



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1091342
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: _____

1091342

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)*

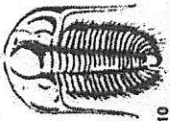
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____	PRODUCTION INTERVAL: _____ _____
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4710

TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 46970

Well Name & No. Boles #1 Test No. 1 Date 7-10-12
 Company Inka-Carmi Development LLC Elevation 1875 KB 1862 GI
 Address P.O. Box 847 Pratt, KS 67124-0847
 Co. Rep./Geo. Dave Williams Rig Minnesab 101 State KS
 Location: Sec. 10 Twp. 27 S Rge. 12 W Co. Pratt

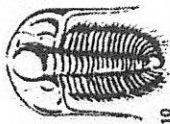
Interval Tested 3722-3764 Zone Tested Lansing "B-C"
 Anchor Length 42' Drill Pipe Run 3716 Mud Wt. 9.2
 Top Packer Depth 3717 Drill Collars Run Ø Vis 52
 Bottom Packer Depth 3722 Wt. Pipe Run Ø WL 14
 Total Depth 3764 Chlorides 13000 ppm System LCM 1/2 #
 Blow Description IF: Strong blow. B.O.B. 6 min. No GTS FSI: No blow

FF: Strong blow. B.O.B. 30 sec. No GTS
FSI: No blow
 Rec 275 Feet of GIP 100 %gas %oil %water %mt
 Rec 50 Feet of SLI 60cm %gas 1 %oil 3 %water 96 %mt
 Rec _____ Feet of _____ %gas _____ %oil _____ %water _____ %mt
 Rec _____ Feet of _____ %gas _____ %oil _____ %water _____ %mt
 Rec _____ Feet of _____ %gas _____ %oil _____ %water _____ %mt

Rec Total 325 BHT 115 Gravity N/C API RW N/C @ N/C °F Chlorides 13000 pf
 (A) Initial Hydrostatic 1845 Test 1150 T-On Location 16:42
 (B) First Initial Flow 19 Jars 250 T-Started 17:56
 (C) First Final Flow 26 Safety Joint 75 T-Open 19:58
 (D) Initial Shut-In 642 Circ Sub _____ T-Pulled 22:21
 (E) Second Initial Flow 31 Hourly Standby _____ T-Out 01:12
 (F) Second Final Flow 51 Mileage 25rt 38.75 Comments _____
 (G) Final Shut-In 501 Sampler _____
 (H) Final Hydrostatic 1749 Straddle _____

Initial Open 30 Ruined Shale Packer
 Initial Shut-In 45 Ruined Packer
 Final Flow 30 Extra Copies
 Final Shut-In 45 Extra Recorder
 Sub Total 1513.75 Sub Total 0
 Total 1513.75 MP/DST Disc't _____

Approved By _____ Our Representative Ryan Reynolds
 Trilobite Testing Inc. shall not be liable for damaged 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 statements or opinion concerning the results 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.



TRIOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 46971

4/10

Well Name & No. Bolen #1 Test No. 2 Date 7-11-12
 Company Juka-Carmi Development LLC Elevation 1875 KB 1862 GL
 Address P.O. Box 847 Pratt, KS 67124-0847
 Co. Rep / Geo. Dave Williams Rig Ninnescah 101
 Location: Sec. 10 Twp. 27s Rge. 12w Co. Pratt State KS

Interval Tested 3840-3873 Zone Tested Kansas City "H+I"
 Anchor Length 33' Drill Pipe Run 3840 Mud Wt. 9.0
 Top Packer Depth 3835 Drill Collars Run Ø Vis 53
 Bottom Packer Depth 3840 Wt. Pipe Run Ø WL 16.0
 Total Depth 3873 Chlorides 16000 ppm System LCM Ø
 Blow Description FF: Strong blow. B.O.B. 22 min. ISF: No blow

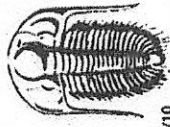
FF: Weak - Strong blow. 1/4" - B.O.B. 34 min.
ISF: No blow

