



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1075457
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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 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

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
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1075457

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. 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 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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 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)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	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 <i>(Explain)</i> _____
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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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PAGE 1 of 1	CUST NO 1003562	INVOICE DATE 02/17/2012
INVOICE NUMBER 1718 - 90832689		

Pratt (620) 672-1201
 B ROBERTS RESOURCES INC
 I 2020 N TYLER RD STE 106
 L WICHITA
 L KS US 67212
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Thom Ranch 2-29
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40431012	20920		Net - 30 days	03/18/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 02/15/2012 to 02/15/2012				
0040431012				
171805804A Cement-New Well Casing/Pi 02/15/2012				
Cement 8 5/8" Surface				
60/40 POZ	200.00	EA	9.60	1,920.00 T
Celloflake	50.00	EA	2.96	148.00 T
Calcium Chloride	516.00	EA	0.84	433.44 T
Wooden Cement Plug 8 5/8"	1.00	EA	128.00	128.00
Heavy Equipment Mileage	50.00	MI	5.60	280.00
Proppant and Bulk Delivery Charge	215.00	MI	1.28	275.20
Blending & Mixing Service Charge	200.00	MI	1.12	224.00
Unit Mileage Charge-Pickups, Vans & Cars	25.00	HR	3.40	85.00
Depth Charge; 0-500'	1.00	HR	800.00	800.00
Plug Container Utilization Charge	1.00	EA	200.00	200.00
Service Supervisor	1.00	HR	140.00	140.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,633.64
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	182.61
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	4,816.25
DALLAS, TX 75284-1903	MIDLAND, TX 79702		

Customer <i>Roberts - Res.</i>	Lease No.	Date <i>02-15-12</i>	
Lease <i>THOM RANCH</i>	Well # <i>2-29</i>		
Field Order # <i>2804</i>	Station <i>PRATT KS</i>	Casing <i>8 5/8</i>	Depth <i>295'</i>
Type Job <i>CNW 8 5/8 Surface</i>	Formation	County <i>BARBEE</i>	State <i>KS</i>
		Legal Description <i>29-30-11</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>8 5/8</i>				Pre Pad	Max		5 Min.	
Depth <i>295</i>	Depth	From	To	Pad	Min		10 Min.	
Volume <i>17</i>	Volume	From	To	Frac	Avg		15 Min.	
Max Press <i>300</i>	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection <i>PC</i>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth <i>275</i>	Packer Depth	From	To					

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert J. Miller</i>
Service Units <i>37900 23704 20920 19826 19866</i>		
Driver Names <i>Sullivan mclow mcgraw</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>11:50</i>	<i>150</i>				<i>on loc soft, met</i>
					<i>Run 7 5/8 8 5/8 csg.</i>
<i>1:40</i>					<i>CASING ON BOTTOM</i>
<i>1:45</i>					<i>Hook rig circ</i>
<i>1:50</i>	<i>150</i>		<i>2</i>	<i>3</i>	<i>st spurs</i>
			<i>43</i>	<i>5</i>	<i>mix 200 st 60% per 3% cc 1/4 cell</i>
					<i>cut mix</i>
					<i>Release Plug</i>
				<i>35</i>	<i>st Disp</i>
<i>2:15</i>	<i>200</i>		<i>17</i>		<i>plug down</i>
					<i>circ 9 Bbl cut to pit</i>
					<i>SUB complete</i>
					<i>Thank you</i>



PAGE	CUST NO	INVOICE DATE
1 of 1	1003562	02/28/2012
INVOICE NUMBER		
1718 - 90841285		

Pratt (620) 672-1201
 B ROBERTS RESOURCES INC
 I 2020 N TYLER RD STE 106
 L WICHITA
 L KS US 67212
 T
 O ATTN: ACCOUNTS PAYABLE

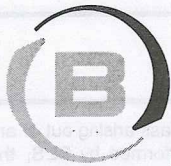
J LEASE NAME Thom Ranch 2-29
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40434703	19843		Net - 30 days	03/29/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 02/25/2012 to 02/25/2012				
0040434703				
171804644A Cement-New Well Casing/Pi 02/25/2012 Cement PTA				
60/40 POZ	210.00	EA	9.60	2,016.13 T
Cement Gel	362.00	EA	0.20	72.40 T
Heavy Equipment Mileage	50.00	MI	5.60	280.02
Proppand and Bulk Delivery Charge	226.00	MI	1.28	289.30
Blending & Mixing Service Charge	210.00	MI	1.12	235.21
Unit Mileage Charge-Pickups, Vans & Cars	25.00	HR	3.40	85.01
Depth Charge; 4001-5000'	1.00	HR	2,016.12	2,016.12
Service Supervisor	1.00	HR	140.01	140.01

