

Kansas Corporation Commission Oil & Gas Conservation Division

1054211

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:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
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 ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ OG ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane) ☐ Cathodic ☐ Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	·
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Conv. to ENHR	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 #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R
☐ ENHR Permit #: ☐ 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



	1	05	421	1	

Operator Name:			Lease Name: _			_ Well #:			
Sec Twp	S. R	East West	County:						
time tool open and clo	sed, flowing and shut es if gas to surface tes	d base of formations pen- in pressures, whether s st, along with final chart(well site report.	hut-in pressure rea	ched static level,	hydrostatic press	sures, bottom h	ole temperature, fluid		
Drill Stem Tests Taken (Attach Additional S		Yes No		og Formatio	n (Top), Depth an	d Datum	Sample		
Samples Sent to Geole	•	Yes No	Nam	е		Тор	Datum		
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy,	d Electronically	Yes No							
List All E. Logs Run:									
		CASING	RECORD Ne	ew Used					
		Report all strings set-							
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 / SQL	JEEZE RECORD		·			
Purpose: —— Perforate —— Protect Casing —— Plug Back TD	Purpose: —— Perforate —— Protect Casing Depth Top Bottom Type of Ceme				Percent Additives				
Plug Off Zone									
Shots Per Foot		ON RECORD - Bridge Plug ootage of Each Interval Per							
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No				
Date of First, Resumed	Production, SWD or EN	HR. Producing Meth			Other (Explain)				
Estimated Production Per 24 Hours	Oil E		Mcf Wat	er Bl	ols. (Gas-Oil Ratio	Gravity		
DIODOGETIC	ON OF CAS:	<u> </u>	AETHOD OF COAST	TIONI		DDODUCTIO	AN INTERVAL.		
DISPOSITIO	ON OF GAS: Used on Lease	Open Hole	METHOD OF COMPLE Perf. Dually		nmingled	PRODUCTIO	ON INTERVAL:		
(If vented, Sub		Other (Specify)	(Submit		mit ACO-4)				



FIELD SERVICE TICKET 1718 **02671** A

DATEOF _ 99 - JUN DISTRICT POATH //S. NEW X VELL PROD IN UNIV CUSTOMER CUSTOMER CASTELLT LEASE _ 12 C/G				SERVICES PH NG & WIRELINE	one 620-672	2-1201			DATE	TICKET I	NO		
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ARRIVED AT JOB 1-29-11 20 20 21 20 2	EQUIPMENT	#	HRS	EQUIPMENT#	HRS	EQU	IPMENT#	HRS	TRUCK CAL	LED	/- 10 -		
START OPERATION START OPERATION FINISH OPERATION FINISH OPERATION MELEASED 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, productis, and/or supplies includes all oral only those terms and conditions appearing on the front and back of this document. No additional or substitute steems and/or conditions shall become a part of this contract without the written consent of an officer of Besic Energy Services LP. SIGNED WELL OWNER, OPERATOR, CONTRACTOR OR AGENT) ITEM/PRICE REF. NO. MATERIAL, EQUIPMENT AND SERVICES USED UNIT QUANTITY UNIT PRICE SAMOUNT PLOST CHURCH PRICE SK 175 QUANTITY UNIT PRICE SAMOUNT PLOST CHURCH PRICE SK 175 QUANTITY AS 1, 000 CHURCH PRICE SK 175 QUANTITY UNIT PRICE SAMOUNT PLOST CHURCH PRICE SK 175 QUANTITY UNIT PRICE SAMOUNT PLOST CHURCH PRICE SK 175 QUANTITY UNIT PRICE SAMOUNT PLOST CHURCH PRICE SK 175 QUANTITY UNIT PRICE SAMOUNT PLOST CHURCH PRICE SAMOUNT PLOST CHURC	19870		1						ARRIVED A	ГЈОВ	- 22	· · · · ·	:00
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TOTAL					-								
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THE ABOVE MATERIAL AND SERVICE
ORDERED BY CUSTOMER AND RECEIVED BY:
(WELL OWNER OPERATOR CONTRACTOR OR AGENT) SERVICE REPRESENTATIVE

FIELD SERVICE ORDER NO.



