



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1079678
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: _____

1079678

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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PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 131174

Invoice Date: May 15, 2012

Page: 1



Bill To:
Edison Operating 1223 N. Rock Rd. Wichita, KS 672206

Customer ID	Well Name# or Customer P.O.	Payment Terms	
EdOp	Peggy #1-18	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Great Bend	May 15, 2012	6/14/12

Quantity	Item	Description	Unit Price	Amount
350.00	MAT	Class A Common	16.25	5,687.50
6.00	MAT	Gel	21.25	127.50
12.00	MAT	Chloride	58.20	698.40
87.00	MAT	FloSeal	2.70	234.90
384.26	SER	Handling	2.10	806.95
35.00	SER	Ton Miles	40.68	1,423.74
1.00	SER	Surface	1,125.00	1,125.00
117.00	SER	Extra Footage	0.95	111.15
35.00	SER	Heavy Vehicle Mileage	7.00	245.00
35.00	SER	Light Vehicle Mileage	4.00	140.00
1.00	EQP	8 5/8 Wooden Plug	92.00	92.00
1.00	CEMENTER	Wayne Davis		
1.00	EQUIP OPER	Kerry Rose		
1.00	EQUIP OPER	Joel Monahan		

9832
Cement 8 5/8" size

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ **3742.24**

ONLY IF PAID ON OR BEFORE

Jun 9, 2012

Subtotal	10,692.14
Sales Tax	499.34
Total Invoice Amount	11,191.48
Payment/Credit Applied	
TOTAL	11,191.48

ALLIED CEMENTING CO., LLC. 042512

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Great Bend

DATE <u>5-15-12</u>	SEC. <u>18</u>	TWP. <u>25</u>	RANGE <u>14</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00 pm</u>	JOB FINISH <u>8:00 pm</u>
LEASE <u>Peggy</u>	WELL# <u>1-18</u>	LOCATION <u>Dilbyrd south to 60th RD</u>			COUNTY <u>Stafford</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)			<u>1 west west into</u>				

CONTRACTOR Maurick 106
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 417
 CASING SIZE 8 3/4 DEPTH 417
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15
 PERFS.
 DISPLACEMENT 26.50

OWNER Edison
 CEMENT
 AMOUNT ORDERED 350 5% class A
+ 3% gel + 2% chl + .25 flo seal

EQUIPMENT
 PUMP TRUCK CEMENTER wayne
 # 398 HELPER Henry
 BULK TRUCK
 # 482/189 DRIVER Joel
 BULK TRUCK
 # DRIVER

COMMON	<u>350</u>	@ <u>16.25</u>	<u>5,687.50</u>
POZMIX		@	
GEL	<u>6</u>	@ <u>21.25</u>	<u>127.50</u>
CHLORIDE	<u>12</u>	@ <u>58.20</u>	<u>698.40</u>
ASC		@	
	<u>210 Seal</u>	<u>87</u>	@ <u>2.70</u> <u>234.90</u>
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>384.36</u>	@ <u>2.10</u>	<u>806.94</u>
MILEAGE	<u>17.31</u>	@ <u>8.35</u>	<u>1,423.74</u>
TOTAL			<u>8,978.98</u>

REMARKS:

Pipe on Bottom Break circulation
with Rig used
Run 10 BBHs fresh water - Ahead
Mix 350 5% class A + 3% gel + 2% chl
+ .25 flo seal Release plug
Displace 2550 BBHs fresh water
Shut in
Cement did circulate

SERVICE

DEPTH OF JOB	<u>417</u>		
PUMP TRUCK CHARGE	<u>1125.00</u>		<u>1125.00</u>
EXTRA FOOTAGE	<u>117</u>	@ <u>.95</u>	<u>111.15</u>
MILEAGE	<u>Hum 35</u>	@ <u>7.00</u>	<u>245.00</u>
MANIFOLD		@	
	<u>hum 35</u>	@ <u>4.00</u>	<u>140.00</u>
		@	
TOTAL			<u>1,621.15</u>

CHARGE TO: Edison operating
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

	@		
<u>wooden plug</u>	@	<u>92.00</u>	<u>92.00</u>
	@		
	@		
	@		
TOTAL			<u>92.00</u>

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any)			
TOTAL CHARGES	<u>10,692.13</u>		
DISCOUNT	<u>35%</u>	<u>3,742.24</u>	
			<u>IF PAID IN 30 DAYS</u>
TOTAL			<u>6,949.89</u>

