

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](mailto: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) (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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## Summary of Changes

Lease Name and Number: NEAL 2A-24

API/Permit #: 15-035-20461-00-01

Doc ID: 1394168

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	06/13/2017	02/27/2018
Casing Record New Or Used?		Used
Date of First or Resumed Production or SWD or Enhr Geologist Report / Mud Logs?		7/12/2017
Method Of Completion - Perf	No	Yes
Perf_bridgeplug1depth		3210
Perf_bridgeplug1type		CIBP Cast Iron Bridge Plug
Perf_perf1bottom		3260
Perf_perf1top		3232
Perf_perf2bottom		3112

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_perf2top		3090
Perf_shots1		2
Perf_shots2		2
PerforationsRevised		[[dataGrid]]
Producing Method Pumping	No	Yes
Production Interval #1		3090
Production Interval #3		3112

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1331897  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
August 2013

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Wellsite Geologist: \_\_\_\_\_

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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

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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: \_\_\_\_\_



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1004409	1718	04/03/2017
<b>INVOICE NUMBER</b>			
<b>92390165</b>			

Pratt (620) 672-1201  
 B VAL ENERGY  
 I 125 n market ste 1710  
 L WICHITA  
 L KS US 67202  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Neal 2A-24  
 O LOCATION  
 B COUNTY Cowley  
 S STATE KS  
 I JOB DESCRIPTION Cement-Casing Seat-Prod W  
 T  
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE	
41013392	86779		Net - 30 days	05/03/2017	
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 03/28/2017 to 03/28/2017</i>					
0041013392					
171815033A Cement-Casing Seat-Prod W 03/28/2017 Cement 5 1/2" Longstring					
AA2 Cement		125.00	EA	9.35	1,168.75 T
Salt		667.00	EA	0.27	183.42 T
FLA-322		59.00	EA	4.12	243.37 T
Celloflake		35.00	EA	2.03	71.22 T
Gilsonite		626.00	EA	0.37	230.68 T
C-41P		30.00	EA	2.20	66.00 T
Mud Flush		500.00	EA	0.83	412.50 T
"Guide Shoe - Regular. 5 1/2" (Blue)"		1.00	EA	137.50	137.50 T
Flapper Type Insrt Float Valve 5 1/2(Blu		1.00	EA	118.25	118.25 T
"Turbolizer, 5 1/2" (Blue)"		6.00	EA	60.50	363.00 T
"Unit Mileage Chg (PU, cars one way)"		100.00	MI	2.48	247.50 T
Heavy Equipment Mileage		200.00	MI	4.13	825.00 T
"Proppant & Bulk Del. Chgs., per ton mil		590.00	EA	1.38	811.25 T
Blending & Mixing Service Charge		125.00	BAG	0.77	96.25 T
Plug Container Util. Chg.		1.00	EA	137.50	137.50 T
Depth Charge; 3001-4000'		1.00	EA	1,188.00	1,188.00 T
"Service Supervisor, first 8 hrs on loc.		1.00	EA	96.27	96.27 T
<b>PLEASE REMIT TO:</b>		<b>SEND OTHER CORRESPONDENCE TO:</b>		<b>SUB TOTAL</b>	<b>6,396.46</b>
BASIC ENERGY SERVICES, LP		BASIC ENERGY SERVICES, LP		<b>TAX</b>	<b>431.76</b>
PO BOX 841903		801 CHERRY ST, STE 2100		<b>INVOICE TOTAL</b>	<b>6,828.22</b>
DALLAS, TX 75284-1903		FORT WORTH, TX 76102			



