



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1086132  
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: \_\_\_\_\_

1086132

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
--	---

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> _____
---	--

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Edison Operating Company LLC
Well Name	Rixon 1-12
Doc ID	1086132

All Electric Logs Run

Dual Induction
Compensated Density
Micro
Sonic



PAGE	CUST NO	INVOICE DATE
1 of 1	1007020	04/03/2012
INVOICE NUMBER		
1718 - 90870523		

Pratt (620) 672-1201  
 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 Rixon 1-12  
 O LOCATION  
 B COUNTY Stafford  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T JOB CONTACT  
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40447736	19905		Net - 30 days	05/03/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 03/30/2012 to 03/30/2012</i>				
0040447736				
171806101A Cement-New Well Casing/Pi 03/30/2012				
Cement 8 5/8" Surface				
A Serv Lite	175.00	EA	10.40	1,819.85
Common Cement	175.00	EA	12.80	2,239.80
Celloflake	88.00	EA	2.96	260.46
Calcium Chloride	789.00	EA	0.84	662.70
"Wooden Cmt Plug, 8 5/8""	1.00	EA	127.99	127.99
"Unit Mileage Chg (PU, cars one way)"	25.00	MI	3.40	84.99
Heavy Equipment Mileage	50.00	MI	5.60	279.98
"Proppant & Bulk Del. Chgs., per ton mil	398.00	EA	1.28	509.40
Depth Charge; 0-500'	1.00	EA	799.93	799.93
Blending & Mixing Service Charge	350.00	BAG	1.12	391.97
Plug Container Util. Chg.	1.00	EA	199.98	199.98
"Service Supervisor, first 8 hrs on loc.	1.00	EA	139.99	139.99

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,517.04
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	0.00
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	7,517.04
DALLAS, TX 75284-1903	MIDLAND, TX 79702		





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 06101 A

12-245-14W

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB 3-30-12		DISTRICT Pratt, Kansas		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 Company, LLC				LEASE Rixon				WELL NO. 1-12	
ADDRESS				COUNTY Stafford		STATE Kansas			
CITY		STATE		SERVICE CREW C. Messick; M. Mattal; J. Pierson					
AUTHORIZED BY				JOB TYPE: C.N.W. - Surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37,216	.75						3-30-12	PM	1:30
						ARRIVED AT JOB		PM	3:00
						START OPERATION		PM	4:00
19903-19,905	.75					FINISH OPERATION		PM	4:45
19,831-19,862	.75					RELEASED	3-30-12	PM	5:00
						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
P CP 106	A Serv Lite Cement	sh	175	\$	2,275 00
P CP 100C	Common Cement	sh	175	\$	2,800 00
P CC 102	Cellflake	Lb	88	\$	325 60
P CC 109	Calcium Chloride	Lb	789	\$	828 45
P CF 153	Wooden Plug, 8 5/8"	ea	1	\$	160 00
P E 100	Pickup Mileage	mi	25	\$	106 25
P E 101	Heavy Equipment Mileage	mi	50	\$	350 00
P E 113	Bult Delivery	tm	398	\$	636 00
P CE 200	Cement Pump; 0 Feet To 500 Feet	hrs	4	\$	1,000 00
P CE 240	Blending and Mixing Service	sh	350	\$	490 00
P CF 504	Plug Container	Job	1	\$	250 00
P S003	Service Supervisor	hrs	8	\$	175 00

SUB TOTAL

DLS \$7,517 04

CHEMICAL / ACID DATA:			

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

TOTAL

SERVICE REPRESENTATIVE *Lawrence R. Messick*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Thyul Sprad*

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.