Rec	Feet of	%gas	%oil	%water	%mud
Rec	<u>420'</u>				
Rec	<u>60'</u>	<u><1</u>	<u>64</u>	<u>35</u>	<u>35</u>
Rec	<u>300'</u>	<u><1</u>	<u>90</u>	<u>10</u>	<u>10</u>
Rec					
Rec					

Rec Total 420 BHT 125 Gravity N/C API RW 05 @ 77 ° F Chlorides 160000 ppm
 (A) Initial Hydrostatic 1917 Test 1150 T-On Location 1400
 (B) First Initial Flow 20 Jars 250 T-Started 1406
 (C) First Final Flow 116 Safety Joint 75 T-Open 1620
 (D) Initial Shut-In 1299 Circ Sub Ø T-Pulled 1950
 (E) Second Initial Flow 119 Hourly Standby Ø T-Out 2234
 (F) Second Final Flow 198 Mileage 38.75 Comments _____
 (G) Final Shut-In 1291 Sampler Ø
 (H) Final Hydrostatic 1756 Straddle Ø

Initial Open 45 Ruined Shale Packer
 Initial Shut-In 60 Ruined Packer
 Final Flow 45 Extra Copies
 Final Shut-In 60 Extra Recorder
 Sub Total 1513.75 Total 1513.75
 MP/DST Disc't _____

Approved By Ryger Reynolds Our Representative
 Triobite Testing Inc. shall not be liable for damaged or lost 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 statements or opinion concerning the results 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.



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 46972

4/10

Well Name & No. Bolen #1 Test No. 3 Date 7-12-12
 Company Inka-Carm Development LLC Elevation 1875 KB 1862 GL
 Address P.O. Box 847 Pratt, KS 67124-0847
 Co. Rep / Geo. Dave Williams Rig Minnescah 101
 Location: Sec. 10 Twp. 27 s Rge. 13 w Co. Pratt State KS

Interval Tested 3960-3980 Zone Tested Kansas City "Swape" Mud Wt. 9.1
 Anchor Length 20' Drill Pipe Run 39637 Vis 50
 Top Packer Depth 3955 Drill Collars Run Ø WL 12.0
 Bottom Packer Depth 3960 Wt. Pipe Run Ø LCM Ø
 Total Depth 3980 Chlorides 14000 ppm System

Blow Description FF: Strong blow. B.O.B. 2 min
ISI: Weak blowback 1/4" - surface. Dead in 30 min.
FF: Strong blow. B.O.B. 2 min. No GTS
FSI: Weak blowback 2" - surface throughout

Rec	3590	Feet of	GIP	%gas	%oil	%water	%mud
Rec	50	Feet of	GOM	100	10	80	
Rec		Feet of		%gas	%oil	%water	%mud
Rec		Feet of		%gas	%oil	%water	%mud
Rec		Feet of		%gas	%oil	%water	%mud

Rec Total 3640 BHT 120 Gravity W/C API RW W/C @ 14000 F Chlorides 1145 ppm
 (A) Initial Hydrostatic 1954 Test 1150 T-On Location 1145
 (B) First Initial Flow 14 Jars 250 T-Started 1150
 (C) First Final Flow 22 Safety Joint 75 T-Open 1451
 (D) Initial Shut-In 903 Circ Sub Ø T-Pulled 1805
 (E) Second Initial Flow 24 Hourly Standby Ø T-Out 2021
 (F) Second Final Flow 31 Mileage 38.75 Comments
 (G) Final Shut-In 1119 Sampler Ø
 (H) Final Hydrostatic 1844 Straddle Ø Shale Packer Ø
 Ruined Shale Packer Ø
 Ruined Packer Ø
 Extra Copies Ø
 Sub Total 0
 Total 1513.75
 MP/DST Disc't Ø

Initial Open 45
 Initial Shut-In 45
 Final Flow 45
 Final Shut-In 60
 Our Representative [Signature]
 Sub Total 1513.75
 Accessibility Ø
 Day Standby Ø
 Extra Recorder Ø
 Extra Packer Ø
 Shale Packer Ø
 Straddle Ø
 Sampler Ø
 Hourly Standby Ø
 Circ Sub Ø
 Safety Joint 75
 Jars 250
 Test 1150
 Gravity W/C API RW W/C @ 14000 F Chlorides 1145 ppm

Approved By [Signature]
 Trilobite Testing Inc. shall not be liable for damaged 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 statements or opinion concerning the results 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.

