

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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Form	ACO1 - Well Completion
Operator	F. G. Holl Company L.L.C.
Well Name	PRICE REVOCABLE TRUST 1-28
Doc ID	1350592

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
	4180'-4184' Cherokee Ss		

Summary of Changes

Lease Name and Number: PRICE REVOCABLE TRUST 1-28

API/Permit #: 15-145-21660-00-02

Doc ID: 1350592

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Disposition Of Gas - Sold	No	Yes
Disposition Of Gas - Used on lease	Yes	No
Production - Barrels Oil		0
Production - Barrels of Water		0
Production - MCF Gas		300
Purchaser's Name		IACX
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1350486	../..kcc/detail/operatorEditDetail.cfm?docID=1350592

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1350486
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL 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 SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- 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 ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

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
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



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

FIELD SERVICE TICKET

1718 14737 A

DATE _____ TICKET NO. _____

DATE OF JOB: <i>2/1/2017</i> DISTRICT: <i>Pisot, KS</i>	NEW WELL <input type="checkbox"/> OLD WELL <input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:									
CUSTOMER: <i>FB Home</i>	LEASE: <i>Price Reversible Trust</i> WELL NO.: <i>1-28</i>									
ADDRESS:	COUNTY: <i>Pawnee</i> STATE: <i>KS</i>									
CITY:	STATE:									
AUTHORIZED BY:	SERVICE CREW: <i>Devin, McGrew, Shawn</i>									
JOB TYPE: <i>24/1/10m-110m & 550000</i>										
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<i>19918</i>	<i>1/2</i>					ARRIVED AT JOB	<i>2/1</i>			<i>7:30</i>
						START OPERATION	<i>2/1</i>			<i>8:45</i>
						FINISH OPERATION	<i>2/1</i>			<i>3:00</i>
						RELEASED	<i>2/1</i>			<i>4:30</i>
						MILES FROM STATION TO WELL				<i>82</i>

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
CP100C	Common Cement	SK	150		2,400 00
CB109	CSIC on Chloride	LB	141		148 05
F100	Un... ..	m	75		357 50
F101	W... ..	m	150		1,125 00
F113	P... ..	SK	529		1,321 84
CF204	D... ..	4hr	1		2,160 00
CF240	B... ..	SK	150		210 00
5003	S... ..	TS	1		175 00
CF500	C... ..	TS	1		500 00
SUB TOTAL					<i>8,317 43</i>

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		<i>4,525 81</i>

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

FIELD SERVICE ORDER NO.

Customer **FG Holl** Lease No. _____ Date **2/1/2016**
 Lease **Price Renewable** Well # **1-28**
 Field Order # **14737** Station _____ Casing _____ Depth _____ County **Pratt** State **KS**
 Type Job **241/ Non-Holos** Formation _____ Legal Description **28-20-19**

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
	Depth 3640	From	To	Pre Pad	Max		5 Min.
Volume	Volume 21	From	To	Pad	Min		10 Min.
Max Press	Max Press 1,000	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth 3640	From	To	Flush	Gas Volume		Total Load

Customer Representative **Rob Long** Station Manager **David Scott** Treater **DCrin Franklin**

Service Units	84981	15843	19889	19918					
Driver Names	DCrin	McGraw	McGraw	Shawn	Shawn				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:30 AM					On location / safety meeting
		1,000	1 1/2	2	T-3640 - Held
		400	7	1	T-3001 - Leak
		500	8	2 1/2	C-3001 - Held
					3 3324 - Leak
					C-3324 - Leak
					T-3389 - Leak
					T-3422 - Leak
					T-3456 - Leak
					T-3517 - Leak
					T-3578 - Leak Held
					C-3291 - Leak
					C-3261 - Leak
					C-3228 - Leak
					C-3196 - Held
					3196 - 3578 -

Customer FG Hall	Lease No.	Date 2/1/2017
Lease P.V. Revocable Trust	Well # 1-29	
Field Order # 14737	Station Pratt, KS	Casing 5 1/2 Depth 98 County Pratt State KS
Type Job 241/SQUEEZE	Formation	Legal Description 28-20-19

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
5 1/2	2 1/4			Pre Pad	Max		5 Min.
Depth 98	Depth 3098	From 3196	To 3578	Pad	Min		10 Min.
Volume 2.3	Volume 18	From	To	Frac	Avg		15 Min.
Max Press 500	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection	Annulus Vol. 49	From	To	Flush Freshwater	Gas Volume		Total Load
Plug Depth	Packer Depth 3098	From	To				

Customer Representative Rob Long	Station Manager Darin Scott	Treater Darin Franklin
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Service Units	92911	84981	19843	19889	19918				
Driver Names	Darin	McGrew	McGrew	Shawn	Shawn				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:00pm	500		1	2	LOSE CASING
		600	7	2 1/4	Injection Rate
		400	19	3 1/2	Mix 75SK 20% CC
		400	19	3 1/2	Mix 75SK Common
					Shut down
					WASH PUMP & LINES
		0	0	1 1/2	Start displacement
		100	10	1 1/2	
		200	13	1 1/2	
		300	15	1 1/2	
		400	16	1 1/2	
12:27pm	250				Shut down & wait 5 minutes
	400		16 1/2	1/2	
12:32pm	250				Shut down & wait 10 minutes
	500		17	1/2	
12:43pm	300				Shut down & wait 15 minutes
	500		17 1/2	1/2	
1:00pm	300				Shut down & wait 20 minutes
	500		18	1/2	
1:22pm	300				Shut down & wait 20 minutes
	600		18 1/4	1/2	
1:48	300				Shut down - wait 20 minutes

Customer FG Hull		Lease No.		Date 2/1/2017	
Lease Price Reversible Trust		Well # 1-28			
Field Order # 14737	Station Pratt, KS	Casing	Depth	County Dewnee	State KS
Type Job 241 / SQ 0020	Formation			Legal Description 28-20-19	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	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 _____ Station Manager _____ Treater _____

Service Units									
Driver Names									

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
		900	18 1/2	1/2	
		1500	19	1/4	Shut down & wait 10 minutes
	400		52	3	Blood basic - Held Reverse out
	500		2	1	Pull 10 joints Pressure well to 500 ps.
					Shut in

3:00pm Job Complete / DS in a crew
Thank you!!!