



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1078435
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: _____

1078435

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 <i>(Attach Additional Sheets)</i>	<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			
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:	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: Yes No

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> _____						
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 1007020	INVOICE DATE 02/10/2012
INVOICE NUMBER 1717 - 90826289		

Liberal (620) 624-2277
 B EDISON OPERATING COMPANY LLC
 I 1223 NORTH ROCK ROAD BLDG I-100
 L WICHITA
 L KS US 67206
 T
 O **ATTN:** DAVID WITHROW

J LEASE NAME J. Adams #1-12
O LOCATION
B COUNTY Meade
S STATE KS
I JOB DESCRIPTION Cement-New Well Casing/Pi
T JOB CONTACT
E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40428173	38119		Net - 30 days	03/11/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 02/09/2012 to 02/09/2012				
0040428173				
171702615A Cement-New Well Casing/Pi 02/09/2012				
4 1/2" Longstring				
60/40 POZ	50.00	EA	10.20	510.00
AA2 Cement	175.00	EA	15.47	2,707.25
Gypsum	825.00	EA	0.64	525.94
Salt	972.00	EA	0.43	413.10
C-15	99.00	EA	10.62	1,051.87
C-42P	42.00	EA	6.80	285.60
Gilsonite	875.00	EA	0.57	498.31
Auto Fill Float Shoe - 4 1/2"	1.00	EA	280.50	280.50
Latch Down Plug & Baffle - 4 1/2"	1.00	EA	314.50	314.50
Econimizer Centralizer - 4 1/2"	7.00	EA	59.50	416.50
Canvas Basket - 4 1/2"	1.00	EA	765.00	765.00
Super Flush II	500.00	EA	1.30	650.25
Heavy Equipment Mileage	80.00	MI	5.95	476.00
Blending & Mixing Service Charge	225.00	MI	1.19	267.75
Proppant and Bulk Delivery Charge	416.00	MI	1.36	565.76
Depth Charge; 6001' - 7000'	1.00	EA	2,754.00	2,754.00
Plug Container Utilization Charge	1.00	EA	212.50	212.50
Pickup Mileage	40.00	MI	3.61	144.50
Service Supervisor	1.00	HR	148.75	148.75

PLEASE REMIT TO: BASIC ENERGY SERVICES, LP PO BOX 841903 DALLAS, TX 75284-1903	SEND OTHER CORRESPONDENCE TO: BASIC ENERGY SERVICES, LP PO BOX 10460 MIDLAND, TX 79702	SUB TOTAL 12,988.08 TAX 0.00 INVOICE TOTAL 12,988.08
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BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET

1717 02615 A

DATE _____ TICKET NO. _____

DATE OF JOB 2942	DISTRICT 1717	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 Edison Operating		LEASE T. Adams		WELL NO. 112					
ADDRESS		COUNTY Muscogee	STATE Ks						
CITY		SERVICE CREW Cochran/Members/Supervisor							
AUTHORIZED BY T. Davis		JOB TYPE: 2942 46 L.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
21155	12	22117	3.5				2-9	PM	11:00
38119	16.5	19919	3.5			ARRIVED AT JOB	2-9	AM	12:00
19892	16.5					START OPERATION	2-9	AM	21:15
14354	16.5					FINISH OPERATION	2-9	PM	22:30
19598	16.5					RELEASED	2-9	AM	24:00
						MILES FROM STATION TO WELL	40		

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: Bob Kasper
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
01103	1 1/2" 40 Pvc	✓ sk	130		600 00
01105	AAZ Cement	✓ sk	125		3185 00
001131	Gypsum	✓ lb	825		618 75
00111	5/8" H	✓ lb	922		486 00
00103	C-45	✓ lb	99		1237 50
00107	C-40P	✓ lb	42		336 00
00201	Aircrete	✓ lb	275		586 25
CF1250	Auto fill flat shoe	✓ ea	1		330 00
CF106	1" 1/2" Down Plug + 1/2" H/c	✓ ea	1		370 00
CF9491	Containerizer	✓ ea	7		490 00
CF950	Basket	✓ ea	1		900 00
CC155	Super Flush II	gal	500		765 00
E101	Heavy Equip. Mortgage	mi	80		560 00
CE240	Blending + Mixing Service Chrg.	sk	225		315 00
E113	Bulk Delivery	7m	416		665 60
CE207	Drpt Chrg. 100' 700'	4hr	1		3240 00
CE504	Plug Container	job	1		250 00
E100	Pickup Mortgage	mi	40		170 00
5003	Service Supervisor	ea	1		175 00

SUB TOTAL 12988 08

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>Mickey Cochran</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Bob Kasper</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.