Test Ticket

NO. 46973

1733 • Hays, Kansas 67601

Name & No. Bolea #1 Test No. 4 Date 7-13-12
 Company Inka-Carmi Development LLC Elevation 1875 KB 1862 GL
 Address P.O. Box 847 Pratt, KS 67124-0847
 Co. Rep / Geo. Dave Williams Rig Minneskah 101
 Location: Sec. 10 Twp. 27s Rge. 12w Co. Pratt State KS

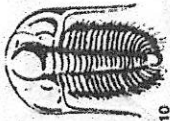
Interval Tested 3877-3908 Zone Tested Kansas City "I"
 Anchor Length 31' Drill Pipe Run 3865 Mud Wt. 9.1+
 Top Packer Depth 3872-3877 Drill Collars Run Ø Vis 51
 Bottom Packer Depth 3908 Wt. Pipe Run Ø WL 12.0
 Total Depth 4102 Chlorides 15000 ppm System LCM Ø
 Blow Description FF=Weak blow. 1/4" - 1 1/2" ISI=No blow

FF=Weak blow. surface blow throughout
ISI=No blow
 ec 60 Feet of GIP %gas %oil %water %mud
 ec 50 Feet of GoCM %gas 10 %oil %water 90 %mud
 ec %gas %oil %water %mud
 ec %gas %oil %water %mud
 ec %gas %oil %water %mud

ec Total 110 BHT 118 Gravity NCC API RW NCC @ NCC Chlorides 15000 ppm
 i) Initial Hydrostatic 1921 Test 1150 T-On Location 0945
 i) First Initial Flow 16 Jars 250 T-Started 1009
 i) First Final Flow 27 Safety Joint 75 T-Open 1315
 i) Initial Shut-In 1183 Circ Sub T-Pulled 1615
 i) Second Initial Flow 29 Hourly Standby T-Out 1842
 i) Second Final Flow 40 Mileage 38.75 Comments
 i) Final Shut-In 1120 Sampler
 i) Final Hydrostatic 1810 Straddle 600

Shale Packer Ruined Shale Packer
 Extra Packer Ruined Packer
 Extra Recorder Extra Copies
 Day Standby Sub Total 0
 Accessibility Total 2113.75
 Sub Total 2113.75 MP/DST Disc't

Approved By _____ Our Representative Ryan Reynolds
 White Testing Inc. shall not be liable for damaged 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 statements or opinion concerning the results 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.



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 46974

4/10

Well Name & No. Bolen #1 Test No. 5 Date 7-14-12
 Company Tanka-Carnal Development LLC Elevation 1875 KB 1862 GL
 Address P.O. Box 847 Pratt, KS 67124-0847
 Co. Rep/Geo. Dave Williams Rig Ninassah 101
 Location: Sec. 10 Twp. 27s Rge. 12w Co. Pratt State KS

Interval Tested 4134-4220 Zone Tested Miss. "OSAGE" Mud Wt. 9.2
 Anchor Length 86' Drill Pipe Run 4133 Vis 51
 Top Packer Depth 4129 Drill Collars Run Ø WL 12.0
 Bottom Packer Depth 4134 Wt. Pipe Run Ø LCM Ø #
 Total Depth 4220 Chlorides 15^{0.25} ppm System
 Blow Description IF: Weak blow. 1/4" - 3 1/2" ISI: No blow

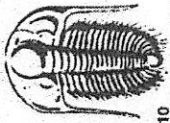
FF: Fair-Weak blow. 4" - 1 1/2"
FSI: No blow

Rec	Feet of	%gas	%oil	%water	%mud
Rec	<u>60</u>				
Rec	<u>15</u>				
Rec					
Rec					
Rec					

