

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1052987

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Fast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
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:	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
Operator:	Defilie a Finite Management Dise
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #: SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date Recompletion Date	

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								
Letter of Confidentiality Received								
Date:								
Confidential Release Date:								
Wireline Log Received								
Geologist Report Received								
UIC Distribution								
ALT I II III Approved by: Date:								

	Side Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets) Samples Sent to Geological Survey Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy)		Yes	No		og Formation	n (Top), Depth an	Sample	
		Yes	No	Nam	e		Тор	Datum
		Yes Yes Yes Yes	No No No					
List All E. Logs Run:								
			CASING R		w Used			
		Report all str	ings set-co	nductor, surface, inte	rmediate, producti	on, etc.		
Purpose of String	Size Hole Drilled	Size Casin Set (In O.D		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated								ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	RD: Size: Set At: F			Packer	r At:	Liner R	un:	No		
Date of First, Resumed Production, SWD or ENHR.			۶.	Producing Method:			Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	Oil Bbls. Gas Mc		Mcf	Mcf Wate		Bbls.	Gas-Oil Ratio	Gravity
			1							
DISPOSITION OF GAS: MET			METHOD	OF COMPLE	TION:		PRODUCTION INTER	RVAL:		
Vented Sold Used on Lease Open Hole			Open Hole	e Perf. Dually (Submit)						
(If vented, Sub)-18.)	Other (Specify)								

			244 NE H). Box 86 att, Kans: one 620-6	13 as 67124	а 29 17) FIE	LD SERVICE T 18 0240	te de la calendaria de la calendaria.	
DATE OF 9	16/20 1	DISTRICT TRA	TK	<u>,</u>	NEW WELL			WDW	CUSTOMER ORDER NO.:	
CUSTOMER /	REF	FIN MAN	SCA	MAFW	LEASE	KOB	LITZ		WELL NO.	54
ADDRESS	// - / /		10,000	C. Sur V	COUNTY	that	P=D	STATE /	15	
CITY	STATE					RFW A	PO TH	mus A	120	UN
					JOB TYPE: (WILL - LOST CIPC, PLUG					10
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19905	1/	2).			RELEASED	(AM /4	50
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products, and/or sup	is authorized to plies includes all	TRACT CONDITIONS: (This execute this contract as an of and only those terms and t the written consent of an o	agent of the conditions a	customer. A appearing on	s such, the unde the front and bac	rsigned agr ck of this do	ees and acknowle cument. No additi SIGNED:	edges that this contrac	is and/or condition	ns shall
ITEM/PRICE REF. NO.	Ň	ATERIAL, EQUIPMENT	AND SER	VICES US	ED	UNIT	QUANTITY	UNIT PRICE	\$ AMOU	NT .
CHOZ	THIXOTROPIC COMEN				1	100	SK		2400	00
CC102	CEU	ann an anns a dùrai	25	- 16	~	92	,50			
E100	Park	UP MIDE	AGE	2	0	63	mile		276.	25

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 SUB TOTAL

 CHEMICAL / ACID DATA:

 SERVICE & EQUIPMENT
 %TAX ON \$

 MATERIALS
 %TAX ON \$

 TOTAL

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REPRESENTATIVE H. (DURING

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THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: 1

FIELD SERVICE ORDER NO.

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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

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FIELD SERVICE TICKET 1718 02532 A

PRESSU	PING & WIRELINE			DATE TICKET NO						
DATE OF JOB 09-10	-10	DISTRICT ARAT			NEW WELL		PROD INJ WDW CUSTOMER ORDER NO.:			
		MASAGE			LEASE K	561,	72 53 WELL NO.			
ADDRESS			1 i.	-	COUNTY ,	HAR	PER STATEKS			
CITY		STATE		2	SERVICE CF	REWSG	Moras, Meisas, Phyc			
AUTHORIZED BY			12		JOB TYPE:	CNU) 87/2 Systere			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQU	JIPMENT#	HRS	TRUCK CALLED 9-10-10 PM			
<u> 23008-20920</u>		min		1/2 10278 W	to at seaso a partient	- 10 - 100	ARRIVED AT JOB			
19831 19862	30	m			and the second second second		START OPERATION (AM 1/10			
19867						bk) G	FINISH OPERATION			
				_		6,	RELEASED 9-10-10 PM / 200			
				10.00			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.) anny SIGNED:

	r <u>12</u> ⊖ 12 %, ≪ ₁₂ 3			(WELL OWNE	R, OPERATOR, CONTI	RACTOR OR AC	GENT)
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICE	S USED U	JNIT	QUANTITY	UNIT PRICE	\$ AMOUN	іт
CP 100	COMP. J CM+	5	K	200-		3200	00
PC 102	Cellfalle		16	501	1	885	00
10107	Calcium chloride		16	376-		394	-80
CF 153	wooden Plan 85/5		Pri-	1	<i>a</i> ,	160	00
CC 131	SUCAR		16	50 -	-	100	60
E 100	Parkar productor	/3	222	65		276	25
E 101	Heasy Good miligo	20	1 ₂ ,	130		910	00
5 113	Bulk Deleng	1	TAL	611		977	60
CE 200	Oroth charge 0-500	5	24	1	51 (J.)	1,000	00
CE 240	Bleiber minun charle	5	K	200		280	00
CE 504	aby tow to le Martial	2	14	1		250	00
5003	Sonton Sonten Viere	3	11	1	Y ₀	175	60
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SERVICE	11 THE ABOVE N	ATERIAL AND SERVIC	E	8	n z	×.	
REPRESENTATI	Elect dellum ORDERED BY	CUSTOMER AND REC	EIVED	BY:	4 h lami	Ann 1	

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)