PRINTED NAME Levil S. Farmer
 SIGNATURE Levil S. Farmer

BASICSM

ENERGY SERVICES

PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 06268 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-24-2012		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: EDISON OPERATING CO., LLC				LEASE: PEGGY				WELL NO. 1-18		
ADDRESS:				COUNTY: STAFFORD		STATE: Ks.				
CITY:				STATE:		SERVICE CREW: LESLEY, MARQUEZ, YOUNG				
AUTHORIZED BY:				JOB TYPE: CNW - 5 1/2" L.S.						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
37586	2						5-24-12			1:00
19889-19843	2									2:00
19960-21610	2									7:00
										9:00
										9:45
						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: *Paul E. Farmer*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 CEMENT	SK	135		2,295.00
CP 103	100/40 P02	SK	50		1,000.00
CC 105	C-41P	lb	32		128.00
CC 111	SALT	lb	616		308.00
CC 115	C-44	lb	127		654.05
CC 129	FLA-322	lb	64		480.00
CC 201	GILSONITE	lb	675		452.25
CF 607	CATCH DOWN PLUG & BAFFLE, 5 1/2"	EA	1		400.00
CF 1251	AUTO FILL FLOAT SHOE, 5 1/2"	EA	1		360.00
CF 11051	TURBOLIZER, 5 1/2"	EA	10		1,100.00
CC 155	SUPERFLOSH II	GAL	500		765.00
E 100	PICKUP MILEAGE	MI	25		106.25
E 101	HEAVY EQUIPMENT MILEAGE	MI	50		350.00
E 113	BULK DELIVERY CHARGE	TM	213		340.00
CE 205	DEPTH CHARGE; 4000' - 5000'	HR	1-4		2,520.00
CE 240	BLENDING SERVICE CHARGE	SK	185		259.00
CE 504	PLUG CONTAINER CHARGE	JOB	1		250.00
S 403	SERVICE SUPERVISOR	EA	1		175.00
CE 503	HIGH HEAD CHARGE	JOB	1		300.00

SUB TOTAL *9474.04*

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <i>Lesley</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Paul E. Farmer</i>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer EDISON OPERATING	Lease No.	Date 5-24-2012	
Lease PEGGY	Well # 1-18		
Field Order # 060608	Station PRATT, KS.	Casing 5 1/2"	Depth
Type Job CNW-5 1/2" L.S.	Formation TD-4500'	County STAFFORD	State Ks.
		Legal Description 18-25-14	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2 x 15.5	Tubing Size	Shots/Ft	CMTT-	Acid 135 SKS AA-2	RATE	PRESS	ISIP	
Depth 4500.45	Depth	From	To	Pre Pad @ 1.36 COFT³	Max S.J. = 13.57'		5 Min.	
Volume 107.11 BBL	Volume	From	To	Pad	Min		10 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 4480.88	Packer Depth	From	To	Flush 106.7 BBL	Gas Volume		Total Load	

Customer Representative **BOB KASPER** Station Manager **D. SCOTT** Treater **K. LESLEY**

Service Units	37586	19889	19843	19960	21010				
Driver Names	LESLEY	MARQUEZ		YOUNG					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:00 AM					ON LOCATION - SAFETY MEETING
4:45 AM					RUN 113 JTS. 5 1/2" x 15.5" CSG.
9					CENT-1,3,5,7,9,11,13,15,17,19
7:00 AM					CSG. ON BOTTOM
7:15 AM - 8:15 AM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
8:25 AM	300		5	6	H₂O AHEAD
8:28 AM	300		12	6	SUPER FLUSH II
8:31 AM	300		5	6	H₂O SPACER
8:33 AM	250		33	6	MIX 135 SKS. AA-2 @ 15.3 PPG
8:38 AM					CLEAR PUMP & LINE / DROPL. D. PLUG
8:44 AM	0		0	7	START DISPLACEMENT
8:55 AM	500		80	6	LIFT PRESSURE
8:58 AM	800		100	5	SLOW RATE
9:00 AM	1500		106.7	4	PLUG DOWN - HELD
					CIRC. THRU JOB
			6,4		PLUG R.H. & M.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
Thomas E. Wright, Commissioner

Sam Brownback, Governor

September 11, 2012

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

Re: ACO1
API 15-185-23746-00-00
Peggy 1-18
SW/4 Sec.18-25S-14W
Stafford 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