

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				

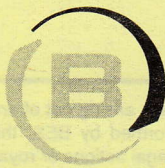
1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted 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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ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

77m11
43

FIELD SERVICE TICKET
1718 17347 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-4-18 DISTRICT Pratt		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 M+M Explorations		LEASE Z-BA WELL NO. 35								
ADDRESS		COUNTY BAIB STATE K								
CITY STATE		SERVICE CREW MATT HANSON D112								
AUTHORIZED BY		JOB TYPE: Z-42 1388 - SURFACE								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
27463	.5						10-4			1:00
										1:00
19862	.5									9:32
										10:04
										10:45
						MILES FROM STATION TO WELL 55				

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
CP101	A-con Blend	BU	145		2,610.00
CP100	Common	SR	100		1,600.00
CC102	Cellulose	lb	62		229.40
CC109	Calcium chloride	lb	693		727.65
E100	P.U. Miller	Mi	55		247.50
E101	Heavy eq Miller	Mi	110		825.00
E113	Prop + build d-ol	TM	635		1,588.13
CC200	Delta O-500	440	1		1,200.00
CC240	blend + mix	SR	245		343.00
S003	Supervisor	PT	1		175.00
SUB TOTAL					9,345.68

CHEMICAL / ACID DATA:			

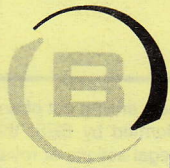
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		5,420.49

SERVICE REPRESENTATIVE *Mike Motta* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

TIMH.50



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P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 17352 A

DATE _____ TICKET NO. _____

DATE OF JOB: 10/13/2018	DISTRICT: Pratt, 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.: 35-1			
CUSTOMER: Mam Exploration		LEASE: Z-Bsr		WELL NO.: #FF						
ADDRESS:		COUNTY: Barber	STATE: KS							
CITY:		SERVICE CREW: Dorrin, Ed, P. 92								
AUTHORIZED BY:		JOB TYPE: 242/4 1/2 Longstring								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
19843	1						10/13			5:30
21010	1/2					ARRIVED AT JOB	10/13	AM	PM	8:30
						START OPERATION	10/13	AM	PM	4:00
						FINISH OPERATION	10/13	AM	PM	5:00
						RELEASED	10/13	AM	PM	5:30
						MILES FROM STATION TO WELL	76			

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP100P	Premium Cement	SK	225		4,050 00
CP100P	Premium Cement	SK	50		900 00
CC105	C-419	Lb	127		508 00
CC111	Sgt+	Lb	1383		691 50
CC113	Gypsum	Lb	1270		952 50
CC189	msg Chem 10CR	Lb	762		2,057 40
CC148	C-17	Lb	127		2,540 00
CC201	Gilsonite	Lb	1352		905 84
CF1250	Auto Fill Flange Shoe 4 1/2" (Blue)	ES	1		330 00
CF606	Latch Down Plug & Baffle, 4 1/2" (Blue)	ES	1		370 00
CF1650	Turbolizer, 4 1/2" (Blue)	ES	12		1,020 00
CF1900	4 1/2" Bgsker (Blue)	ES	1		270 00
CF480	4 1/2" Para Collar	ES	1		3,500 00
CC151	Mud Flush	Gal	500		750 00
E100	Unit Mileage Charge - Pickups, Small users & crs 23¢	mi	55		247 50
E101	Heavy Equipment Mileage	mi	110		825 00
E113	Proppant & Snc Bulk Delivery Charge, per ton mile	Ton/mi	699		1,746 25
				SUB TOTAL	

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO.

