



KANSAS CORPORATION COMMISSION 1058256
OIL & GAS CONSERVATION DIVISION

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

<input type="checkbox"/> New Well	<input type="checkbox"/> Re-Entry	<input type="checkbox"/> Workover	
<input type="checkbox"/> Oil	<input type="checkbox"/> WSW	<input type="checkbox"/> SWD	<input type="checkbox"/> SIW
<input type="checkbox"/> Gas	<input type="checkbox"/> D&A	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGW
<input type="checkbox"/> OG		<input type="checkbox"/> GSW	<input type="checkbox"/> Temp. Abd.
<input type="checkbox"/> CM (Coal Bed Methane)			
<input type="checkbox"/> Cathodic <input type="checkbox"/> Other (Core, Expl., etc.): _____			

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

<input type="checkbox"/> Deepening	<input type="checkbox"/> Re-perf.	<input type="checkbox"/> Conv. to ENHR	<input type="checkbox"/> Conv. to SWD
<input type="checkbox"/> Conv. to GSW			
<input type="checkbox"/> Plug Back: _____		Plug Back Total Depth: _____	
<input type="checkbox"/> Cummiled		Permit #: _____	
<input type="checkbox"/> Dual Completion		Permit #: _____	
<input type="checkbox"/> SWD		Permit #: _____	
<input type="checkbox"/> ENHR		Permit #: _____	
<input type="checkbox"/> GSW		Permit #: _____	

Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion Date

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

Letter of Confidentiality Received

Date: _____

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____



1058256

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. 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 Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically (If no, Submit Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: Set At: Packer At:				Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No		
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Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____				
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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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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 04054 A

DATE 5-15-11 TICKET NO. 1718 04054 A

DATE OF JOB <u>5-15-11</u>	DISTRICT <u>Pratt Ks</u>	NEW <input checked="" type="checkbox"/> WELL	OLD <input type="checkbox"/> WELL	PROD <input type="checkbox"/> INJ	WDW <input type="checkbox"/>	CUSTOMER ORDER NO. <u></u>
CUSTOMER <u>L. D. Dally</u>	LEASE <u>Swider</u>	<u>1-8</u>				WELL NO.
ADDRESS	COUNTY <u>Leve</u>	STATE <u>KS</u>				
CITY	STATE	SERVICE CREW <u>Sullivan, Nelson, Phye, Hunter</u>				
AUTHORIZED BY		JOB TYPE: <u>NW 4 1/2 Two Stage</u>				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <u>5-15-11</u> DATE <u>AM</u> <u>PM</u> <u>0630</u> TIME
<u>33208-20970</u>	<u>75</u> <u>min</u>					ARRIVED AT JOB <u>AM</u> <u>PM</u> <u>10:45</u>
<u>19960-19918</u>	<u>75</u> <u>min</u>					START OPERATION <u>AM</u> <u>PM</u> <u>3:45</u>
<u>19831-21010</u>						FINISH OPERATION <u>AM</u> <u>PM</u> <u>6:10</u>
<u>37900</u>						RELEASED <u>AM</u> <u>PM</u> <u>6:45</u>
						MILES FROM STATION TO WELL <u>100</u>

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
CP 103	<u>Collet 202 CNT</u>	SK	<u>200</u>		<u>1,400</u> <u>00</u>
CP 101	<u>K-tor 202 CNT</u>	SK	<u>425</u>		<u>2,650</u> <u>00</u>
CC 102	<u>Col Ecke</u>	lb	<u>150</u>		<u>555</u> <u>00</u>
CC 105	<u>De Foamer</u>	lb	<u>43</u>		<u>172</u> <u>00</u>
CC 111	<u>Salt</u>	lb	<u>1277</u>		<u>888</u> <u>50</u>
CC 112	<u>CNT 202 Tector Redam</u>	lb	<u>129</u>		<u>724</u> <u>00</u>
CC 201	<u>Oil Smito</u>	lb	<u>996</u>		<u>167</u> <u>32</u>
CC 109	<u>Calcium Chloride</u>	lb	<u>1200</u>		<u>1,260</u> <u>00</u>
PF 850	<u>Wort Shop 4 1/2</u>	PA	<u>1</u>		<u>340</u> <u>00</u>
PF 400	<u>Two Stage Tool</u>	PA	<u>1</u>		<u>1,500</u> <u>00</u>
PF 600	<u>Latch down Plug Barite</u>	PA	<u>1</u>		<u>720</u> <u>00</u>
PF 1270	<u>Cent.</u>	PA	<u>7</u>		<u>720</u> <u>00</u>
PF 1900	<u>Basket</u>	PA	<u>1</u>		<u>270</u> <u>00</u>
C 704	<u>KCL Salt</u>	gal	<u>1</u>		<u>35</u> <u>00</u>
PC 151	<u>Mud Haul</u>	gal	<u>500</u>		<u>430</u> <u>00</u>
E 100	<u>Rock Auger</u>	m.	<u>100</u>		<u>425</u> <u>00</u>
P 101	<u>Heavy Equipment</u>	m.	<u>300</u>		<u>2,100</u> <u>00</u>