Rec Total 75 BHT 119 Gravity NCC API RW NCC @ NYE °F Chlorides 15^{0.25} ppm
 (A) Initial Hydrostatic 1984 Test 1250 T-On Location 0445
 (B) First Initial Flow 61 Jars 250 T-Started 0504
 (C) First Final Flow 72 Safety Joint 75 T-Open 0814
 (D) Initial Shut-In 124 Circ Sub Ø T-Pulled 1120
 (E) Second Initial Flow 13 Hourly Standby Ø T-Out 1332
 (F) Second Final Flow 22 Mileage 38.75 Comments
 (G) Final Shut-In 55 Sampler Ø
 (H) Final Hydrostatic 1939 Straddle Ø

Initial Open 30 Ruined Shale Packer
 Initial Shut-In 45 Ruined Packer
 Final Flow 60 Extra Copies
 Final Shut-In 60 Sub Total 0
 Sub Total 1613.75 Total 1613.75
 MP/DST Disc'l _____

Approved By _____ Our Representative Ryan Kaye
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TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 46975

4/10

Well Name & No. Bolen #1 Test No. 6 Date 7-15-12
 Company Inka-Carmi Development LLC Elevation 1875 KB 1862 GL
 Address P.O. Box 847 Pratt, KS 67124-0847
 Co. Rep / Geo. Dave Williams Rig Ninneseah 101
 Location: Sec. 10 Twp. 27s Rge. 12w Co. Pratt State KS

Interval Tested 4292-4361 Zone Tested Viola Mud Wt. 9.1*
 Anchor Length 69' Drill Pipe Run 1280 Vis 85
 Top Packer Depth 4287 Drill Collars Run Ø WL 12.0
 Bottom Packer Depth 4292 Wt. Pipe Run Ø LCM 3#
 Total Depth 4361 Chlorides 13000 ppm System

Blow Description IF: Weak blows '1/2" - Dead in 27 min IFI: No blow

IF: No blow. Flushed tool 10 min. into. Weak blows '1/4" - surface
IFI: No blow

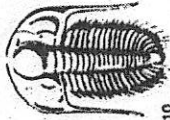
sec	Feet of	Dchg mud	%gas	%oil	%water	%mud
sec	Feet of		%gas	%oil	%water	%mud
sec	Feet of		%gas	%oil	%water	%mud
sec	Feet of		%gas	%oil	%water	%mud
sec	Feet of		%gas	%oil	%water	%mud

sec Total 75 BHT 121 Gravity N/C API RW N/C @ N/C F Chlorides 13000 ppm
 A) Initial Hydrostatic 2143 Test 1250 T-On Location 0500
 B) First Initial Flow 36 Jars 250 T-Started 0527
 C) First Final Flow 42 Safety Joint 75 T-Open 0736
 D) Initial Shut-In 437 Circ Sub _____ T-Pulled 1005
 E) Second Initial Flow 38 Hourly Standby _____ T-Out 1212
 F) Second Final Flow 49 Mileage 38.75 Comments _____
 G) Final Shut-In 224 Sampler _____
 H) Final Hydrostatic 2017 Straddle _____

Initial Open 30 Ruined Shale Packer
 Initial Shut-In 45 Ruined Packer
 Final Flow 30 Extra Copies
 Final Shut-In 45 Sub Total 0
 Total 1613.75
 MP/DST Disc't _____

Sub Total 1613.75

Approved By _____ Our Representative Ryan Reynolds
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TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 49526

4/70

Well Name & No. Bolea #1 Test No. 7 Date 7-16-12
 Company Tuka-Carmi Development LLC Elevation 1875 KB 1862 GL
 Address P.O. Box 847 Pratt, KS 67124-0847
 Co. Rep / Geo. Dave Williams Rig Ninnescah 101 State KS
 Location: Sec. 10 Twp. 27s Rge. 12w Co. Pratt

Interval Tested 4432-4478 Zone Tested Simpson Sand Mud Wt. 9.2
 Anchor Length 46' Drill Pipe Run 4436 Vis 72
 Top Packer Depth 4427 Drill Collars Run Ø WL 13.8
 Bottom Packer Depth 4432 Wt. Pipe Run Ø ppm System 3#
 Total Depth 4478 Chlorides 11200 LCM 3#