Customer M&M Exploration	Lease No.	Date 10/13/2018	
Lease Z-Ber	Well # AFE 35-11		
Field Order # 17332	Station Pratt, KS	Casing 4 1/2	Depth
Type Job Z42/4 1/2 Long string	Formation	County Borber	State KS

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
4 1/2								
Depth 5140	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 82	Volume	From	To	Pad	Min		10 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 5106	Packer Depth	From	To	Flush Water	Gas Volume		Total Load	

Customer Representative Alyn Vistal	Station Manager Justin Westerman	Treater Darin Franklin
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Service Units	92911	33708	19843	19959	2100				
Driver Names	Darin	Ed	Ed	Disz	Disz				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:30am					On location / safety meeting
					B-, PC-, T-
					225SK Premium Cement, 10% SS11, 5%
					Gypsum, 3% MagChem, 0.5% Fluid Loss
					0.5% defoamer, 5ppm Gilsonite
					14.8 pps, 1.48 veils, 6.14 water
3:00pm					Pipe on bottom & break circulation
4:00pm	200		3	5	Pump 3 bbls water
	200		12	5	Pump 12 bbls mud flush
	200		59	5	Mix 225 SK Premium Cement
					Shut down
					Wash pump & lines & Release Plug
	100		0	6 1/2	Start displacement
	300		50	6 1/2	Lift Pressure
	700		70	3	Slow Rate
4:45pm	1500		80	3	Bump Plug
					Float-Head
			7	3	Plug Reg hole
			3	3	Plug mouse hole
5:00pm					Job Complete / Drilling crew Thank you!!



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P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 16468 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-18-18		DISTRICT 1718		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 M+M Exploration				LEASE 2-Bar 35-11		WELL NO.:			
ADDRESS				COUNTY Barber		STATE KS			
CITY		STATE		SERVICE CREW 1718					
AUTHORIZED BY				JOB TYPE: 242 4 1/2 Port Collar					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
33708-19843	2					ARRIVED AT JOB		AM	
19960-73768	2					START OPERATION		AM	
						FINISH OPERATION		AM	
						RELEASED		AM	
						MILES FROM STATION TO WELL			

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SIGNED: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP101	A-Con Cement		125 sk		2250 -
CP100	Common Cement		50 sk		800 -
CC109	Calcium Chloride		448 lb		470 40
CC200	Cement Gel		500 lbs		125 -
E100	Pick up mileage 1 way	1 ea	55 mi		247 50
E101	Truck Mileage 1 way	2 ea	55 mi		825 -
E113	Bulk Delv		454 ton/mi		1134 38
CE201	Pump Charge 501-1000		4 hrs		1200 -
CE240	Blending & Mixing Charge		175 5/6		245 -
5003	Service Super Charge		8 hrs		175 - 250
CE504	Plug Container & Shifting Tool	1 ea			250 - 145

CHEMICAL / ACID DATA:			

		SUB TOTAL	
	Book Total		7722 28
SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
	TOTAL	Discounted Price	4478 92

SERVICE REPRESENTATIVE DL Scott THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer M+M Explor	Lease No.	Date 10-18-18	
Lease 2-Bar	Well # 35-11		
Field Order # 16468	Station Pratt KS	Casing 4 1/2	Depth
Type Job 4 1/2 Port Collar	Formation	County Barber	State KS
		Legal Description 35-32-15	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
4 1/2	2 3/8			Pre Pad	Max		5 Min.
Depth	Depth	From	To	Pad	Min		10 Min.
	498			125sk A-Con 3%			
Volume	Volume	From	To	Frac	Avg		15 Min.
	3.7			50 sk Com 2%			
Max Press	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load
				H2O			

Customer Representative Alan Vartil	Station Manager J Westerman	Treater D Scott
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Service Units Vap	Gravels	Hose	Parros					
Driver Names Scott	33708	19843	19960	73768				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0800					Called Out
1330					Onloc w/ Trks Safety mtg
1355	150	700			psi Csg Held
					Open P.C. @ 978'
1415		300	25	3	Est good Circ w/ 500 lbs Gel
1420		300	61.6	3	Mix Lead Cmt @ 11.6 ppg 125sk
1440		300	10.5	3	Mix Tail Cmt @ 14.8 ppg 50sk
1450		300			Close Tool
1452		700			psi Test Csg Held
					Run 5 Jts
1510	300		35	3	Reverse Out 2 ea Cmt Flgs
					Had good Circ Thru Job
					No Cmt
					Job Complete
					Thank you
					Scotty