

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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PAGE 1 of 1	CUST NO 1000719	YARD # 1718	INVOICE DATE 09/18/2019
INVOICE NUMBER 93050610			

Pratt (620) 672-1201
 B CHIEFTAIN OIL COMPANY
 L PO Box: 124
 L KIOWA
 T KS US 67070
 O ATTN: ACCOUNTS PAYABLE

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

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41190391	86779		Net - 30 days	10/18/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/17/2019 to 09/17/2019</i>				
0041190391				
171818287A Cement-New Well Casing/Pi 09/17/2019 PRODUCTION CASING				
A-Serv Lite	80.00	SK	14.50	1,160.00 T
AA2 Premium Cement	200.00	SK	9.50	1,900.00 T
Celloflake	63.00	LB	2.00	126.00 T
C-41P	94.00	LB	2.00	188.00 T
Salt	963.00	LB	0.25	240.75 T
C-17	113.00	LB	12.00	1,356.00 T
BES: C-MagChem 10 CR	564.00	LB	1.50	846.00
Gilsonite	997.00	LB	0.50	498.50 T
Mud Flush	500.00	GAL	0.75	375.00 T
Super Flush II	500.00	GAL	0.75	375.00 T
Light Vehicle Mileage	40.00	MI	2.50	100.00
Heavy Equipment Mileage	120.00	MI	4.00	480.00
Plug Container Utilization Charge	1.00	EA	125.00	125.00
Depth Charge, 4001'-5000'	1.00	HR	1,250.00	1,250.00
Blending & Mixing Service Charge	280.00	SK	0.70	196.00
Cementing Shoe Packer Type, 5 1/2" (Blue)	1.00	EA	1,428.00	1,428.00
Latch Down Plug & Baffle, 5 1/2" (Blue)	1.00	EA	204.00	204.00
5 1/2" Basket (Blue)	1.00	EA	147.90	147.90
Turbolizer, 5 1/2" (Blue)	8.00	EA	56.10	448.80
Service Supervisor Charge	1.00	EA	75.00	75.00
Driver Charge	4.00	EA	35.00	140.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	11,659.95
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	466.44
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	12,126.39
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

3M



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

FIELD SERVICE TICKET
1718 18287 A

DATE _____ TICKET NO. _____

DATE OF JOB: 9-17-19		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: Chiefman Oil Co Inc				LEASE: Rowe SWD				WELL NO. 1		
ADDRESS:				COUNTY: Barber				STATE: KS		
CITY:				STATE:				SERVICE CREW: Mattai, M. G. Lee, Steven, Hammer		
AUTHORIZED BY:				JOB TYPE: 2-42 5 1/2 long string						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED		DATE	AM/PM	TIME
86779	1.5							9-17		6:45
						ARRIVED AT JOB			AM/PM	9:40
19862	.5					START OPERATION			AM/PM	3:50
						FINISH OPERATION			AM/PM	5:10
19860	.5					RELEASED			AM/PM	6:00
						MILES FROM STATION TO WELL				45

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
Bc 119	A-Service 1170	SW	15680		2,320 00
Bc 145	AA-2 Premium cement	SW	200		3,800 00
Cc 102	Cellulose	lb	63		292 00
Cc 105	C-41 P	lb	94		376 00
Cc 111	SALT	lb	963		481 50
Cc 187	C-17	lb	113		2,712 00
Cc 189	Mud Chem 10 cc	lb	564		1,692 00
Cc 201	Gilsonite	lb	997		997 00
Cc 151	Mud Flush	SAI	500		750 00
Cc 155	Super Flush II	SAI	500		750 00
Me 101	Light Veh Misc.	mi	40		200 00
Me 102	Heavy Eq Misc.	mi	120		960 00
Cc 504	Plug cement	ea	1		250 00
Cc 5	depth charge 4000-5000'	hr	1		2,500 00
Cc 240	blend + mix	SW	380		392 00
SUB TOTAL					

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Mike Mattai	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)



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 18288~~ A
18287A

Continuation of

DATE _____ TICKET NO. _____

DATE OF JOB: 9-17-19		DISTRICT: Pratt		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: Chittam Oil Co				LEASE: Row				SUN				WELL NO. 1			
ADDRESS:								COUNTY:				STATE: M			
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					
												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	
CF 1051	CMR shoe packer TVP	EA	1		7800 00	
CF 607	latch down plug + handle	EA	1		400 00	
CF 1901	basin	EA	1	290 00	290 00	
CF 1651	turbolizer	EA	8		880 00	
Be 143	Supervisor	EA	1		75 00	
Be 144	Driver	EA	4		140 00	
					SUB TOTAL	23017 60
SERVICE & EQUIPMENT					%TAX ON \$	
MATERIALS					%TAX ON \$	
TOTAL						11,772 15
						11,659 95

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		11,772 15
		11,659 95

SERVICE REPRESENTATIVE: *Mike Mattar*

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

FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

BASIC

energy services, L.P.

