

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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BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

24-335-17W

- JMR = 39

FIELD SERVICE TICKET
1718 17366 A

DATE _____ TICKET NO. _____

DATE OF JOB 10/31/2018		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.:		
CUSTOMER Csstell. Exploration, Inc.				LEASE Dunn				WELL NO 2-24		
ADDRESS				COUNTY Comanche				STATE KS		
CITY				STATE				SERVICE CREW Dgr. n, Fe, Dsuie		
AUTHORIZED BY				JOB TYPE: 242/4 1/2 Longstring						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME	
20920	3/4						10/30	PM	5:00	
17862	1/2					ARRIVED AT JOB	10/30	AM	10:30	
						START OPERATION	10/31	AM	4:30	
						FINISH OPERATION	10/31	PM	5:15	
						RELEASED	10/31	PM	6:00	
						MILES FROM STATION TO WELL			79	

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	DD2 Cement	SK	175		2,975 00
CP103	60/40 Poz	SK	85		1,020 00
CC102	Cellofisk	Lb	44		162 80
CC105	C-41P	Lb	83		332 00
CC111	SS1+	Lb	879		439 50
CC112	Cement Friction Reducer	Lb	50		300 00
CC148	C-17	Lb	50		1,000 00
CC201	Gilsonite	Lb	875		586 25
CC200	Cement + Gel	Lb	144		36 00
CF1250	Auto Fill Flost Shoe 4 1/2" (Blue)	EG	1		330 00
CF606	Latch Down Plug & Bottle 4 1/2" (Blue)	EG	1		370 00
CF1900	4 1/2" BSKR (Blue)	EG	3		810 00
CF1650	Turbolizer 4 1/2" (Blue)	EG	5		425 00
C704	C16ymx KCL Substitute	GS1	5		175 00
F100	unit milesse chrese- pickups, small users csis	m	70		315 00
E101	Hesur Equipment milesse	m	140		1,050 00
E113	Proppant 9ne Bulk Delivery chrese, per ten mile	Tolm	830		2,073 75

SUB TOTAL

CHEMICAL / ACID DATA:			

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

TOTAL

(Handwritten mark)

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.



BASICSM
ENERGY SERVICES
 PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 ~~17367-A~~

Continuation 17366

DATE _____ TICKET NO. _____

DATE OF JOB 10/31/2018 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.:							
CUSTOMER Castell Exploration, Inc.		LEASE Dunn WELL NO. 2-24							
ADDRESS _____		COUNTY Comanche STATE KS							
CITY _____ STATE _____		SERVICE CREW Darin, Ed, Dru. &							
AUTHORIZED BY _____		JOB TYPE: 242/4 1/2 Longstring							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
						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: Randy Popp
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CE206	Depth Charge; 500'-6,000'	HR	1		2,980.00
CE240	Blending & mixing Service Charge	SK	260		364.00
CE504	Plug container Utilization Charge	Job	1		250.00
5003	Service, Supervisor, First 8 hrs on Loc.	ES	1		175.00

SUB TOTAL 16,069.30

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
DISCOUNT		TOTAL	8,677.42

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

FIELD SERVICE ORDER NO. _____

Customer Cystell Exploration Inc	Lease No.	Date 10/31/2018
Lease Dunn	Well # 2-24	
Field Order # 17366	Station Pratt, KS	Casing 4 1/2
		Depth 5182
Type Job 242/4 1/2 Long String	Formation TD-5185	County Comanche
		State KS
		Legal Description 24-33s-17W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
4 1/2				Pre Pad	Max		5 Min.	
Depth 5182	Depth	From	To	Pad	Min		10 Min.	
Volume 82, 3	Volume	From	To	Frac	Avg		15 Min.	
Max Press 1500	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush KCL Water	Gas Volume		Total Load	
Plug Depth 5137	Packer Depth	From	To					

Customer Representative Rick Popp	Station Manager Justin Westermans	Treater Darin Franklin
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Service Units	92911	84980	20920	70959	19862				
Driver Names	Darin	Ed	Ed	Darin	Darin				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:30am					On location / safety meeting
					1755ic 1002 cement, 10% silt, 5pps
					Gilsonite, 0.5% defoamer, 0.25pps
					Cellulose, 0.3% dispersant, 0.3%
					Fluid loss - 15pps, 1.43 veils, 6.01 water
					855ic 60/40 p02 4% Gel
					13.78 pps, 1.43 veils, 6.92 water
4:00pm					Pipe on bottom & break circulation
4:30pm	500		3	6	Pump 3 bbls water
	500		9	6	mix 355ic 60/40 p02 - SCVENSER
	500		45	6	mix 1755ic 1002
					Shut down
					Wash p02 & Release Plug
	200		0	6	Start displacement
	600		50	6	LiPr Pressure
	800		70	3	Slow Rate
5:10pm	1500		80	3	Bump Plug
					Flow - Held
	0		7	3	Plug Rgt hole - 30 SIC
	0		5	3	Plug mouse hole - 20 SIC
5:35pm					Job complete / Darin & Crew
					Thank you!!!