

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)</i> <i>(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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PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1000793	1718	10/16/2017
INVOICE NUMBER			
92544859			

Pratt (620) 672-1201
 B CMX INC
 I 1700 N WATERFRONT PKWY BLDG 300 STE B
 L WICHITA
 L KS US 67206
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME McMannis OWWO #1-25
 O LOCATION
 B COUNTY Pratt
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41062822	19843		Net - 30 days	11/15/2017

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 10/14/2017 to 10/14/2017</i>				
0041062822				
171815481A Cement-New Well Casing/Pi 10/14/2017 Cement-5 1/2" Longstring				
AA2 Cement	155.00	EA	9.35	1,449.25 T
60/40 POZ	50.00	EA	6.60	330.00 T
Cement Gel	84.00	EA	0.14	11.55 T
Celloflake	39.00	EA	2.03	79.36 T
C-41P	37.00	EA	2.20	81.40 T
Salt	827.00	EA	0.27	227.42 T
Gypsum	730.00	EA	0.41	301.12 T
Mag Chem 10CR	438.00	EA	1.49	650.43 T
FLA-322	117.00	EA	4.12	482.62 T
Gilsonite	776.00	EA	0.37	285.96 T
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	198.00	198.00
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	220.00	220.00
"5 1/2" Basket (Blue)"	1.00	EA	159.50	159.50
"Turbolizer, 5 1/2" (Blue)"	8.00	EA	60.50	484.00
Mud Flush	1,000.00	EA	0.83	825.00 T
"Unit Mileage Chg (PU, cars one way)"	10.00	MI	2.48	24.75
Heavy Equipment Mileage	20.00	MI	4.13	82.50
Proppant & Bulk Del. Chgs., per ton mil	94.00	EA	1.38	129.25
Depth Charge; 4001'-5000'	1.00	EA	1,386.00	1,386.00
Blending & Mixing Service Charge	205.00	BAG	0.77	157.85
Plug Container Util. Chg.	1.00	EA	137.50	137.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	96.27	96.27

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,799.73
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	389.74
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	8,189.47
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

JTMH: 30

FIELD SERVICE TICKET
1718 15481 A


25-265-14W

DATE _____ TICKET NO. _____

DATE OF JOB: 10/14/2017	DISTRICT: Prt+1, KS	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: CmX ^{INC} Gas Exploration	LEASE: memcnn.s owwo	WELL NO. 1-25							
ADDRESS:	COUNTY: Prt+	STATE: KS							
CITY:	STATE:	SERVICE CREW: Derrin McGee, Trevine							
AUTHORIZED BY:	JOB TYPE: 242/5 1/2 long string								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19843	3/4						10/14	PM	2:30
19918	1/4					ARRIVED AT JOB	10/14	AM	5:00
						START OPERATION	10/14	AM	11:00
						FINISH OPERATION	10/14	AM	11:45
						RELEASED	10/14	AM	12:30
						MILES FROM STATION TO WELL	12		

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: 
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA 2 Cement	SK	155		2,635 00
CP103	60/40 POZ	SK	50		600 00
CC200	Cement-Gel	Lb	84		21 00
CC102	Cellofibre	Lb	39		144 30
CC105	C-41P	Lb	37		148 00
CC111	Sgt	Lb	827		413 50
CC113	Gypsum	Lb	730		547 50
CC116	Mgs Chem 10GR	Lb	438		1,182 60
CC129	FLA-322	Lb	117		877 50
CC201	Gilsonite	Lb	776		519 92
CF1251	Auto Fill Flost+ Shoe 5 1/2" (Blue)	ES	1		360 00
CF607	Latch Down Plug & Bg Flt, 5 1/2" (Blue)	ES	1		400 00
CF1901	5 1/2" Bgskrt (Blue)	ES	1		290 00
CF1651	Turbolizer, 5 1/2" (Blue)	ES	8		880 00
CC151	Mud Flush	Gal	1,000		1,500 00
E100	unit mileage Charge - Pickups, SMS/USNS & CS's	mi	10		45 90
E101	Hesuv Equipment + Mileage	mi	20		150 00
E113	Proppant + One Bellis Delivery Charges, per 100 lbs TNM	TNm	94		235 00

SUB TOTAL

CHEMICAL / ACID DATA:			

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

TOTAL

SERVICE REPRESENTATIVE:  THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: 
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

25-265-14W

FIELD SERVICE TICKET

1718 ~~15482~~ A
Continuation 15481

DATE _____ TICKET NO. _____

DATE OF JOB: <i>10/14/2017</i>	DISTRICT: <i>Pratt, KS</i>	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: <i>Cmx, Inc</i>	LEASE: <i>McManns OWWO</i>	WELL NO. <i>1-25</i>								
ADDRESS:	COUNTY: <i>Pratt</i>	STATE: <i>KS</i>								
CITY:	STATE:		SERVICE CREW: <i>Derin, McGraw</i>							
AUTHORIZED BY:	JOB TYPE: <i>2 1/2" 5 1/2 Long string</i>									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
						ARRIVED AT JOB				
						START OPERATION				
						FINISH OPERATION				
						RELEASED				
						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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<i>CE205</i>	<i>Depth Charge; 4,000' - 5,000'</i>	<i>Lhs</i>	<i>1</i>		<i>2,520.00</i>
<i>CE240</i>	<i>Blending & mixing Service Charge</i>	<i>SK</i>	<i>205</i>		<i>287.00</i>
<i>CE504</i>	<i>Plus Container w/ 1/2 str. on charge</i>	<i>Job</i>	<i>1</i>		<i>250.00</i>
<i>S003</i>	<i>Service Super Wiser; first 8 hrs on loc.</i>	<i>Fg</i>	<i>1</i>		<i>175.00</i>

