

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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Plug Spanier SFC Hole



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1003965	1718	08/12/2019
INVOICE NUMBER			
93027599			

Pratt (620) 672-1201
 B STELBAR OIL CORPORATION INC
 I 1625 N WATERFRONT PKWY STE 200
 L WICHITA
 L KS US 67206
 T
 O ATTN: ACCOUNTS PAYABLE

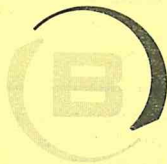
J LEASE NAME SPANIER 1-6
 O LOCATION
 B COUNTY GRAY
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41186636	20920		Net - 30 days	09/11/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 08/09/2019 to 08/09/2019</i>				
0041186636				
171818037A Cement-New Well Casing/Pi 08/09/2019 PLUG TO ABANDON				
60/40 Poz	200.00	SK	9.99	1,998.00 T
344 LBS Cement Gel	1.00	LB	63.64	63.64 T
Celloflake	50.00	LB	1.48	74.00 T
Light Vehicle Mileage	75.00	MI	1.85	138.75
Heavy Equipment Mileage	150.00	MI	2.96	444.00
Ton Mileage	645.00	MI	1.11	715.95
Blending & Mixing Service Charge	1.00	SK	103.60	103.60
Depth Charge, 0'-1000'	1.00	HR	444.00	444.00
Service Supervisor Charge	1.00	EA	75.00	75.00
Driver Charge	3.00	EA	35.00	105.00

SPANIER #1-6
165
the

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,161.94
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	163.38
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	4,325.32
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES

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

TTMH
41

FIELD SERVICE TICKET
1718 18037 A

PRESSURE PUMPING & WIRELINE

DATE _____ TICKET NO. _____

DATE OF JOB: 8-9-19		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: Stelba Oil Corporation				LEASE: SPANIER	
ADDRESS:				WELL NO. 1-6	
CITY: _____ STATE: _____				COUNTY: Gray STATE: WJ	
AUTHORIZED BY: _____				SERVICE CREW: MATTIA, MANUEZ R. COIMO	
				JOB TYPE: 2-42 Plug to Abandon	

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
20920	1.5						8-9-19		12:00
						ARRIVED AT JOB		AM/PM	4:20
19862	.5					START OPERATION		AM/PM	4:50
						FINISH OPERATION		AM/PM	6:30
						RELEASED		AM/PM	7:30
						MILES FROM STATION TO WELL			114

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
Bc 132	60/42 P.O.Z	SV	200		5,400.00
CC 200	CMT G-4	lb	344		172.00
CC 102	Cellulose	lb	50		200.00
Mc 101	Light Van Miles	mi	75		375.00
M-102	Heavy eq miles	mi	150		1,200.00
TM	Ton miles	TM	645		1,935.00
CE240	Blend + mix	SV	200		280.00
CC 1	Depth charge 0=1000'	hr	1		1,200.00
Bc 143	Supervisor	ea	1		75.00
Bc 144	Driver	ea	3		105.00
SUB TOTAL					10,942.00
SERVICE & EQUIPMENT				%TAX ON \$	
MATERIALS				%TAX ON \$	
TOTAL					4161.94

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE: Mike Muffin

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

FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



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 18037 A

DATE _____ TICKET NO. _____

DATE OF JOB _____		DISTRICT _____		NEW WELL <input type="checkbox"/>		OLD WELL <input type="checkbox"/>		PROD <input type="checkbox"/>		INJ <input type="checkbox"/>		WDW <input type="checkbox"/>		CUSTOMER ORDER NO.: _____	
CUSTOMER <i>Sybelbar</i>				LEASE <i>Spanian</i>								WELL NO. <i>16</i>			
ADDRESS _____				COUNTY <i>Gray</i>								STATE <i>KS</i>			
CITY _____				STATE _____				SERVICE CREW _____							
AUTHORIZED BY _____								JOB TYPE: _____							
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	<i>7:3</i>				
						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
<i>BC 132</i>	<i>60/40 PJZ</i>		<i>200</i>		<i>5,400.00</i>
<i>CC 200</i>	<i>Crut Gel</i>		<i>34</i>		<i>172.00</i>
<i>CC 102</i>	<i>Cell of 102</i>		<i>50</i>		<i>20.00</i>
<i>me 101</i>	<i>Light Veh Miles</i>				<i>375.00</i>
<i>me 102</i>	<i>Heavy eq Miles</i>		<i>16</i>		<i>1,200.00</i>
<i>TM</i>	<i>ton mixer</i>		<i>65</i>		<i>1,725.00</i>
<i>CC 200</i>	<i>blend + mix</i>		<i>200</i>		<i>280.00</i>
<i>CL 1</i>	<i>depth charge 0-1000'</i>		<i>1</i>		<i>1,200.00</i>
<i>B=103</i>	<i>Superior</i>		<i>1</i>		<i>75.00</i>
<i>B=104</i>	<i>Driver</i>				<i>100.00</i>
SUB TOTAL					<i>10,942.00</i>

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		<i>10,942.00</i>

SERVICE REPRESENTATIVE _____	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
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FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <u>Stellar oil coll</u>		Lease No.		Date <u>8-9-19</u>	
Lease <u>SPAINER</u>		Well # <u>1-6</u>			
Field Order #	Station <u>Pratt</u>	Casing	Depth	County <u>GRAY</u>	State <u>Ks</u>
Type Job <u>Z-412 Plug TO Abandon</u>			Formation	Legal Description <u>6-295-30w</u>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid <u>200 sacks 60/40 POC</u>	RATE	PRESS	ISIP	
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
Volume	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	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative RUSCO Station Manager WESTERMAN Treater MATRAI

Service Units	Driver Names	Bbls. Pumped			Rate	Service Log
<u>98258</u>	<u>MARRA</u>	<u>84981</u>	<u>20920</u>	<u>19959</u>	<u>19862</u>	
		<u>MARRA</u>	<u>MARRA</u>	<u>STILLER</u>	<u>RICARDO</u>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log	
<u>4:30</u>					<u>ON LOCATION / SAFETY MEETING</u>	
					<u>1st Plug @ 810'</u>	
<u>4:50</u>			<u>20</u>		<u>PUMP 20-bbl WATER</u>	
<u>4:55</u>			<u>25</u>		<u>MIX 100 SACS 60/40 POC</u>	
<u>4:59</u>			<u>8.5</u>		<u>PUMP 8.5 bbl displacement</u>	
					<u>2nd Plug @ 60'</u>	
<u>5:50</u>			<u>13</u>		<u>MIX 50 SACS 60/40 POC</u>	
					<u>CMT TO SURFACE</u>	
<u>6:30</u>			<u>7.5</u>		<u>Plug rat + mouse hole</u>	
					<u>JOB COMPLETE</u>	
					<u>THANK YOU!</u>	
					<u>MIKE MATRAI</u>	
					<u>EDMUNDO + RICARDO</u>	