KOLAR Document ID: 1425509

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:			est						
Address 2:		Feet from North / South Line of Sect	tion						
City: State:	++	Feet from East / West Line of Section							
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)							
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84							
Purchaser:		County:							
Designate Type of Completion:		Lease Name: Well #:	—						
New Well Re-Entr	y Workover	Field Name:							
] SWD	Producing Formation:							
Gas DH] SWB] EOR	Elevation: Ground: Kelly Bushing:							
	GSW	Total Vertical Depth: Plug Back Total Depth:							
CM (Coal Bed Methane)	_	Amount of Surface Pipe Set and Cemented at: F	eet						
	ol., etc.):	Multiple Stage Cementing Collar Used? Yes No							
If Workover/Re-entry: Old Well Info as		If yes, show depth set: F	eet						
Operator:		If Alternate II completion, cement circulated from:							
Well Name:		feet depth to:w/sx c	cmt.						
Original Comp. Date:									
Deepening Re-perf. Plug Back Liner	Conv. to EOR Conv. to SWD Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)							
□ O		Chloride content:ppm Fluid volume:b	bls						
_ •	rmit #:	Dewatering method used:							
	rmit #: rmit #:								
	rmit #:	Location of fluid disposal if hauled offsite:							
	rmit #:	Operator Name:							
_ 33		Lease Name: License #:							
Spud Date or Date Reached	Completion Data co	Quarter Sec TwpS. R	/est						
Recompletion Date	d TD Completion Date or Recompletion Date	Countv: 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 Approved by: Date:

KOLAR Document ID: 1425509

Page Two

Operator Name:					Lease Nam	ne:			Well #:		
Sec Tw	pS. F	R [East	West	County:						
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery, Digital electronic log	
Drill Stem Tests (Attach Addit			Ye	es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample	
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name)		Тор	Datum	
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Y€ Y€	es No							
			Repo		RECORD [Nev	w Used rmediate, producti	on. etc.			
Purpose of St		ze Hole Orilled	Siz	e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
ADDITIONAL CEMENTING / SQUEEZE RECORD											
Purpose:	[Depth	Typo	of Cement	# Sacks Use		EEZE RECORD	Typo a	nd Percent Additives		
Perforate Protect Ca Plug Back	Top	Bottom	туре	or cement	# Sacks Use	,u		туре а	ia reicent Additives		
Plug Off Z											
Did you perform Does the volum Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,	
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)			
Estimated Produc	otion	Oil Bb	le.	Flowing Gas	Pumping Mcf	Wate		ther <i>(Explain)</i> bls.	Gas-Oil Ratio	Gravity	
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity	
DISPO	OSITION OF GAS	S:		N	METHOD OF CO	MPLE.	TION:		PRODUCTIO	N INTERVAL:	
Vented	Sold Use	d on Lease		Open Hole		Dually		nmingled	Тор	Bottom	
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (Subi	mit ACO-4)			
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type	Bridge Plug Set At		Acid,		Cementing Squeeze Kind of Material Used)	Record	
TUBING RECOR	D: Size:		Set At:		Packer At:						

Form	ACO1 - Well Completion
Operator	M & M Exploration, Inc.
Well Name	Z BAR 35-11
Doc ID	1425509

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	17.5	13.375	48	295	A-Con, Common	245	3% cc, .25% cellflake
Production	7.875	4.5	10.5	5148	Scavenger , AA-2		10% salt,5% gyp, 3% Magchem



RELEASED

MILES FROM STATION TO WELL

FIELD SERVICE TICKET 1718 17347 A

		SERVICES Pho	one 620-6	572-1201			DATE TICKET NO	cath 21 Separati symposis committees on complex of anticipate of committees of			
DATE OF 10-4	-18 DI	ISTRICT Plati	mada jiya		NEW WELL PROD □INJ □ WDW □ CUSTOMER ORDER NO.:						
CUSTOMER M+	M	EXPLOYATION	1)		LEASE Z -BAZ WELL NO.						
ADDRESS	arradisol. 9 on left skaler	eriT Josopalisco teden Lateritationerica cettos	gber feet a Fact reserv		COUNTY BAID STATE W						
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AUTHORIZED BY), herefor Step a seta	i defens romær i sisti Griffomsetsking i sis		etrogue re emo 278	JOB TYPE:	2-4	2 13/8 25/10	UCTO Swiface			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLED	DATE AM TIME			
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19862	.5						START OPERATION	AM 932			
	Tales at						FINISH OPERATION	AM			

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 - COA Blend OMMOR (e116/14/ 16 hiorino m TM 440 54 745 SUB TOTAL CHEMICAL / ACID DATA: SERVICE & EQUIPMENT %TAX ON \$ **MATERIALS** %TAX ON \$