SUB TOTAL *14,181.32*

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
<i>Discount</i>		<i>TOTAL 7,799.73</i>

SERVICE REPRESENTATIVE: *[Signature]*

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

Customer <i>Inc</i>	Lease No.	Date
Lease <i>McMinnis OWN</i>	Well # <i>1-25</i>	<i>10/14/2017</i>
Field Order # <i>13481</i>	Station <i>Pratt, KS</i>	Casing <i>5 1/2</i>
Type Job <i>242/5 1/2 Longstring</i>	Formation <i>TD-4545</i>	Legal Description <i>25-26s-144</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>3 1/2</i>								
Depth <i>4561</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>108.5</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>4520</i>	Packer Depth	From	To	Flush <i>Freshwater</i>	Gas Volume		Total Load	

Customer Representative *Keith* Station Manager *Justin Westerman* Treater *Darin Franklin*

Service Units	<i>92911</i>	<i>84981</i>	<i>19843</i>	<i>19959</i>	<i>19918</i>				
Driver Names	<i>Darin</i>	<i>McGrew</i>	<i>McGrew</i>						

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>5:00pm</i>					<i>On Location / Safety meeting</i>
					<i>T-1,3,5,7,9,11,13,15 B-2</i>
					<i>155 SIC AD2 cement, 10% Gypsum, 10% SS1</i>
					<i>3% GCS block, 0.8% Plug loss, 5PPS S.1501</i>
					<i>0.25 PPS defoamer, 0.25 PPS Cellulose</i>
					<i>14.8 PPS, 1.54 Veil, 6.39 Water</i>
					<i>50SK 60/40 PO2, 4% Gel</i>
					<i>13.78 PPS, 1.43 Veil, 6.92 Water</i>
<i>11:00pm</i>	<i>400</i>		<i>3</i>	<i>5</i>	<i>Pump 3 bbbs water</i>
	<i>400</i>		<i>24</i>	<i>5</i>	<i>Pump 24 bbbs Flush</i>
	<i>400</i>		<i>3</i>	<i>5</i>	<i>Pump 3 bbbs water</i>
	<i>400</i>		<i>43</i>	<i>5</i>	<i>mix 155 SIC AD2</i>
					<i>Shut down</i>
					<i>Wash Pump & Lines & Release Plug</i>
	<i>200</i>		<i>0</i>	<i>6</i>	<i>Start displacement</i>
	<i>600</i>		<i>70</i>	<i>6</i>	<i>Li-ft Pressure</i>
	<i>700</i>		<i>97</i>	<i>3</i>	<i>Slow Rate</i>
<i>11:45</i>	<i>1500</i>		<i>104</i>	<i>3</i>	<i>Bump Plug</i>
					<i>Flush - Hole</i>
	<i>50</i>		<i>7</i>	<i>3</i>	<i>Plug Reg hole</i>
<i>12:00pm</i>					<i>Plug man Job Complete</i>

Fracture Start Date/Time:	11/9/17 10:44
Fracture End Date/Time:	11/9/17 12:26
State:	Kansas
County:	Pratt
API Number:	15-151-21675-0001
Operator Number:	CMX
Well Name:	McMannis #1-25
Federal Well:	Yes
Tribal Well:	No
Longitude:	-98.7900347
Latitude:	37.7600347
Long/Lat Projection:	NAD27
True Vertical Depth (TVD):	4,545'
Total Clean Fluid Volume* (gal):	192,444

(e.g. XX-XXX-XXXXX-0000)



Ingredients Section:



<i>Additive</i>	<i>Specific Gravity</i>	<i>Additive Quantity</i>	<i>Mass (lbs)</i>	
WATER	1.00	192,444	1,605,945	<i>gal</i>
Sand	2.65	169,400	169,400	<i>lb</i>
Plexcide P5	0.96	20	160	<i>gal</i>
Plexcide P5	0.96	20	160	<i>gal</i>
Plexsurf 580 ME	0.95	47	373	<i>gal</i>
Plexsurf 580 ME	0.95	47	373	<i>gal</i>
Plexsurf 580 ME	0.95	47	373	<i>gal</i>
Plexsurf 580 ME	0.95	47	373	<i>gal</i>
Plexsurf 580 ME	0.95	47	373	<i>gal</i>
Plexsurf 580 ME	0.95	47	373	<i>gal</i>
Plexgel 907L-EB	1.02	164	1,396	<i>gal</i>
Plexgel 907L-EB	1.02	164	1,396	<i>gal</i>
Plexslick 957	1.02	118	1,004	<i>gal</i>
Plexgel XPA	1.03	31	266	<i>gal</i>
Clayplex 650	1.15	93	892	<i>gal</i>
				<i>gal</i>
				<i>gal</i>
				<i>gal</i>
				<i>gal</i>
				<i>gal</i>
			Total Slurry Mass (Lbs)	
			1,782,484	



