz @ 13.8pphr
0650		60	5	3	Plug MH-20st 60/40 Puz @ 13.8pphr
0730					Rig Down/Leave Location
					Total 60/40 mixed 210st
					Thank you! Fennis Gordin.

James B Read Operating

Baker-smith 3-19 PTA





PAGE 1 of 1	CUST NO 1012210	YARD # 1718	INVOICE DATE 12/07/2018
INVOICE NUMBER			
92862878			

Pratt (620) 672-1201
 B JAMES B READ OPERATING
 I 5 A STREET SW STE 300
 L ARDMORE
 L OK US 73401
 T
 O ATTN:

J LEASE NAME Baker-Smith 3-19
 O LOCATION
 B COUNTY Comanche
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41148763	20920		Net - 30 days	01/06/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 11/27/2018 to 11/27/2018				
0041148763				
171817539A Cement-New Well Casing/Pi 11/27/2018				
Cement Surface				
60/40 POZ	300.00	EA	6.60	1,980.00 T
Celloflake	76.00	LB	2.04	154.66 T
Calcium Chloride	774.00	LB	0.58	446.98 T
"Unit Mileage Chg (PU, cars one way)"	50.00	MI	2.48	123.75
Heavy Equipment Mileage	100.00	MI	4.13	412.50
Proppant & Bulk Del. Chgs., per ton mil	645.00	EA	1.37	886.87
Blending & Mixing Service Charge	300.00	SK	0.77	231.00
Depth Charge; 0-500'	1.00	EA	550.00	550.00
"Service Supervisor, first 8 hrs on loc.	1.00	EA	96.26	96.26

Cement - Surface

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,882.02
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	167.81
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	5,049.83
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

Customer <i>James B. Real op.</i>	Lease No.	Date <i>11-27-18</i>
Lease <i>Baker-Smith</i>	Well # <i>3-19</i>	
Field Order # <i>17539</i>	Station <i>Pratt Kansas 1718</i>	Casing <i>13 3/8</i>
Type Job <i>13 3/8" SURFACE CASING</i>	Depth <i>252</i>	County <i>Comanche</i>
	Formation	State <i>KS</i>
		Legal Description <i>19-31S-17W</i>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>13 3/8</i>				Pre Pad	Max		5 Min.
Depth <i>252</i>	Depth	From	To	Pad	Min		10 Min.
Volume <i>38.9</i>	Volume	From	To	Frac	Avg		15 Min.
Max Press <i>5000</i>	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection <i>503</i>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load
Plug Depth	Packer Depth	From	To				

Customer Representative	Station Manager	Treater
Service Units	78664	84980
Driver Names	Ferns	LODY
	LODY	Estabro
	20120	19959
	21010	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0600					Arrived on location/safety meeting
0630					Rig up P.O.P. platform
					Total Pipe Ran: 13 3/8-252.03' + 17' 8 5/8" casing
					269.03' shoe - 20'
0723	50		5	3	Plunger H2O spacer
0728	80			3.5	Start 60/40 P.z @ 14.8 P.O.B
0734	80		32	3.5	150' 60/40 P.z away @ 14.8 P.O.B
0751	100		64	3.5	300' 60/40 P.z away / start P.z treatment
0759	100		10	2.42	See cement string - sat @ 15.6 min
0805	100		25	4	Saw Hoses coming in
0810	100		37	4	1st discharge of shot volume
					30' wait 1" to 3rd collar
0815					3rd collar cement at bottom of collar
0930					Rig down / Leave location
					10' 10" / 46" to P.O.B
					140' - 275' TOC - SURFACE

Summary of Changes

Lease Name and Number: BAKER-SMITH 3-19

API/Permit #: 15-033-21781-00-00

Doc ID: 1457835

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
CasingPurposeOfString PDF_2		Surface
Completion Or Recompletion Date	02/26/2018	12/06/2018
Date Reached TD	02/26/2018	12/06/2018
Electric Log Run?	No	Yes
Ground Level Elevation	1994	1995
Kelly Bushing Elevation	0	2008
Elogs_PDF		Attached
Geologist Report / Mud Logs?	No	Yes
Approved Date	11/06/2018	05/01/2019
Samples Sent To KGS?	No	Yes

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1426732	../../../../kcc/detail/operatorEditDetail.cfm?docID=1457835
Spud Or Recompletion Date	02/26/2018	11/26/2018
TopsDatum1	00	Attached
TopsDepth1	00	Attached
TopsName1	na	Attached
Total Depth	60	5600
Well Type	OIL	DH

Summary of Attachments

Lease Name and Number: BAKER-SMITH 3-19

API: 15-033-21781-00-00

Doc ID: 1457835

Correction Number: 1

Attachment Name