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	5,134.20
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	152.46
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	5,286.66
DALLAS, TX 75284-1903	MIDLAND, TX 79702		

DLS



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

0040434703
FIELD SERVICE TICKET

1718 04644 A

DATE _____ TICKET NO. _____

DATE OF JOB 2-25-2012 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 ROBERTS RESOURCES, INC.				LEASE THOM RANCH		WELL NO. 229	
ADDRESS _____				COUNTY BARBER		STATE Ks.	
CITY _____ STATE _____				SERVICE CREW LESLEY, MARQUEZ, MCGRAW			
AUTHORIZED BY _____				JOB TYPE: CNW - P.T.A.			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 2-25-12 DATE PM 2:00 TIME	
37586	5					ARRIVED AT JOB	PM 3:00
19889-19843	5					START OPERATION	PM 4:15
19832-2100	5					FINISH OPERATION	PM 9:00
						RELEASED	PM 9:30
						MILES FROM STATION TO WELL	25

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	60/40 P02	SK	210		2,520.00
CC 200	CEMENT GEL	lb	362		90.50
E 100	PICKUP MILEAGE	MI	25		106.25
E 101	HEAVY EQUIPMENT MILEAGE	MI	50		350.00
E 113	BULK DELIVERY CHARGE	TM	226	362	38200
CE 205	DEPTH CHARGE; 4001'-5000'	HR	1-4		2,520.00
CE 240	BLENDING SERVICE CHARGE	SK	210		294.00
S 003	SERVICE SUPERVISOR	EA	1		175.00

SUB TOTAL **5,134.00**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Customer ROBERTS RES., INC.	Lease No.	Date
Lease THOM RANCH	Well # 2-29	2-25-2012
Field Order # 04644	Station PRATT, KS.	Casing
Type Job CNW - P.T.A.	Formation	Depth
		County BARBER
		State KS.
		Legal Description 29-30-11

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft	CMT -	Acid	210SK 60/40 P2	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	@ 1.430 FT³	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 K. ROBERTS	Station Manager D. SCOTT	Treater K. LESLEY
Service Units 37586 19889 19813 19832 21010		
Driver Names LESLEY MARQUEZ — MCGRAW —		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:00 PM					ON LOCATION - SAFETY MEETING
3:30 PM					SPOT TRUCKS ON LOC.
4:15 PM					*1 ST PLUG @ 4860' W/50SKS
4:17 PM	300		15	6	H ₂ O AHEAD
	300		12.7	6	MIX 50SKS CMT. @ 14.78 PPG
	250		3.8	6	H ₂ O BEHIND CMT.
5:00 PM	100		60	6	MUD BEHIND CMT.
					*2 ND PLUG @ 650' W/50SKS.
7:40 PM	100		10	5	H ₂ O AHEAD
7:43 PM	50		12.7	5	MIX 50 SKS. CMT. @ 14.78 PPG
7:46 PM	0		3	5	H ₂ O BEHIND CMT.
					*3 RD PLUG @ 330' W/60SKS.
8:00 PM	50		5	4	H ₂ O AHEAD
8:04 PM	0		15	4	MIX 60SKS CMT. @ 14.78 PPG
8:08 PM	0		.5	4	H ₂ O BEHIND CMT.
					*4 TH PLUG @ 60' W/20SKS
8:20 PM	0		5	3	MIX 20SKS CMT. @ 14.78 PPG
					CMT TO SURFACE
8:45 PM	0		6	3	MIX 30 SKS - PLUG R.H.
					JOB COMPLETE,
					THANKS -
					KEVEN LESLEY

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/>

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

Sam Brownback, Governor

February 29, 2012

Kent Roberts
Roberts Resources, Inc.
2020 N TYLER RD, STE 106
WICHITA, KS 67212

Re: ACO1
API 15-007-23838-00-00
Thom Ranch 2-29
SE/4 Sec.29-30S-11W
Barber 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,
Kent Roberts