



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1082228
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
-----------------------------------	-----------------	---

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: _____

1082228

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:
 Flowing Pumping Gas Lift Other *(Explain)* _____

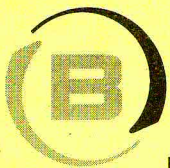
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Red Oak Energy, Inc.
Well Name	Headquarters 1-35
Doc ID	1082228

All Electric Logs Run

CND
AIL
MEL
SON



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 06054 A

DATE _____ TICKET NO. _____

DATE OF JOB 4-9-12		DISTRICT Pratt		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 Red Oaks Energy						LEASE Head Quarters						135 WELL NO.							
ADDRESS						COUNTY Kiowa						STATE KS							
CITY						STATE						SERVICE CREW Melson Wright Phye Sullivan							
AUTHORIZED BY						JOB TYPE: 5 1/2 LS CWL													
EQUIPMENT#		HRS		EQUIPMENT#		HRS		EQUIPMENT#		HRS		TRUCK CALLED		DATE		AM		TIME	
33709 20920		1 hr 10 min												4-9-12		PM		2:30	
19960 19918		1 hr 10 min										ARRIVED AT JOB		4-9-12		AM		6:30	
37900												START OPERATION		4-9-12		AM		10:15	
												FINISH OPERATION		4-9-12		AM		11:10	
												RELEASED		4-9-12		AM		12:30	
												MILES FROM STATION TO WELL						30	

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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

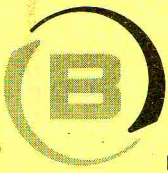
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA2 Cement	SK	150		2,550 00
CP 103	60/40 POZ	SK	50		600 00
CC 102	Cello flake	lb	38		140 60
CC 105	C-41 P	lb	29		115 00
CC 111	SALT	lb	704		352 00
CC 112	Friction Reducer	lb	43		258 00
CC 115	C-44	lb	141		726 15
CC 129	FLA-322	lb	43		322 50
CC 201	Gilsonite	lb	750		502 50
CF 607	Latch Down Plug	ea	1		400 00
CF 1251	Auto fill float shoe	ea	1		360 00
CF 1651	Turbolizer	ea	8		880 00

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO. _____



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 ~~06055~~ A
CONT OF

DATE TICKET NO. 1718 06054A

DATE OF JOB 4-9-12	DISTRICT Pratt	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 RED-OAK-ENG 99	LEASE Headquarters	1-35		WELL NO.						
ADDRESS		COUNTY Kiowa	STATE KS							
CITY	STATE	SERVICE CREW								
AUTHORIZED BY		JOB TYPE: COW 5 1/2 Longstay								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
						ARRIVED AT JOB				
						START OPERATION				
						FINISH OPERATION				
						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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
C 704	Caymax	gal	5		175 00
CC 151	mud Flush	gal	1000		860 00
E 100	Pickup Mileage	mi	30		127 50
E 101	Heavy Mileage	mi	60		420 00
E 113	Black Delivery	lbm	276		441 60
CE 205	Depth Charge	4hr	1		2,520 00
CE 504	Plug Container	JOB	1		280 00
S 003	Service Supervisor	eq	1		250 00
CE 240	Mixing charge	SK	200		175 00

SUB TOTAL
DLS 9,965.48

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE *[Signature]* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*

FIELD SERVICE ORDER NO. (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

GREAT PLAINS FLUID SERVICES, INC.
 1710 WATERFRONT PARKWAY
 WICHITA, KS 67206
 OFFICE: 316-681-0231
 DISPATCH: 620-723-2267

INVOICE

INVOICE DATE	INVOICE NUMBER	PAGE
04/30/12	14373	1

BILL TO: RED OAK ENERGY, INC.
 BOX 783140
 WICHITA, KS 67278-3140

PROJECT:

CONTRACT:

SALT WATER HAULING
 ROBBINS RANCH

3.0	HR	4/6/12 123665 130 BBLs RES PIT WATER TO WATSON SWD	85.00	255.00
3.0	HR	4/20/12 123666 130 BBLs RES PIT WATER TO WATSON SWD	85.00	255.00
3.0	HR	4/25/12 116875 130 BBLs RES PIT WATER TO WATSON SWD	85.00	255.00
4.0	HR	4/26/12 75261 130 BBLs FRESH WATER WITH 7 GALS KCL TO SWAB TANK. STANK BY 2 HRS TO SWAB INTO PIT	85.00	340.00
130.0	BB	FRESH WATER	0.30	39.00
7.0	EA	GALS KCL	30.00	210.00
390.0	BB	SWD FEE WATSON 2 SWD PRATT COUNTY SW/4 8-29S-15W OIL PRODUCERS, INC D24324 8061	0.30	117.00

Continued on next page...