SUB TOTAL

DCS

CHEMICAL / ACID DATA:		

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

Thank you

TOTAL

SERVICE
REPRESENTATIVE *Robert J. H.*

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



The logo for Basic Energy Services. It features the word "BASIC" in a large, bold, black, sans-serif font. Below "BASIC", the words "ENERGY SERVICES" are written in a smaller, black, sans-serif font. At the bottom, the words "PRESSURE PLUMPING & WIRELINE" are written in a very small, black, sans-serif font.

PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 04855 A

CONT

DATE TICKET NO.

DATE OF JOB	5-15-11	DISTRICT	PRATT KS	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	L.D. Drillers			LEASE	Sander			1-8			WELL NO.			
ADDRESS				COUNTY	LANE			STATE			KS			
CITY	STATE	SERVICE CREW			Sullivan, Nelson, Phye, Huston									
AUTHORIZED BY				JOB TYPE:	new 4 1/2 two stage									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME					
83708-30970						ARRIVED AT JOB								
19960-19918						START OPERATION								
19831-21010						FINISH OPERATION								
37900						RELEASED								
						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)

SUB TOTAL

CHEMICAL / ACID DATA:

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

Thank you

TOTAL

plus \$24,911.47

SERVICE
REPRESENTATIVE *Robert M. Lewis* THE ABOVE MATERIAL AND SERVICE
ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO. (

Customer L.O. Orlan	Lease No.	Date	
Lease SN100K	Well # 1-8	5-15-11	
Field Order # 5054	Station PRATT KS	Casing 4 1/2	Depth 4622'
Type Job CNW 4 1/2 Long string		Formation	Legal Description 8-12-29

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 4 1/2	Tubing Size DU	Shots/Ft Tool 2248'		Acid		Rate	Press	ISIP
Depth 4622'	Depth	From	To	Pre Pad	Max			5 Min.
Volume 11.6	Volume	From	To	Pad	Min			10 Min.
Max Press 2000	Max Press	From	To	Frac	Avg			15 Min.
Well Connection PC	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth 4608	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative			Station Manager			Treater		
Service Units 37900	33208	20928	19960	19918	19831	21010		
Driver Names Sullivan	Melson	Phye			Hunter			

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1045 am					and has Softg. meeting
					Run 107 ITB 4 1/2 11.6#
					DU Tool "55 - 2248" cont 1,357 9.44,13
					BASKET w/ DU Tool "55 - 2242.18"
0230					CASING ON 130 Bottom
0240					Hook Rig To circ.
0345	150	32	4	8t min flush Ann 20 130L KCL 4 1/2	
			5	0.04 cont 200 ft 6 1/4" 10.2 P 15 PPS	
		44		cont mixed. Shut down. wait, pump, lines	
				Release Plug	
0405	5	55	6	8t Dis. 1 7/8" 4 1/2 2nd min	
	250			Lift Rig	
1	500		4	Slow bite	
0418	1500	71 1/2		Plug down	
0420				Drop DU 1300 ft	
0433	850			OPEN DU Tool w/ truck	
0440				Hook Rig Circ.	
				Bottom stage complete	

PAGE 2 of 2

Customer	L.O. Dally	Lease No.			Date		
Lease	Wider	Well #	18		5-15-11		
Field Order #	9054	Station	PRATT KS	Casing	7 1/2	Depth	2248
Type Job	CWW 4th longstroke			Formation	8-12-29		
County	LANE KS			State	KS		

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	Sullivan	Melson	Pratt	Wider				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log			
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0530			200	6	8t spacer
				6.5	8t mix cont 425sk A-cont
					cont to surface
					cont mix, shut down
			220		wash, pump, lines
					Replace Plug
					8t Diga.
					150 ps
			500	3.5	Slow rate
0610			35		Slow down 40sk min to pit
1800			6		PS. up and close D.V. Tool
					Slow R.H.
					50B complete

Thank you!