Blow Description JFE Weak-Fair blow 1/4"-6" ISI: No blow

JFE Weak-Fair blows surfs - 5"

FST: No blow

Rec	Feet of	Mud	%gas	%oil	%water	%mud
Rec 120	Feet of	Mud			100	%mud
Rec 190	Feet of	MSW		60	40	%mud
Rec	Feet of					%mud
Rec	Feet of					%mud
Rec	Feet of					%mud

Rec Total 310 BHT 127 Gravity N/C API RW -14 @ 79.1 F Chlorides 480000 ppm
 (A) Initial Hydrostatic 2263 Test 1250 T-On Location 0200
 (B) First Initial Flow 45 Jars 250 T-Started 0211
 (C) First Final Flow 90 Safety Joint 75 T-Open 0425
 (D) Initial Shut-In 1360 Circ Sub Ø T-Pulled 0735
 (E) Second Initial Flow 96 Hourly Standby Ø T-Out 0957
 (F) Second Final Flow 134 Mileage 38.75 Comments _____
 (G) Final Shut-In 1287 Sampler Ø
 (H) Final Hydrostatic 2125 Straddle Ø

Initial Open 45 Ruined Shale Packer
 Initial Shut-In 45 Ruined Packer
 Final Flow 45 Extra Copies
 Final Shut-In 45 Sub Total 0
 Total 1613.75
 MP/DST Disc't _____

Approved By _____ Our Representative Ryan Reynolds
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ALLIED OIL & GAS SERVICES, LLC 053830

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Med Lodge KS

DATE	07/07/2012	SEC.	10	TWP.	27-s	RANGE	12-w	CALLED OUT	ON LOCATION	JOB START	JOB FINISH	
LEASE	<u>Bolen</u>	WELL#	<u>1-10</u>	LOCATION				<u>Pratt KS, East to 704 Aic, East side</u>	COUNTY	<u>Pratt</u>	STATE	<u>KS</u>
OLD OR NEW	<u>(NEW)</u> (Circle one)	of Truck wash, North 4 1/2 mi, West into										

CONTRACTOR Minnescah #101

OWNER Tika-Carni Development

TYPE OF JOB Su-face

HOLE SIZE 12 1/4 T.D. 706

CASING SIZE 8 5/8 DEPTH 701

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 300 MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 204

PERFS.

DISPLACEMENT 43 1/4 ✓ fresh H₂O

EQUIPMENT

PUMP TRUCK CEMENTER Jason Thirnech

360/265 HELPER Ron Galleck

BULK TRUCK

381/250 DRIVER Troy Leatz

BULK TRUCK # DRIVER

REMARKS:

Did Circ Cement

Thank you

CHARGE TO: Tika-Carni Development

STREET

CITY STATE ZIP

CEMENT
AMOUNT ORDERED 225x @ 65' 35: 6% Gel + 3% cc + 1/4 # flo seal, 100x Class A + 3% cc + 2% Gel