GREAT PLAINS FLUID SERVICES, INC.
1710 WATERFRONT PARKWAY
WICHITA, KS 67206
OFFICE: 316-681-0231
DISPATCH: 620-723-2267

INVOICE

INVOICE DATE	INVOICE NUMBER	PAGE
04/30/12	14373	2

BILL TO: RED OAK ENERGY, INC.
BOX 783140
WICHITA, KS 67278-3140

PROJECT:

CONTRACT:

SALT WATER HAULING
ROBBINS RANCH

TAX 0.00
INVOICE TOTAL 1,471.00

DIAMOND TESTING

General Information Report

General Information

Company Name	RED OAK ENERGY, INC.	Representative	TIM VENTERS
Contact	SEAN DEENIHAN	Well Operator	RED OAK ENERGY, INC.
Well Name	HEADQUARTERS #1-35	Report Date	2012/04/08
Unique Well ID	DST #1, MISSISSIPPIAN, 4561-4650	Prepared By	TIM VENTERS
Surface Location	SEC 35-29S-16W, KIOWA CO. KS.	Qualified By	SEAN DEENIHAN
Field	BELZER EAST		
Well Type	Vertical		
Test Type	CONVENTIONAL		
Formation	DST #1, MISSISSIPPIAN, 4561-4650		
Well Fluid Type	01 Oil		
Start Test Date	2012/04/07	Start Test Time	14:37:00
Final Test Date	2012/04/08	Final Test Time	02:34:00

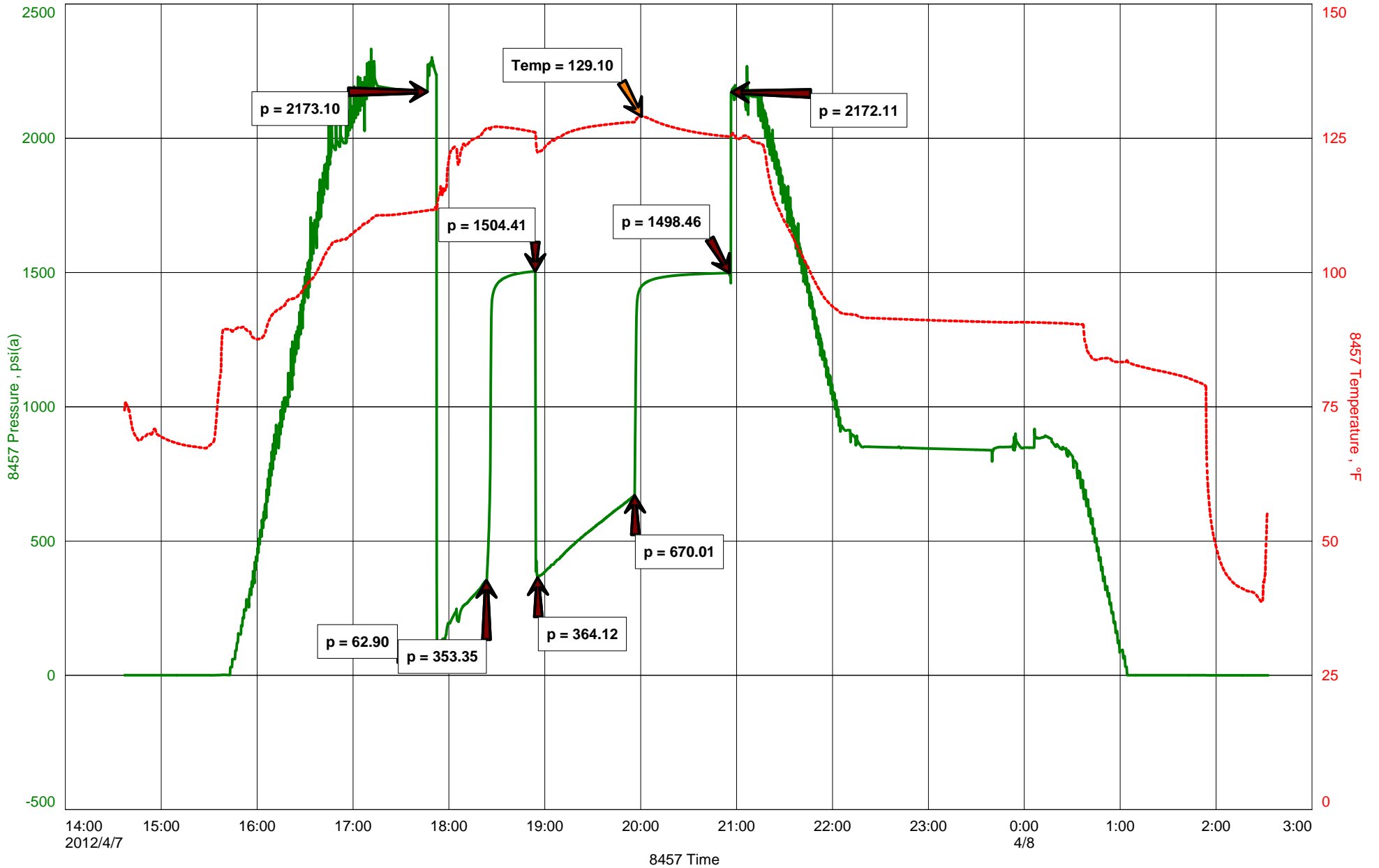
Test Recovery:

