KOLAR Document ID: 1462905

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:						
Address 2:	Feet from \(\sum \) North / \(\sum \) South Line of Section					
City: State: Zip:+	Feet from					
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) Datum: NAD27 NAD83 WGS84					
Wellsite Geologist:						
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:					
	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)					
	Chloride content: ppm Fluid volume: bbls					
Commingled Permit #:	Dewatering method used:					
Dual Completion Permit #:						
EOR Permit #:	Location of fluid disposal if hauled offsite:					
GSW Permit #:	Operator Name:					
GOVV Territt #.	Lease Name: License #:					
Canad Date on Date Decembed TD Completing Date on	Quarter Sec TwpS. R					
Spud Date or Date Reached TD Completion Date or 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 II III Approved by: Date:							

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Page Two

Operator Name:				Lease Name:			Well #:			
Sec Twp.	S. R.	Ea	st West	County:						
	lowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,		
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log		
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample		
Samples Sent to G	eological Surv	ey	Yes No	Na	me		Тор	Datum		
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No							
		Re			New Used	ion, etc.				
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives		
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l				
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used	ed Type and Percent Additives					
Protect Casii										
Plug Off Zon										
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,		
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>				
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity		
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			ON INTERVAL:		
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom		
,	Submit ACO-18.)									
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record		
TUBING RECORD:	Size:	Set /	At:	Packer At:						
. 5213 12.00 10.	5120.		···	. 30.0.71						

Form	ACO1 - Well Completion
Operator	Scout Energy Management LLC
Well Name	BOVIE 12
Doc ID	1462905

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	0	623	Class H Reg.	200	12% Gel
Production	7.875	5.5	0	3210	Class H Reg.	450	12% Gel
Liner	5.5	4.5	11.6	2900	na	0	na



Customer Comments or Concerns:

Tyu Darks

1700 S. Country Estates Raod Liberal, KS 67901 PH (620)-624-2277FAX (620) 624-2280

SERVICE ORDER - 1718 19482 L

	series De		TT: 20 M/2	Date: 6	/5/2019
Well Name:				Location:	
Bovie 1-2		1		19,34,37	
County - State:	W			RRC#:	1.1
Stevens, Ks				19842 Customer's Order #:	-4
Type Of Service:				Customer's Order #:	•
Z41 - Cement S	cab Liner	7	1008026-30005	39	
	Customer:	Scout Energ	gy Management LBJ Frieway Ste 300 IN Nas Tx 75244		
		2001	1135 Free 75 244	0	
	riddioss.			2984864	
		AFE# 1218			
			Basic Energy Services in accord with the rates and terms stated in Basic Energy Services current price lists. Invoices are payable Ni mer agrees to pay interest thereon after default at 18% per annum. In the event it becomes necessary to employ an attorney to enforc	ET 30 (SEE 10.2) after date of invoice. ce collection of said account, Customer	Upon Customer's agrees to pay all
the collection costs and	attorney fees. The	se terms and condit	ions shall be governed by the laws or the state where services are performed or equipment or materials are furnished.		
Basic Energy Services.,	warrants only title	to the products, su	pplies and materials and that the same are free from defects in workmanship. THERE ARE NO WARRANTIES, EXPRESS OR IMPL BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE. Basic Energy Services, liability and Customer's exc	ED, MERCHANTABILITY, FITNESS FO	OR A whether in
			arising out of the sale or use of any products, supplies, or materials upon their return to Basic Energy Services. Is expressly limited to bustomer of credit for the cost of such items. In no event shall Basic Energy Services be liable for special, indirect, punitive or conseq		pplies or materials
or, at Basic Energy Serv	vices, opuon, to un	e allowance to the C	ustonies of Acut for the cost of Such Reins. In the Gront ditail basis Energy Services so have to a speaking manage, parties of services	zonadi damagoo.	
CODE	QTY	UOM	DESCRIPTION	PRICE	TOTAL
CL101	65	Sk V	'A-Con' Blend	18.60	1209.0
CC109	124	Lb V	Calcium Chloride	1.05	130.2
CC130	13		Q-51	25.00	325.0
CC126	47		C-37	11.00	517.0
CF102	1		Top Rubber Cement Plug, 4 1/2"	80.00	80.0
E101	60	Mi	Heavy Equipment Mileage	7.50	450.0
CE240	65	Sk	Blending & Mixing Service Charge	1.40	91.0
E113	93	Tn/Mi	Proppant and Bulk Delivery Charges, per ton mile	2.50	232.5
CE203	1	4 Hrs	Depth Charge; 2001'-3000'	1800.00	1800.0
E100	30	Mi	Unit Mileage Charge-Pickups, Small Vans & Cars (one way)	4.50	135.0
T105	1	Ea	Cement Data Acquisition Monitor / Strip Chart Recorder	550.00	550.0
BE143	1	ea	Supervisor	75.00	75.0
BE144	3		Driver	35.00	105.0
				,	
				/	,
				, ,	
		A Carl			
			/		
				Book Total:	\$5,699.7
			ļ	Taxes:	00 710
				Disc. Price:	\$3,768.4
				WES.	NO
PUMP TRUCK NUM	MBER:	19842		E.	
Λ	. 1 0	(OPERATION OF EQUIPMENT WAS SATISFACTORY	Z	님
DRIVER:	ngel	2	PERFORMANCE OF PERSONEL WAS SATISFACTORY		Ц
	X			6.5-19	
BA	SICENERGY	SERVICES	CUSTOMER OR H	SAGENT	To