COMMON Class A 100x @ 16.25 16.25

POZ MIX @ 2.125 42.50

GEL @ 5.820 640.20

CHLORIDE @

ASC @

ALVLC Type I Class A 225x @ 15 3375

flo seal 5 @ 2.70 151.20

HANDLING 366.85 @ 2.10 770.38

MILEAGE 15.63x 40 X 2.35 1469.22

TOTAL 8073.50

SERVICE

DEPTH OF JOB 701

PUMP TRUCK CHARGE 1505.95

EXTRA FOOTAGE @

MILEAGE 40 @ 7 280

MANIFOLD + head @ 200

LV 40 @ 4 160

TOTAL 2145.95

PLUG & FLOAT EQUIPMENT

858

Rubber Pks 1 @ 112

TOTAL 112

SALES TAX (if Any) _____

TOTAL CHARGES 910,331.45

DISCOUNT 200/3200.29 IF PAID IN 30 DAYS

PRINTED NAME _____

SIGNATURE

Edward R. Sany

10478205.16



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 06708 A

DATE _____ TICKET NO. _____

DATE OF JOB 7-18-12	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 Pratt Well Service	LEASE Boyer	SERVICE CREW Orlando Mcbride Person					WELL NO. 1-10
ADDRESS Pratt Well Service	COUNTY Pratt	STATE KS					
CITY	STATE						
AUTHORIZED BY	EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 7-17-12 6:30
87283							ARRIVED AT JOB 7-17-12 AM 8:30
19903-19905		1					START OPERATION AM 11:00
19900-21010		1					FINISH OPERATION AM 19:00
							RELEASED AM 1:00
							MILES FROM STATION TO WELL 10

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
CP104	50/50 Poz	SK	150		1650.00
CP103	60/40 Poz	SK	50		600.00
CL102	cellulose	LB	38		140.60
CL113	64psum	LB	630		472.50
CL114	FLA-322	LB	63		472.50
CL201	bitsumite	LB	750		502.50
CL700	Potassium Chloride	LB	346		519.00
CF102	Top Rubber Plug H/L	EA	1		80.00
CF250	guide shoe 4 1/2	EA	1		225.00
CF1450	Flapper Type E-Insert Slant Valve H/L	EA	1		200.00
CF1650	Turbulator H/L	EA	5		425.00
CF704	KCL Substitute	BA	5		175.00
CF151	Prod Flush	BA	500		430.00
FI00	Pickup Mileage	MI	10		42.50
FI01	Heavy Equipment Mileage	MI	20		140.00
FI13	Bulk Diesel	TR	85		135.20
CF205	Depth Charge HMM-5000	EA	1		2520.00
CF240	Purifying & treating	SK	200		280.00
CF504	Plus Continer	EA	1		250.00
5003	Service Supervisor	EA	1		175.00
CHEMICAL / ACID DATA:				SUB TOTAL	7076.10
				DLS	
				%TAX ON \$	
				%TAX ON \$	
				TOTAL	

SERVICE REPRESENTATIVE: Steve Orlando THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Orlando Mcbride
FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

BASIC

energy services, L.P.

TREATMENT REPORT

Customer Pratt Well Service	Lease No. 1-10	Date 7-18-12
Lease Boleo	Well #	County Pratt
Field Order # 6708	Station Pratt	State KS
Type Job CNU-440 L.S.	Casing 10.8	Depth 2106
	Formation	Legal Description 10-27-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME			
Casing Size	Tubing Size	Shots/Ft	From	To	Acid	Pre Pad	Rate	PRESS	ISIP
1106	Depth	From	From	To	150svs 50/50poz	1.35 yld	Max		5 Min.
Volume	Volume	From	From	To	60svs 60/40poz	60/40	Min		10 Min.
Max Press	Max Press	From	From	To	frac KH/KA		Avg		15 Min.
Well Connection	Annulus Vol.	From	From	To			HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	From	To	Flush	64.8	Gas Volume		Total Load

Customer Representative: David E. Scott Station Manager: Steve Orlando Treater: Steve Orlando

Service Units	Driver Names	Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:30 AM							Run 107 50/50 Poz casing
9:30 AM							Safety meeting Truitts on location
							Conditioners 1-3-7-9-11
							Casing on Bottom - Break Circ w/lig
11:30			300		12	5	Mud Slur
11:50			300		3	5	H2O spacer
11:53			300		36	5	mit 150svs 50/50 poz 14"/601
							Shut Down - Check Pump & KOP
							Release plug
11:45			0		0	6	Start H2O Displacement w 290KCL
11:53			300		40	5	lift pressure
11:57			500		58	4	Slow Rate
12:00 AM			1500		65	4	Plug Down - Hold
					64		Plug KH/KA w/60/40 poz
							Sub Complete
							Travis, Steve

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

August 22, 2012

Kenneth C. Gates
Iuka-Carmi Development LLC
PO BOX 847
PRATT, KS 67124-0847

Re: ACO1
API 15-151-22394-00-00
Bolen 1
SE/4 Sec.10-27S-12W
Pratt 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,
Kenneth C. Gates