RECOVERED: 2685' GAS IN PIPE
120' G,O&WCM, 10% GAS, 10% OIL, 15% WATER, 65% MUD
1505' G,VSW&MCO, 13% GAS, 79% OIL, 7% WATER, 1% MUD, GRAVITY: 38
220' G,SO&MCW 5% GAS, 7% OIL, 77% WATER, 11% MUD
1845' TOTAL FLUID

TOOL SAMPLE: GAS BLEW OUT

CHLORIDES: 65,000 ppm
PH: 5.5
RW: .1 @ 77 deg.

HEADQUARTERS #1-35





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

ALLIED CEMENTING CO., LLC. 037956

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge Ks

DATE <i>4-3-2012</i>	SEC. <i>35</i>	TWP. <i>29S</i>	RANGE <i>16W</i>	CALLED OUT	ON LOCATION	JOB START <i>12:00 pm</i>	JOB FINISH <i>12:45</i>
LEASE <i>Horstros rors</i>		WELL # <i>1-35</i>		LOCATION <i>Belu'sore ks 2 hours, elink</i>		COUNTY <i>Kiowa</i>	STATE <i>Ks</i>
OLD OR NEW (Circle one)							

CONTRACTOR *D91 #5*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* T.D. *315'*

CASING SIZE *8 5/8* DEPTH *309'*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *20'*

PERFS.

DISPLACEMENT *18 1/2 bbls of Freshwater*

OWNER *Red oak*

CEMENT

AMOUNT ORDERED *25000 60' 40' 296 Gal*

3% occ

COMMON	<i>Class A 150s</i>	@ <i>16.25</i>	<i>2437.50</i>
POZMIX	<i>1605x</i>	@ <i>8.50</i>	<i>850.00</i>
GEL	<i>8 1/2 x</i>	@ <i>21.25</i>	<i>85.00</i>
CHLORIDE	<i>85x</i>	@ <i>58.20</i>	<i>465.60</i>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<i>262</i>	@ <i>2.25</i>	<i>589.50</i>
MILEAGE	<i>2621.1130</i>		<i>864.60</i>
TOTAL			<i>5292.20</i>

EQUIPMENT

PUMP TRUCK CEMENTER *D91 #5*

548-545 HELPER *Eddie P.*

BULK TRUCK

356-296 DRIVER *Garet*

BULK TRUCK

DRIVER

REMARKS:

Pipe on bottom & break circulation, pump 3 bbls water 9 hrs & mix 25000 lb cement. Shot down j. Release plug, Start displacement. Pump 18 1/2 bbls, shut in, cement in circulation.

CHARGE TO: *Red oak*

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<i>309'</i>		<i>1</i>
PUMP TRUCK CHARGE			<i>1125.00</i>
EXTRA FOOTAGE	<i>9</i>	@ <i>6.95</i>	<i>8.55</i>
MILEAGE	<i>30</i>	@ <i>7.00</i>	<i>210.00</i>
MANIFOLD <i>Acobrentol</i>		@	<i>200.00</i>
<i>Light Vehicle</i>	<i>30</i>	@ <i>4.00</i>	<i>120.00</i>
		@	
TOTAL			<i>1663.55</i>

PLUG & FLOAT EQUIPMENT

<i>8 5/8</i>			
<i>1-wooden plug</i>	@		<i>92.00</i>
	@		
	@		
	@		
	@		
TOTAL			<i>92.00</i>

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.

PRINTED NAME *x Randy Smith*

SIGNATURE *x Randy Smith*

Thank you!!!

SALES TAX (If Any) _____

TOTAL CHARGES *7,047.75*

DISCOUNT _____ IF PAID IN 30 DAYS

Net \$ 5,638.20

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

May 23, 2012

Sean Deenihan
Red Oak Energy, Inc.
7701 E KELLOGG DR STE 710
PO BOX 783140
WICHITA, KS 67207-1738

Re: ACO1
API 15-097-21722-00-00
Headquarters 1-35
SE/4 Sec.35-29S-16W
Kiowa 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.

Respectfully,
Sean Deenihan