TREATMENT REPORT

	8 J _~ ~																
Customer	1STELLT			77/1	1 Le	ease No.					Date				,		
Lease	IREGI	4			N	/ell #	1-	-20	TI	>		- 4	9-4	011	/		
Field Order #	Station	' <i>[</i>	ZA	TT , le	Zs.			Casing.	3/c Depth	3491	County	COMI	WCHE		tate 1/5		
Tuno lob	NW-1	13.	3/8 (O.P.					Formation			Leg	gal Description	23	-16		
PIP	E DATA		PERF	ORAT	TING	DATA		FLUID (JSED		TREATMENT RESUME						
Casing Size	Tubing Siz	ze	Shots/F1	t	CA	17-	1 2	COSK F	I SERV L	ITE F	RATE	PRESS	ISIP				
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Max Press	Max Pres	S	From		То		Fra	ac $al. 2$	21 CLF73	Avg			15 Mir				
Well-Connecti	on Annulus V	/ol.	From		То					HHP Used				us Pres	sure		
Plug Depth /		' I	From		То				5 BBL	Gas Volum			Total l				
Customer Re	presentative \hat{I}	Rici	KPo	PP		Station	Mar	nager D.	Scott		Treate	r/<.c	ESLE	<u>/</u>			
Service Units	10	1			05	1982	6	19860									
Driver Names	LESLEY	M	THEC			MeG	RAU	1/JEFF	=		<u> </u>				<u></u>		
Time	Casing Pressure		ibing essure	Bbls	s. Pum	ped		Rate		. <u> </u>		Service Lo					
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4:15Am					a <u>.</u>				HOUK	UPTO	O C5	9	BREAK	CIR	C.W/RIC		
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FIELD SERVICE TICKET 1718 03602 A

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CUSTOMER	aste	lliExp	oration	Incorp	pora	rates Gregg WELL NO.1-2							-20
ADDRESS			······································	·		COUNTY Comanche STATE Transas							
CITY		STA	ATE			SERVICE CREW Messich: C. Veatch B. Mitchell							
AUTHORIZED B	BY							1-Long					
EQUIPMENT	Γ# HRS	S EQU	IPMENT#	HRS	EQU	IIPMENT#	HRS	TRUCK CÁ	LLED	2-3-1	PATE	AM TH	ME CO
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The undersigned products, and/or su become a part of the	d is authorized opplies includes	to execute this a	hose terms and	gent of the cust conditions appe	tomer. As aring on	s such, the unde the front and ba	ersigned agre ck of this do	ees and acknot cument. No add	wledges t ditional or	that this cor r substitute t	terms a		ns shali
ITEM/PRICE REF. NO.		MATERIAL,	EQUIPMENT	AND SERVIC	ES USI	ED	UNIT	QUANTITY	U	NIT PRICE	E	\$ AMOUN	١T
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SERVICE BEPRESENTATI	VF			THE ABOVE	MATE BY CUS	RIAL AND SE	RVICE RECEIVE	D BY:					

REPRESENTATIVE



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

1718 03603 A

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L						11		WISTATION TO	WELL		
products, and/or su	pplies includes all o	kecute this contract as an ag if and only those terms and c the written consent of an offic	onditions ap	pearing on	the front and bac	k of this do	cument. No addi		terms a	and/or conditi	ions shall
ITEM/PRICE REF. NO.	MA	ATERIAL, EQUIPMENT A	ICES US	ED	UNIT	QUANTITY	UNIT PRIC	Œ	\$ AMO	JNT	
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E 113	Bulk De	elivery				TM	754		\$	1,200	00
CE 206	Cement P	ump: 5.00 Fee	1 To 6	,600	Feet	hrs	4		\$	2,880	00
CE240	Blendin	Pump: 5,00 Fee gand Mixing Swivel Itainer	Servi	ice		sh	220		\$	308	
CE 501	Casing	Swive		<u> </u>		Job	1		\$	200	
CE 504	Plugicon	itainer				Job	4		\$	250	00
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SERVICE REPRESENTATIVE COMO R. Mand