TREATMENT REPORT

Customer: <u>Chickasha Oil Corp</u>	Lease No.:	Date: <u>9-17-19</u>
Lease: <u>Rouffignac SWD</u>	Well #:	
Field Order #:	Station: <u>Pratt</u>	Casing: <u>5 1/2</u>
	Depth: <u>5300</u>	County: <u>Baker</u>
Type Job: <u>2-1/2 5 1/2" Long String</u>	Formation: <u>5283</u>	Legal Description: <u>3-325-10W</u>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size: <u>5 1/2</u>	Tubing Size:	Shots/Ft:		Acid: <u>8000 S/A</u>	Rate: <u>1.7</u>	Press:	ISIP:
Depth: <u>4898.5</u>	Depth:	From:	To:	Pre Pad: <u>200 S/A</u>	Max: <u>4.2</u>	Ch: <u>1000 B/c</u>	5 Min.
Volume: <u>116.6</u>	Volume:	From:	To:	Pad:	Min:		10 Min.
Max. Press:	Max. Press:	From:	To:	Frac: <u>?</u>	Avg:		15 Min.
Well Connection:	Annulus Vol.:	From:	To:		HHP Used:		Annulus Pressure:
Plug Depth: <u>4877.5</u>	Packer Depth:	From:	To:	Flush: <u>116</u>	Gas Volume:		Total Load:

Customer Representative: <u>Ryan Moltz</u>	Station Manager: <u>Westerman</u>	Treater: <u>MATTAI</u>
Service Units: <u>83353</u>	<u>77686</u>	<u>86777</u>
Driver Names: <u>MATTAI</u>	<u>M. S. Raw</u>	<u>S. C. V.</u>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:50					On location / Safety meeting
10:50					Run 5 1/2" casing w. packer shoe 21' show 50'
11:05					Baker on top of 2 tubs on 2345681012
1:05					Casing on bottom
1:10					Hook to casing / Break Circ w. Rig
3:54	900				Set packer shoe
3:55	200		12	0	PUMP 12 bbl mud flush
3:57			3	0	PUMP 3 bbl water
3:58	242		12		PUMP 12 bbl water
4:04	200		5	0	PUMP 5 bbl water
4:15					...
4:15	170		5	0	Mix 2000 S/A
4:30			4	0	WASH PUMP + LOGS / DROP PLUG
4:35	60		6.3	0	START DISPLACEMENT
4:48	150		7.5	6.3	Like Pressure
4:55	500		10.6	3	Slow rate
4:57	1500		11.6		Plug down + checked + h/p pressure
5:10			7		Plug RAT hold

JOB complete
 Thank you!
 Mike Mattai
 Steven + Clarence

LITHOLOGY STRIP LOG

Scale 1:240 (5"=100') Imperial

Well Name: **Rowe SWD 1 OWWO**
 Location: **E2 W2 NE SW Sec 3-32s-10W**
 License Number: **33235**
 Spud Date: **9-11-19** Region: **Barber Co., KS**
 Surface Coordinates: **Se2 W2 NE SW Sec 3-32s-10W** Drilling Completed: **9-14-19**
 Bottom Hole Coordinates: **SE W2 NE SW Sec 3-32s-10W 1980 FSL 1905 FWL**
 Coordinates:
 Ground Elevation (ft): **+1519'** **KB Elevation (ft): +1527'**
 Logged interval(ft): **4500 to 5300**
 Formation: **Arbuckle**
 Type of Drilling Fluid: **CHEMICAL MUD** **10 3/4" casing @ 274'**

OPERATOR

Company: **Chieftan Oil Co.**
 Address: **101 5th St. PO Box 124**
Kiowa, Kansas 67070

GEOLOGIST

Name: **Steve Van Buskirk**
 Company: **Van Buskirk Geological Consulting**
 Address: **15171 Ridgefield Ln.**
Colorado Springs, CO 80921



SUMMARY

09-12-19 **SPUD**
 09-11-19 **Geologist on site. Drilling continues.**
 09-16-19 **Reached RTD Arbuckle**
 09-16-19 **Logs run by ELI CDL/CNL/1519/DIL**

Comments:
Old well Work Over
Geological Supervision from Previous TD of 1596' to New TD 5283
ELI Logging on site 09-16-19
RTD 5300 LTD 5283 2.5 Degrees off center at 4900
Set pipe for disposal 09-17-18

Pipe strap was proven to be wrong by 17' this report has been adjusted 17' up to reflect the true depth.

Drill Stem Tests

DST1	None
DST2	
DST3	
DST4	
DST5	
DST6	

