

Kansas Corporation Commission Oil & Gas Conservation Division

1074662

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 🗌 East 🗌 West							
Address 2:	Feet from North / South Line of Section							
City:	Feet from							
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 SWD 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:	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:							
GSW Permit #:	County: Permit #:							
Spud Date or Date Reached TD Completion Date or 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 #: _ 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** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp. Perf. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.)

Other (Specify)

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner

February 22, 2012

Brian Siroky Siroky Oil Management PO BOX 464 PRATT, KS 67124-0464

Re: ACO1 API 15-151-22381-00-00 Siroky 1 SW/4 Sec.17-27S-12W Pratt County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, Brian Siroky



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124

FIELD SERVICE TICKET 1718 05021 A

DATE OF	2 11	0			NEW ☑ OLD ☐ PROD ☐ INJ ☐ WDW ☐ CUSTOMER ORDER NO.:									
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THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

REPRESENTATIVE

SERVICE

CLOUD LITHO - Abilene, TX

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer Siroky Oil					Lease No	Lease No.						Date						
Lease	Noni	1			Well #	Well #						10-3-11						
Field Order #	Station	6	12+4	\			Casing) of Depth	256	County	y P.	atr		State K 5				
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Well Connection	Annulus Vo		From		То				HHP Use	d		, ii	Annulus	Pressure				
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10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET 1718 04863 A

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DATE OF 10-3	-2011 DI	STRICT PRATE	Ks.	V	WELL W	WELL	PROD INJ	□ wdw □ C	USTOMER RDER NO.:	ETHTE			
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SERVICE REPRESENTATIVE THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer S	RUKY	OIL	MAN	IAG.	Le	ease No.		4 1 1 1	EMPLE CONTRACTOR	71.00	W - 1 - 1	Date						
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10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

1718 **05031** A

DATE TICKET NO.

DATE OF JOB	10-11 DI	STRICT Pratt	The sale		NEW □ OLD □ PROD □ INJ □ WDW □ CUSTOMER ORDER NO.:								
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THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

REPRESENTATIVE

CLOUD LITHO - Abilene, TX

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



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

FIELD SERVICE TICKET

DATE TICKET NO. DATE OF JOB CUSTOMER ORDER NO.: PROD INJ DISTRICT CUSTOMER LEASE WELL NO. **ADDRESS** COUNTY STATE CITY STATE SERVICE CREW **AUTHORIZED BY** JOB TYPE: **EQUIPMENT#** HRS **EQUIPMENT#** HRS **EQUIPMENT#** HRS DATE TIME TRUCK CALLED ARRIVED AT JOB AM 2:00 START OPERATION

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)

AM PM

FINISH OPERATION

MILES FROM STATION TO WELL

RELEASED

REF. NO.	MATERIAL, EQUIPMENT AND SERV	ICES USED UNIT	QUANTITY	UNIT PRICE		\$ AMOUNT		
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SERVICE REPRESENTATIVE	Stev	(6-1-0)	
			_

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

ITEM/PRICE



TREATMENT REPORT

Customer	DIROKY	15.1	Lease No).			Date					
Lease	STOKY		Well #	1			1	0-1	10-1			
Field Order #	Station	+ + 20		Casi	ng Dept	4458	County	201		State /		
Type Job	way.	-51/2	L.S.	- 1	Formation			Legal Description				
PIPE	DATA	PERFOR	ATING DATA	FLU	ID USED		TREATMENT RESUME					
Casing Size	Tubing Size	Shots/Ft	1	Acid-		-	RATE PR					
Depth	Depth	From	1755ks	Dro Dod	enest 1.36	Max	TOTAL THE					
Volume	Volume	From	To S USA	Pad	Ofoz FH/	Min			5 Min.			
Max Press	Max Press	From	То	Frac		Avg			15 Min.	140		
	Annulus Vol.	From	То			HHP Used			Annulus F	Proceuro		
Plug Depth	Packer Depth		То	Flush	05.1	Gas Volun			Total Load			
Customer Repr	esentative	-		n Manager			Treater	- \	/5			
Service Units	2233 10	0 - /	7	463	3212 00	4+0		Die	6 02	12-00		
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Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner

February 22, 2012

Brian Siroky Siroky Oil Management PO BOX 464 PRATT, KS 67124-0464

Re: ACO-1 API 15-151-22381-00-00 Siroky 1 SW/4 Sec.17-27S-12W Pratt County, Kansas

Dear Brian Siroky:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 10/01/2011 and the ACO-1 was received on February 22, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department