



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1086095
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: _____

1086095

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: 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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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 06113 A

31-335-14W

DATE _____ TICKET NO. _____

DATE OF JOB	4-19-12	DISTRICT	Pratt, Kansas	NEW WELL	<input checked="" type="checkbox"/>	OLD WELL	<input type="checkbox"/>	PROD	<input type="checkbox"/>	INJ	<input type="checkbox"/>	MDM	<input type="checkbox"/>	CUSTOMER ORDER NO.	
CUSTOMER	Mand M Exploration, Inc.			LEASE	Z Bar Ranch O.W.W.O			WELL NO.	43						
ADDRESS				COUNTY	Barber			STATE	Kansas						
CITY				STATE											
AUTHORIZED BY				SERVICE CREW	C. Messid / Metal DP Pipe										
				JOB TYPE	ACSPW - Longstring										
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	4-19-12	DATE	4-19-12	TIME	11:00				
37,216	1					ARRIVED AT JOB				AM	4:30				
						START OPERATION				AM	8:15				
19,866-19,843	1					FINISH OPERATION				AM	9:15				
19,960-19,918	1					RELEASED	4-19-12			AM	9:30				
						MILES FROM STATION TO WELL					65				

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
P CP 105	AA2 Cement	SK	305		\$ 5,185.00
P CC 102	Cellflake	Lb	77		\$ 284.90
P CC 111	Salt	Lb	1659		\$ 829.50
P CC 113	Gypsum	Lb	1435		\$ 1,076.25
P CC 129	FLA-322	Lb	230		\$ 1,725.00
P CC 201	Gilsonite	Lb	1830		\$ 1,226.10
P CF 606	Latch Down Plug and Baffle, 4 1/2"	ea	1		\$ 370.00
P CF 1250	Auto Fill Float Shoe, 4 1/2"	ea	1		\$ 330.00
P CF 1650	Turbelizer, 4 1/2"	ea	8		\$ 680.00
P CF 1900	Basket, 4 1/2"	ea	1		\$ 270.00
P C 704	Claymax	Gal	4		\$ 140.00

SUB TOTAL
DLS

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Larone R. Messid*
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 ~~06114~~ A

Continuation of

31-335-14 W

DATE TICKET NO. 1718 06113A

DATE OF JOB	4-19-12	DISTRICT	Pratt, Kansas	NEW WELL	<input type="checkbox"/>	OLD WELL	<input checked="" type="checkbox"/>	PROD	<input type="checkbox"/>	INJ	<input type="checkbox"/>	WDW	<input type="checkbox"/>	CUSTOMER ORDER NO.	
CUSTOMER	M and M Pet Exploration, Inc.			LEASE	Z Bar Ranch O.W.Wo			WELL NO.	1-31						
ADDRESS				COUNTY	Barber			STATE	Kansas						
CITY				STATE				SERVICE CREW	C. Messick, M. Mattel, D. Phye						
AUTHORIZED BY				JOB TYPE	APW - Longstring										

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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
P E 100	Pickup Mileage	Mi	65		\$ 276.25
P E 101	Heavy Equipment Mileage	Mi	130		\$ 910.00
P E 113	Bulk Delivery	Tm	933		\$ 1,492.40
P CE 205	Cement Pump: 4,000 Feet To 5,000 Feet	hrs	4		\$ 2,520.00
P CE 240	Blending and Mixing Service	Sk	305		\$ 427.00
P CE 504	Plug Container	Job	1		\$ 250.00
P S003	Service Supervisor	hrs	8		\$ 175.00

CHEMICAL / ACID DATA:			

SUB TOTAL			
		DLS	\$ 14,533.92
SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL			

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

FIELD SERVICE ORDER NO.

Customer Mand M Exploration, Inc.	Lease No. 2 Bar Ranch o.w.w.o.	Well # 1-31	Date 4-19-12
Field Order # 6-113	Station Pratt, Kansas	Casing 4 1/2 10.5 Lb./Ft.	Depth 4999 Ft.
Type Job C.N.W. - Longstring	Formation Pratt	County Barber	State Kansas
Legal Description 31-335-14W			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 4 1/2 10.5 Lb./Ft.	Tubing Size 4 1/2 10.5 Lb./Ft.	Shots/Ft 275	From 108	To 108	Acid 25 Lb./St. cell	RATE 8.8	PRESS 322	ISIP 108 Cal set
Depth 4999 Ft.	Depth 4999 Ft.	From 108	From 108	To 108	Pre Pad 25 Lb./St. cell	Max 6 Lb./St. Gilsonite		5 Min.
Volume 29.5 Bbl.	Volume 29.5 Bbl.	From 108	From 108	To 108	Pad 6.52 Gal./St.	Min 1.54 CU.F.		10 Min.
Max Press 100 PSI	Max Press 100 PSI	From 108	From 108	To 108	Frac 79.4 Bbl. 28 Clay Max	Avg		15 Min.
Well Connection The Container	Annulus Vol. 30	From 108	From 108	To 108	Flush 79.4 Bbl. 28 Clay Max	HHP Used		Annulus Pressure
Plug Depth 198 Feet	Racker Depth	From 108	From 108	To 108		Gas Volume		Total Load

Customer Representative Alan Vratil	Station Manager David Scott	Treater Clarence R. Messich
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Service Units 37,216	19866	19843	19,960	19,918
Driver Names Messich	Ma	ttal	Phye	

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
4:30					Trucks on location and hold safety meeting.
4:45					Southwind Drilling start to run Auto Fill Float Shoe Joint with Latch Down Baffles screwed into collar and a total of 119 Joints new 10.5 Lb./Ft. 4 1/2" casing. A Basket was installed above Collar #6. A Turbolizer was installed on collars #1, 2, 4, 8, 10, 12, 14 and #16.
8:18	600	3000	Pressure Test	1st 5	Casing in well. Circulate for 45 minutes
	600		7	5	Start mixing 25 sacks AA2 scavenger cement.
	-0-		76		Start mixing 250 sacks AA2 cement.
					Stop pumping. Shut in well. Wash pump and lines. Release Latch Down Plug. Open Well.
8:34	100			6.5	Start 28 Clay max Displacement.
				5	Start to lift cement
8:48	1,000		79.4		Plug down.
	1,700				Pressure up.
					Release pressure. Float Shoe held.
	-0-		7	3	Plug Rat Hole.
					Wash up pump truck.
9:30					Job Complete.
					Thank You
					Clarence, Mitte, Dale

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

June 29, 2012

Michael Austin
M & M Exploration, Inc.
4257 MAIN ST., #230
WESTMINSTER, CO 80031

Re: ACO1
API 15-007-21081-00-01
Z Bar Ranch 1-31 OWWO
SE/4 Sec.31-33S-14W
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,
Michael Austin