PAGE	CUST NO	INVOICE DATE
1 of 1	1007020	04/11/2012
INVOICE NUMBER		
1718 - 90876698		

Pratt (620) 672-1201  
 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 Rixon 1-12  
 O LOCATION  
 B COUNTY Stafford  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T  
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40450710	19843		Net - 30 days	05/11/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 04/06/2012 to 04/06/2012</i>				
0040450710				
171805996A Cement-New Well Casing/Pi 04/06/2012 Cement 5 1/2" Longstring				
AA2 Cement	125.00	EA	13.60	1,700.06
60/40 POZ	50.00	EA	9.60	480.02
C-41P	30.00	EA	3.20	96.00
Salt	573.00	EA	0.40	229.21
C-44	118.00	EA	4.12	486.18
FLA-322	59.00	EA	6.00	354.01
Gilsonite	625.00	EA	0.54	335.01
Super Flush II	500.00	EA	1.22	612.02
"Latch Down Plug & Baffle, 5 1/2" (Blue)	1.00	EA	320.01	320.01
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	288.01	288.01
"Turbolizer, 5 1/2" (Blue)"	9.00	EA	88.00	792.03
"Unit Mileage Chg (PU, cars one way)"	25.00	MI	3.40	85.00
Heavy Equipment Mileage	50.00	MI	5.60	280.01
"Proppant & Bulk Del. Chgs., per ton mil	201.00	EA	1.28	257.29
Depth Charge; 4001'-5000'	1.00	EA	2,016.07	2,016.07
Blending & Mixing Service Charge	175.00	BAG	1.12	196.01
Plug Container Util. Chg.	1.00	EA	200.01	200.01
"Service Supervisor, first 8 hrs on loc.	1.00	EA	140.01	140.01

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	8,866.96
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	0.00
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	8,866.96
DALLAS, TX 75284-1903	MIDLAND, TX 79702		





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 05996 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: 4-6-2012 DISTRICT		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: RIXON WELL NO. 1-12							
ADDRESS		COUNTY: STAFFORD STATE: Ks.							
CITY STATE		SERVICE CREW: LESLEY, MARQUEZ, McGRAAW							
AUTHORIZED BY		JOB TYPE: CNW - 5 1/2" L.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37586	4						4-6-12	PM	8:30
19889-19843	4					ARRIVED AT JOB	4-6-12	AM	10:00
19826-19860	4					START OPERATION		AM	10:30
						FINISH OPERATION		AM	2:30
						RELEASED		AM	3:15
						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: Bob Kasper  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 CMT.	SK	125		2,125.00
CP 103	600/40 P02	SK	50		600.00
CC 105	C-41P	lb	30		120.00
CC 111	SALT	lb	573		286.50
CC 115	C-44	lb	118		607.70
CC 129	FLA-322	lb	59		472.50
CC 201	GILSONITE	lb	625		418.75
CF 1007	LATCH DOWN PLUG & ASSEMBLY, 5 1/2"	EA	1		400.00
CF 1251	AUTO FILL FLOAT SHOE, 5 1/2"	EA	1		360.00
CF 1651	TURBOLIZER 5 1/2"	EA	9		990.00
CC 155	SUPERFLUSH 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	201		322.00
PE 205	DEPTH CHARGE, 4000'-5000'	HR	1.4		2,520.00
PE 240	BLENDING SERVICE CHARGE	SK	175		245.00
PE 504	PLUG CONTAINER CHARGE	JOB	1		250.00
S 003	SERVICE SUPERVISOR	EA	1		175.00

SUB TOTAL 96  
PLS 8,860

CHEMICAL / ACID DATA:			

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

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



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

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

Re: ACO1  
API 15-185-23737-00-00  
Rixon 1-12  
SE/4 Sec.12-24S-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



energy services, L.P.  
 EDISON OPER.  
 RIXON  
 Lease # 1-12  
 Well #  
 Lease No.  
 Customer  
 Date 4-6-2012

**TREATMENT REPORT**

Field Order # Pratt, KS  
 Station #  
 Casing 5 1/2"  
 Depth  
 County STAFFORD  
 State KS  
 Type Job GND-5 1/2" 7.5'  
 Formation 4223'  
 Legal Description 12-24-14