Liberal Yard #1717 - Phone 620-624-2277 - 1700 S. Country Estates Road, Liberal KS 67901

PRESSURE PUMPING Job Log

Customer:	Scout E	nergy Manag	ement	Cement Pump No.:	198	19842		78938 Angel		
Address:				Ticket #:	1718 1	9482 L	Bulk TRK No.: 30464 Tyce			
City, State, Zip:		AFE# 12181		Јов Туре:	Z41 - Cement Scab Liner					
Service District:	17	18 - Liberal, K	(s	Well Type:			OIL			
ell Name and No.:		Bovie 1-2		Well Location:	19,34,37	,37 County: Stevens state:			K	
Туре о	f Cmt	Sacks		Additives			Truck Loa	k Loaded On		
A-Con'	Blend	65	2%	CC, .1% WCA-1, .7	5% C-37	30464	1 Tyce	Front		
							VIII.	Front	Back	
								Front	Back	
Lead/	Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Red		CU. FT.	Man I	Hours / Person	nel	
Lea		12.2	2.33	13	45	151.45	Man Hours:	20		
Та	il:						# of Men on Job:	3		
Time		Volume	Pumps	Press	ure(PSI)	D	escription of Oper	ation and Material	S	
(am/pm)	(BPM)	(BBLS)	T C	Tubing	Casing					
11:00	^				***************************************		On Loc	ation		
11:15							Safety M	leeting		
11:30 AM						Rig up				
11:45 AM						Pressure Test Lines to 1500psi				
11:48 AM	2	57			400	Circulate Well				
11:51		26.9				Pump 65sk				
12:31	***************************************	3				Wash To Pit				
12:35 PM	1.5	10Thru20			ZERO		Displ	ace		
	1.5	30			1000					
	1.5	40			1400					
13:00	1.5	44.8			1500	ļ	Landed Plug			
						rele		Float shoe Hel	d	
					***************************************		Job com			
							Thank	you		

							*			
								V		
0	F FU 4	5 "		2000		TVDE	}			
Cased Hole	5.5" 14#	Depth		2900'		TYPE		Danil-		
Csg.	4.5" 11.6#	Depth	2890'	New / Used		Packer		Depth		
or tbg. Top Plugs		Depth	P			Retainer Perfs		Depth CIBP		
10p i luga	M	Type			Rasic Perrosa		1			
Customer Sig	nature.		, 6	5-19	Basic Representative: Basic Signature:		Angel Echevarria			
- solution olg	, idiaio.	man -			Date of Service		6/5/2019			