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 15033 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <u>3/28/17</u> DISTRICT _____		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 <u>VAL Energy, Inc</u>		LEASE <u>Neal</u> <u>2A-24</u> WELL NO.								
ADDRESS _____		COUNTY <u>Cowley</u>		STATE <u>KS</u>						
CITY _____ STATE _____		SERVICE CREW <u>Scott, McGraw, Chymer</u>								
AUTHORIZED BY <u>Deon Howard</u>		JOB TYPE: <u>5 1/2 Long String 2 4 2</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>86775</u>	<u>1</u>									
<u>21010</u>	<u>.25</u>									
						ARRIVED AT JOB	<u>3/28/17</u>	AM		<u>12:45</u>
						START OPERATION	<u>3/28/17</u>	AM		<u>1:55</u>
						FINISH OPERATION	<u>3/28/17</u>	AM		<u>2:25</u>
						RELEASED	<u>3/28/17</u>	AM		<u>2:45</u>
						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: Deon Howard  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP105	AA2 Cement	SK	125		2125 <sup>00</sup>	
CC11	S.H	lb	667		333 <sup>50</sup>	
CC102	Cello/Flake	lb	35		129 <sup>50</sup>	
CC179	FIA-522	lb	59		442 <sup>50</sup>	
CC201	Gulsonite	lb	626		419 <sup>42</sup>	
CC105	C-41 P	lb	30		120 <sup>00</sup>	
CF251	Crude Shoe Regular 5 1/2	Ea	1		250 <sup>00</sup>	
CF1451	Flapper Type Insert 5 1/2	Ea	1		215 <sup>00</sup>	
CF1651	T. Bolts 5/8	Ea	16		660 <sup>00</sup>	
CC151	Mud Flush	Gal	500		750 <sup>00</sup>	
F100	Unit Mileage Charge Pick up	Mi	100		450 <sup>00</sup>	
F101	Heavy Equipment Mileage	Mi	200		1500 <sup>00</sup>	
F115	Prop & Bulk Delivery Charge	TM	590		1475 <sup>00</sup>	
CE204	Depth Charge 3001-4000	4hr	1		2160 <sup>00</sup>	
5003	Service Supervisor	Ea	1		175 <sup>00</sup>	
CE504	Plug Container	Job	1		250 <sup>00</sup>	
CE240	Blending & Mixing Service Charge	SK	125		175 <sup>00</sup>	
					SUB TOTAL	11,629 <sup>92</sup>

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		6,396 <sup>46</sup>

SERVICE REPRESENTATIVE: \_\_\_\_\_ THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Deon Howard  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. \_\_\_\_\_



Customer <i>VAL Energy</i>	Lease No.	Date <i>5/25/17</i>	
Lease <i>Neal</i>	Well # <i>7A-74</i>		
Field Order # <i>15053A</i>	Station <i>Pratt KS</i>	Casing <i>3 1/2</i>	Depth <i>3540</i>
Type Job <i>3/4 Long String</i>	Formation <i>741</i>	County <i>Cowley</i>	State <i>KS</i>
Legal Description			

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>3 1/2</i>				Pre Pad	Max		5 Min.
Depth <i>3540</i>	Depth	From	To	Pad	Min		10 Min.
Volume <i>84.25</i>	Volume	From	To	Frac	Avg		15 Min.
Max Press <i>7000</i>	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection <i>3 1/2</i>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load
Plug Depth	Packer Depth	From	To				

Customer Representative <i>Harold</i>	Station Manager <i>Scotty</i>	Treater <i>Scott G.</i>
Service Units <i>55450 75450 50000 19000 21010</i>		
Driver Names <i>Scott Harmon - Clymer -</i>		

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>12:45</i>					<i>On location Safety Meeting P.D. up</i>
<i>1:35</i>	<i>80</i>			<i>4.5</i>	<i>Pump 1100 Spool Connect Circulation</i>
<i>1:37</i>	<i>100</i>		<i>5</i>	<i>4.5</i>	<i>Pump flush 500 gallons</i>
<i>1:40</i>	<i>200</i>		<i>12</i>	<i>4.5</i>	<i>Pump 1100 Spool</i>
<i>1:41</i>	<i>280</i>		<i>5</i>	<i>5</i>	<i>Miss 125 lbs API 115 pig</i>
<i>1:49</i>	<i>0</i>		<i>37.75</i>	<i>0</i>	<i>Shut down</i>
<i>1:50</i>					<i>Blank Pump's lines clean</i>
<i>1:52</i>	<i>60</i>			<i>5</i>	<i>Release Plug Start Displacement</i>
<i>2:01</i>	<i>200</i>		<i>58</i>	<i>5</i>	<i>L.H. Pressure</i>
<i>2:04</i>	<i>450</i>		<i>15</i>	<i>3.5</i>	<i>Reduce Rate</i>
<i>2:05</i>	<i>600</i>		<i>10</i>	<i>3.5</i>	<i>Plug landed</i>
<i>2:08</i>	<i>1500</i>				<i>Pressure up on Plug Press Hold</i>
<i>2:09</i>	<i>0</i>				<i>Release Pressure NO Returns</i>
<i>2:10</i>					<i>Wash up equipment</i>
<i>2:25</i>					<i>Job Complete</i>