PIPE DATA		PERFORMING DATA		FLUID USED		TREATMENT RESUME	
Tubing Size	Shots/Ft	Acid	Pre Pad	Max	Rate	Press	ISIP
5/8" x 10.5"	CHT-	155SSKS, AA-2	100 BBL	SS = 14.411'			
Depth	From	Pad	Min	10 Min.			
Volume	From	Volume	Avg	15 Min.			
Max Press	From	Frac	HHP Used	Annulus Pressure			
Well Connection	From	Annulus Vol.	Gas Volume	Total Load			
Plug Depth	From	Flush					

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

Service Units	Driver Names	Time
37586	LESLEY	10:30AM
19829	MARKEZ	11:30AM
19843	MARKEZ	1:00PM
19826	MARKEZ	1:05PM
19800	MARKEZ	1:57PM

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:30AM					ONLOCATION - SAFETY MEETING
11:30AM					RUN LOGS. 5 1/2" x 15.5" CSG.
					TURBO - 1, 2, 3, 4, 5, 7, 9, 11, 13
					CSG. ON BOTTOM
					HOOK UP TO CSG. / BREAK CIRC. w/ RIG
1:05PM	300	5	5	6	H2O AHEAD
2:06PM	300	12	5	6	SURFLUSH II
2:08PM	300	5	5	6	H2O SPUR
2:09PM	250	30	6	6	MIX 155SSKS, AA-2 @ 15.3PPG
2:14PM					WASH PUMP LINE / PROP L.D. PLUG
2:16PM	0	0	7	6	START DISPLACEMENT
2:26PM	300	70	6	6	LIFT PRESSURE
2:30PM	500	90	5	5	SLOW RATE
2:38PM	1500	100	4	4	PLUG DOWN - HEAD
					CIRC. TRU JOB
					PLUG R.H.
					JOB COMPLETE
					THANKS -
					KEN LESLEY



energy services, L.P.  
 EDISON OPER.  
 RIXON  
 Lease No. 4-6-2012

**TREATMENT REPORT**

Customer: EDISON OPER. Lease No. 4-6-2012  
 Lease: RIXON  
 Field Order #: 1-12  
 Station: Pratt, KS  
 Casing: 5 1/2" Depth: STAFFORD County: KS State: KS  
 Type Job: GND-5 1/2" 7.5' Formation: 4003' Legal Description: 12-24-14

PIPE DATA		PERFORMING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	5 1/2 x 15.5	Tubing Size	CHT - 155SKS, AA-2	Acid		RATE	ISIP
Depth	17200'	From	To	Pre Pad	Max SS = 14.71'	5 Min.	
Volume	100 BBL	From	To	Pad		10 Min.	
Max Press	1500	From	To	Frac		15 Min.	
Annulus Vol.		From	To	HHP Used		Annulus Pressure	
Packer Depth	4207'	From	To	Flush	100 BBL	Gas Volume	Total Load

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

Service Units	Driver Names
37586	LESLEY
19889	MARKEZ
19843	MARKEZ
19826	
19800	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:30AM					ONLOCATION - SAFETY MEETING
11:20AM					RUN LOGS. 5 1/2" x 15.5" CSA.
					TURBO - 1, 2, 3, 4, 5, 7, 9, 11, 13
1:00PM					CSG. ON BOTTOM
1:05PM					HOOK UP TO CSA / BREAK CIRC. w/ RIG
2:05PM	300		5	6	H2O AHEAD
2:06PM	300		12	6	SURFLUSH II
2:08PM	300		5	6	H2O SPACER
2:09PM	250		30	6	MIX 155SKS, AA-2 @ 15.3PPG
2:14PM					WASH PUMP LINE / PROP L.D. PLUG
2:16PM	0		0	7	START DISPLACEMENT
2:26PM	300		70	6	LIFT PRESSURE
2:30PM	500		90	5	SLWD RATE
2:38PM	1500		100	4	PLUG DOWN - HEAD
					CIRC. TRAP JOB
					PLUG R.H.

JOB COMPLETE,  
 THANKS -  
 KEVEN LESLEY



