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 # 5056
Name: F. G. Holl Company L.L.C.
Address 1: 9431 E CENTRAL STE 100
Address 2:
City: WICHITA State: KS Zip: 67206 + 2563
Contact Person: Franklin R. Greenbaum
Phone: (316) 684-8481
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: Rene Hustead
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: F.G. Holl Company, LLC
Well Name: SCHAWE 1-8
Original Comp. Date: 02/07/2011 Original Total Depth: 3850
☐ 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 #:

04/05/2018		04/26/2018
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-009-25514-00-01
Spot Description: 110' N. NWSW
___ - ___ - NW - SW Sec. 8 Twp. 20 S. R. 14 ☐ East ☑ West
2090 Feet from ☐ North / ☑ South Line of Section
660 Feet from ☐ East / ☑ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☑ SW
GPS Location: Lat: ___ *(e.g. xx.xxxxx)*, Long: ___ *(e.g. -xxx.xxxxx)*
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Barton
Lease Name: SCHAWE Well #: 1-8
Field Name: Wildcat
Producing Formation: Arbuckle
Elevation: Ground: 1902 Kelly Bushing: 1910
Total Vertical Depth: 3850 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 861 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: 05/25/2018
☐ **Confidential Release Date:** 05/24/2020
☐ **Wireline Log Received** ☐ **Drill Stem Tests Received**
☐ **Geologist Report / Mud Logs Received**
☐ **UIC Distribution**
ALT ☑ **I** ☐ **II** ☐ **III** **Approved by:** Karen Ritter **Date:** 05/29/2018

Page Two

Operator Name: F. G. Holl Company L.L.C. Lease Name: SCHAWE Well #: 1-8

Sec. 8 Twp. 20 S. R. 14 ☐ East ☑ West County: Barton

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 ☐ Yes ☑ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☑ No

Cores Taken ☐ Yes ☑ No

Electric Log Run ☐ Yes ☑ No

Geologist Report / Mud Logs ☐ Yes ☑ No

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
None	None	None

CASING RECORD ☐ New ☑ 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
Surface	12.25	8.625	24	861	A-Con & Common	370	3%cc, 2% gel
Production	7.875	5.50	15.50	3846	AA-2 & Common	155	3%cc, 2% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
____ Perforate ____ Protect Casing ____ Plug Back TD ____ Plug Off Zone	3599-3611	Common	50	
	-			

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: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. *(Submit ACO-5)* ☐ Commingled *(Submit ACO-4)*

PRODUCTION INTERVAL:

Top	Bottom
3596	3708

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record *(Amount and Kind of Material Used)*
2	3596	3604			Spotted acid on perfs at 3604'.
4	3640	3708			250 gal 15% nefe acid
					500 gal of 15% nefe acid

TUBING RECORD: Size: Set At: Packer At:

Mail to: KCC - Conservation Division, 266 N. Main, Suite 220, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	F. G. Holl Company L.L.C.
Well Name	SCHAWE 1-8
Doc ID	1410261

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	24	861	A-Con & Common	370	3%cc, 2% gel
Production	7.875	5.50	15.50	3846	AA-2 & Common	155	3%cc, 2% gel

BASIC ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 16536 A

DATE TICKET NO.

DATE OF JOB 4-9-18 DISTRICT	NEW WELL ☐ OLD WELL ☑ PROD ☐ INJ ☐ WDW ☐ CUSTOMER ORDER NO.:
CUSTOMER	LEASE WELL NO.
ADDRESS	COUNTY STATE
CITY STATE	SERVICE CREW
AUTHORIZED BY	JOB TYPE:

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS

	DATE	AM PM	TIME
TRUCK CALLED			
ARRIVED AT JOB		AM PM	
START OPERATION		AM PM	
FINISH OPERATION		AM PM	
RELEASED		AM PM	
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:
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	$ AMOUNT
					400 00
					400 00
					340 00
					48 00
					247 50
					825 00
					330 00
					2,160 00
					70 00
					500 00
					175 00

CHEMICAL / ACID DATA:			

SUB TOTAL		5,895
SERVICE & EQUIPMENT	%TAX ON $	
MATERIALS	%TAX ON $	
TOTAL		5,132

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

CLOUD LITHO - Abilene, TX

BASiC energy services, L.P.

TREATMENT REPORT

Customer F G Hull		Lease No.		Date 4-9-18	
Lease Schawe		Well # 1-8			
Field Order # 16536	Station Pratt	Casing 5 1/2	Depth	County Barton	State Ks
Type Job 2-41 squeeze perfs			Formation Arbuckle	Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size 2 7/8	Shots/Ft		Acid 25 common	.7% fluid loss		ISIP .59 defoam
Depth 3599	Depth 3520	From 3599	To 3611	Pre Pad 25 common	Max		5 Min.
Volume 85.7	Volume 20.4	From	To	Pad	Min		10 Min.
Max Press	Max Press 2,000	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth 3520	From	To	Flush	Gas Volume		Total Load

Customer Representative Rob Long	Station Manager Westerman	Treater Mattai

Service Units	83353		84986	20920		19889	19918				
Driver Names	Mattai		Marquez			Clymer					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:00					On location / safety meeting
2:50		500	20		load backside / pressure to 500 psi
3:05					inj. rate 3 @ 150
3:09		3	5	500	pump 5 bbl water
3:11		2		500	mix 25 sks common w. fluid loss + defoam
3:14		2		500	mix 25 sks common
3:16			4	3	wash pump + line
3:19		300		2.5	start displacement
					stasing
4:00		2,000	20		holding 2,000 psi / release + hold
4:08		500	40	3	reverse out well clear
					pull 10 jts
4:35		500			pressure to 500 psi / shut in well
					Job complete
					thank you!
					Mike Mattai
					Scotty Eddy Michael

10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383

Taylor Printing, Inc. 620-672-3656