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT



TREATMENT REPORT

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enstomer elli Ex	ploration	Lease I	prated		Date	7-4	-11	
Field Order # Stat	ion D		1 - 20 €esiyg''	LE - Depth	County		1 18	tate
Field Order # Stat	Fran	t,transas	15/3	Formation	5,166Fe County	COMA Leggel D	nche I	tate Cansas 6W
C.(V.W.		string	4.			100.	- 773 I	OW
PIPE DATA		RFORATUM DAT			· · · · · · · · · · · · · · · · · · ·	REATMENT		
Casing Size 5.5 Tubing 5.5 Tubing Depth	311015/	J J B GC IV J C		th 2860	1. 25 PATE	r.Cell 1	HSIP 5 Min.	
7) 1001 ce it	From	To 14.4	Lb [Gat., 5.	73Gal./5		 	<u> </u>	01.7
Volume Bol. Volume Max Press Max Pr	From	355 atel 5 A		ZT L/1 32	2, 38 Frid	tion Reduc	10.00	Blott,
Mell Connection Annulu		0850110.25L	0/5/T (ell) larte	e, 5 [b.[5]	HHP Used Macits) and Ma	15.3 Lb.1Ga	American Direct	Sure
Plug Depth Packer		To	Flush	1.1 79 /-	Gas Volume	ouse (205	Total Load	?5
Customer Representativ	Topo	Sta	tion Manager	ud Scot	Treat	er leve T	Messi	ch
Service Units 37,216	1		010			<u> </u>	1.7/(- 2) [
Driver Names 10951617	Veatch	Mitche		` .				
Time Casing Pressure	Tubing	Bbis. Pumped	Rate			Service Log		
10:00		Trucks or	locationa	nd hold	safety Me	eetina.		
1:10 Dutre	Drillings	starttorun	A UTO FILLE	at Shoe,	Shoe Joint		ch Down E	
		collaranda					"cusing.	
Wasii	stalled	pove Colla	rs#1 and to	4. A Tu	ubolizeru	vas instal	ledonco	llars
#1,	کہ 3, 4, 5,	and#T.					^ 1	
4:30	_		5		inwell.Circul		atetor 1	hour.
5:30 Soo	_		1 2		Scavenger		——————————————————————————————————————	- Vi (I
2,000	_	8			nping. Shuti			1
500		141		Slann	niving 1355	acts 11 11	LCEMENI.	11
-0-		1 1 +		Bolose	mping. Shut in e Latch Dou	wa Plum O	on pumpan	allines.
5 47 100	-		6.5		28/TCL Di			
2 11 100		90	5	1	oliftceme	,		
6.07 1000		12286		Plugd				
		1001124		Place	Maun			
				Releas	epressure.	Float Sh	acheld.	
-0-		1200	3	Plug Ro	epressure.	holes.		
				Wash	ppumptru	ich.		
T:00	_			JobC	omplete.		*	
				Thanh	You.	0 11		
				Clare	are, Chris.	Diadley		
10244 NE U	iway 61-	P.O. Box 861	3 • Pratt_KS	 67124-861	13 • (620) 672	2-1201 • Fa	x (620) 67	2-5383
10244 NE 11	Tway or	T.O. DOX 001	o- i latt, ito	0.1.2.1-00	(0120) 012			ing, Inc. 620-672-3656

O2-16-11 Great Plains Fluid Svc set & filled w/ city water 17 – 500 bbl frac tanks, then had tanks heated. SICP – 1157#. RU Basic Energy Svc frac equipment, frac well as follows: Stage #1; 66,000 gal pad, 1283# @ 79 bpm. Stage #2; 20,000 gal w/ .1# of 30/70 sand, 1295# @ 79 bpm. Stage #3; 20,000 gal w/ .2# of 30/70 sand, 1271# @ 79 bpm. Stage #4; 21,000 gal w/ .3# of 30/70 sand, 1227# @ 79 bpm. Stage #5; 26,000 gal w/ .4# of 30/70 sand, 1172# @ 78 bpm. Stage #6; 26,000 gal w/ .5# of 30/70 sand, 1169# @ 78 bpm. Stage #7; 26,000 gal w/ .6# of 30/70 sand, 1112# @ 78 bpm. Stage #8; 26,000 gal w/ .7# of 30/70 sand, 1094# @ 78 bpm. Stage #9; 26,000 gal w/ .8# of 30/70 sand, 1097# @ 78 bpm. Stage #10; 23000