QUALITY WELL SERVICE INC

324 SIMPSON
PRATT KS 67124

Invoice

Date	Invoice #
1/26/2012	384

Bill To
EDSION OPERATING 1223 N. ROCK RD. BLDG 1-100 WICHITA, KS 67206

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
275	COMMON	13.50	3,712.50T
5	GEL	20.00	100.00T
10	CALCIUM	53.00	530.00T
69	FLO-SEAL	2.00	138.00T
1	CONDUCTOR PIPE	750.00	750.00
290	HANDLING	2.10	609.00
11,000	.08 * SACKS * MILES	0.08	880.00
40	PUMP TRUCK MILEAGE	8.00	320.00
448.05	DISCOUNT	-1.00	-448.05T
255.9	DISCOUNT	-1.00	-255.90
	DISCOUNT EXPIRES AFTER 30 DAYS FROM THE DATE OF THE INVOICE	0.00	0.00
	J ADAMS #1-12		
	Sales Tax MEADE	7.30%	294.37

Thank you for your business.	Total	\$6,629.92
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QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

5432

Home Office 324 Simpson St., Pratt, KS 67124

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Office / Fax 620-672-3663

Date	1-25-12	Sec.	12	Twp.	35	Range	30	County	meade	State	KS	On Location		Finish	2:00pm
Lease	ADAMS	Well No.	1-12	Location 2150t meade ks winto											
Contractor CO TOOLS															
Type Job	Conductor														
Hole Size	32"														
Csg.	20" 78														
Tbg. Size															
Tool															
Cement Left in Csg.	15ct														
Meas Line	Displace 30.5														
EQUIPMENT															
Pumptrk	No.	8 David													
Bulktrk	No.	7 m. 10													
Bulktrk	No.														
Pickup	No.														
JOB SERVICES & REMARKS															
Rat Hole															
Mouse Hole															
Centralizers															
Baskets															
D/V or Port Collar															
Ran 2 jts of 20 inch casing = 78ft															
mixed sv & disp 30.5 bbl 170															
FLOAT EQUIPMENT															
Guide Shoe															
Centralizer															
Baskets															
AFU Inserts															
Float Shoe															
Latch Down															
Cement did circulate to surface!															
11															
THANKS!!															
Pumptrk Charge Conductor															
Mileage 40															
														Tax	
														Discount	
														Total Charge	
X Signature Bob Kasper															

QUALITY WELL SERVICE INC

Invoice

324 SIMPSON
PRATT KS 67124

Date	Invoice #
2/6/2012	394

Bill To
EDSION OPERATING 1223 N. ROCK RD. BLDG 1-100 WICHITA, KS 67206

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
560	COMMON	13.50	7,560.00T
140	POZ	8.50	1,190.00T
24	GEL	20.00	480.00T
19	CALCIUM	53.00	1,007.00T
137.5	FLO-SEAL	2.00	275.00T
1	8 5/8 BASKET	280.00	280.00T
1	8 5/8 AFU INSERT	250.00	250.00T
1	8 5/8 RUBBER PLUG	140.00	140.00T
2	ADDITIONAL HOURS	250.00	500.00
743	HANDLING	2.10	1,560.30
11,000	.08 * SACKS * MILES	0.08	880.00
1	SFC 1501-3000'	950.00	950.00
40	PUMP TRUCK MILEAGE	8.00	320.00
2,012.76	DISCOUNT	-1.00	-2,012.76T
757.85	DISCOUNT	-1.00	-757.85
	DISCOUNT EXPIRES AFTER 30 DAYS FROM THE DATE OF THE INVOICE	0.00	0.00
	J ADAMS #1-12		
	Sales Tax MEADE	7.30%	669.35

Thank you for your business.

Total

\$13,291.04

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

5420

Home Office 324 Simpson St., Pratt, KS 67124

Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	Sec.	Twp.	Range	County	State	On Location	Finish
2-3-12	12	35	30	meade	KS		7:00am
Lease J Adams	Well No. 1-12		Location 20 s of meade winto 1" 12:30pm				
Contractor Duke #1				Owner			
Type Job Surface				To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size 12 1/4		T.D. 1504		Charge To Edison operating			
Csg. 8 5/8		Depth 1505		Street			
Tbg. Size		Depth		City State			
Tool		Depth		City State			
Cement Left in Csg. 40.06		Shoe Joint 40.06		The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line		Displace 93 1/4 hbl		Cement Amount Ordered 400sx 65/35 6% Gel 3% CC 1/4"			
EQUIPMENT				150sx com 3% CC 1 1/4" F10			
Pumptrk	No. 8	Mud		Common 180sx com 3% CC / 560			
Bulktrk	No. 9	mud		Poz. Mix 140			
Bulktrk	No.			Gel. 24			
Pickup	No.			Calcium 19			
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal 137.5			
Centralizers				Kol-Seal 2 Additional Hours 500 cc			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
Ran 37 Jts of 8 5/8 casing @ landing				Sand Handling 743			
Est Circulation with mud pump				Mileage 40			
FLOAT EQUIPMENT							
mixed 400 sx 65/35 6% Gel 3% CC				Guide Shoe			
1/4" J tailed in with 150 sx com 3% CC				Centralizer			
1/4" F10 - Shut down washed lines & clean				Baskets 1 - 8 5/8			
2 disp / 93 1/4 hbl H2O - plug landed @ 1000 psi @ float held				AFU Inserts 1 - 8 5/8			
				Float Shoe			
				Latch Down			
Cement Did not Circulate to surface so we 1" down backside 100' and cemented to surface with 150sx com 3% CC				Rubber Plug			
				Pumptrk Charge Surface			
				Mileage 40			
				Tax			
				Discount			
X Signature <i>Emerita Vasquez</i>				Total Charge			

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

April 26, 2012

David Withrow
Edison Operating Company LLC
9427 E. Cross Creek
WICHITA, KS 67206

Re: ACO1
API 15-119-21311-00-00
J. Adams 1-12
NE/4 Sec.12-35S-30W
Meade 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,
David Withrow