SERVICE	
REPRESENTATIVE	prile Metta

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer	ME				Date	-	1		1 -					
	Z-13A			Well #	3	5-11			-	10	> - 6	1-1	8	
Field Order #			П			Casing	/ Depth	395	County	1 R	AIB	41	State	Ms.
Type Job	2-42		1	and and any travel and any	5	urface	Formation			1 40	7.		335-	- 1/
PIPE	E DATA			NG DATA		FLUID	JSED			TREAT	MENT	RESUMI	NACH CONTRACTOR	1
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Max Press	Max Press	s From		Го	Frac			Avg				15 Min.		
Well Connection	on Annulus V	/ol. From	٦	Го				HHP Use	d			Annulus	Pressure	
Plug Depth	Packer De	From	7	Īo	Flush	41.8		Gas Volu	me			Total Load		
Customer Rep	resentative	Ke Aus	Tin	Station			ester m	44	Trea	iter r	MAT	TR1		
	83353	1	2740	3	Conq	10959	19862							
Driver Names	MATIA		HAMS	01		PI	AZ							
Time	Casing Pressure	Tubing Pressure	Bbls. F	Pumped	F	Rate			8	Service	e Log	9-		
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10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET

1718 17352 A

	PRESSUF	RE PUMI	PING & WIRELINE			DATE TICKET NO						
DATE OF JOB	13/20	0/8	DISTRICT Proda	KS	un little (B)	NEW NELL NEW Y	OLD F	PROD INJ	WDW	CI	USTOMER RDER NO.:	35-1
CUSTOMER /	nan	n	Explossion			LEASE Z	-B	Sr			WELL NO.	DF
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AUTHORIZED B	BY					JOB TYPE:	242	141/2	Longi	Str	ne	
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10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET

1718 17353 A

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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, make the customer.											naterials.	
products, and/or su	ipplies ind	cludes all	of and only those terms and country the written consent of an office	onditions a	the front and back	of this do	cument. No additi	onal or substitute	terms	and/or conditi	ons shall	
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TREATMENT REPORT

Customer	ExPK	orgation		Lea	se No.					Date	10	1.0	/				
Lease Z	-Ber			We	11#) F	F 30	5-11		1	10,	115	/20	18			
Field Order #	Station	Prsto	1,105		, ,		Casing	1/2 Depth	1	County	Bar	ber		State			
Type Job	242,	14/2	2	950	ring	7		Formation				Legal Des	cription				
PIPE	E DATA	PER	FORATI				FLUID	JSED		T	REATI	MENT R	ESUME				
Casing Size	Tubing Si	ze Shots/	Ft			Ac	id			RATE	PRES	S	ISIP				
Depth 5/40	Depth	From		То		Pre	e Pad		Max				5 Min.				
Volume ₈₂	Volume	From		То		Pa	d		Min				10 Min.				
Max Press	Max Pres	s From		То		Fra	ac		Avg				15 Min.				
Well Connection	on Annulus \	/ol. From		То					HHP Used				Annulus Pre	essure			
Plug Depth	Packer De	epth From		То	Flush W9te			er	Gas Volu	me			Total Load				
Customer Rep	resentative	7/90 VI	9411		Station	Mar	nager Jus	in West	ternen	Treate	er D	grin	Frank	lin			
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10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

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FIELD SERVICE TICKET

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DATE TICKET NO.____

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REPRESENTATIVE 1 5

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SERVICE



TREATMENT REPORT

Customer Lease Field Order # Station				Lease No.			Date						
									14	10	10		
				•••• m	35	Casing	Depth		County State			State	
				< 5 Odding 4			Formation		Legal Description			165	
Type Job 4	115]	Port	Colla	V			Tomation			33	-37-1	5	
PIPE DATA PERFORATII				G DATA		FLUID U	SED		TREATMENT RESUM			E	
Casing Size	ing Size Tubing Size		t		Acid	d			RATE P	RESS	ISIP		
epth	Depth	78 From		То		Pad	ti.	Max			5 Min.		
olume	Volume	From		То		1255K A	-Con 390	Min			10 Min.		
lax Press	Max Press			То		c 50 5/1 (OM 28	Avg				15 Min.	
Vell Connection	Annulus Vo	ol. From	То					HHP Used			Annulus Pressure		
lug Depth	g Depth Packer Depth		То		Flush HZO			Gas Volume			Total Load		
Customer Repr	esentative	From	avtil	Station	n Man	ager J	Vester	Mun	Treater	D 5	+04		
Service Units	VaD	Grava		H050		Porras			1				
Oriver Names		33708	19843	1991		73768							
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