



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1093589  
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: \_\_\_\_\_



1093589

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

<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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# ALLIED OIL & GAS SERVICES, LLC 053836

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
*Medicine Lodge, KS*

DATE <i>07/27/2012</i>	SEC. <i>26</i>	TWP. <i>33s</i>	RANGE <i>15w</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Z-Bar</i>	WELL # <i>26-4</i>		LOCATION <i>Deerhead/Active Rd. South to Cottage Creek</i>		COUNTY <i>Barber</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one) <u>NEW</u>			East 4th to telephone pole, North 3rd, West at Y, follow Road to rig.				
CONTRACTOR <i>Southwind 70</i>			OWNER <i>M+M Expl</i>				

TYPE OF JOB <i>Surface</i>	TD. <i>300</i>
HOLE SIZE <i>17 1/2</i>	DEPTH <i>298.88</i>
CASING SIZE <i>13 3/8</i>	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <i>18</i>	
PERFS.	
DISPLACEMENT <i>43 bbls fresh H2O</i>	

PUMP TRUCK # <i>47/302</i>	CEMENTER <i>Jason Thimerch 1</i>
BULK TRUCK # <i>42/</i>	HELPER <i>Brett Goins 2</i>
BULK TRUCK #	DRIVER <i>Scott P 3</i>
BULK TRUCK #	DRIVER

REMARKS:  
*Did circ cement*

CHARGE TO: *M+M Expl*

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

To: Allied Oil & Gas Services, 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 *Chase Thomas*

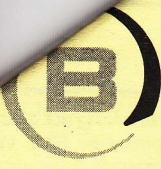
SIGNATURE *[Signature]*

CEMENT		
AMOUNT ORDERED	<i>135 ex 65:35:6% Gel + 3% cc + 4 # Flaseal, 100 ex Class A + 3% cc + 2% Cocl</i>	
COMMON	<i>Class A 100 ex @ 16.25</i>	<i>1625.00</i>
POZMIX	@	
GEL	<i>2 ex @ 21.25</i>	<i>42.50</i>
CHLORIDE	<i>8 ex @ 58.20</i>	<i>465.60</i>
ASC	@	
Allied lightweight cement Type 1 Class 150	<i>15 ex @ 15.00</i>	<i>202.50</i>
Flaseal	<i>34 bbl @ 2.70</i>	<i>91.80</i>
	@	
	@	
	@	
	@	
	@	
HANDLIN	<i>258.36 c4ft @ 2.10</i>	<i>542.55</i>
MILEAGE	<i>1135 tons x 40 mi x 2.35</i>	<i>1067.68</i>
		<i>454.07</i>
TOTAL		<i>5859.53</i>

SERVICE		
DEPTH OF JOB	<i>298</i>	
PUMP TRUCK CHARGE		<i>1125</i>
EXTRA FOOTAGE	@	
MILEAGE	<i>40 @ 7</i>	<i>280.00</i>
MANIFOLD	@	
<i>LV 40</i>	<i>@ 4</i>	<i>160.00</i>
	@	
TOTAL		<i>1565.00</i>

PLUG & FLOAT EQUIPMENT		
	@	
	@	
	@	
	@	
	@	

TOTAL		
SALES TAX (If Any)	<i>310.24</i>	
TOTAL CHARGES	<i>7424.53</i>	
DISCOUNT	<i>20% 1484.91</i>	IF PAID IN 30 DAYS
NET		<i>5939.62</i>



**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 06739 A

26-335-15W

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

DATE OF JOB: 8-6-12	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: Mand M Exploration, Inc.	LEASE: Z Bar	WELL NO: 26-11					
ADDRESS:	COUNTY: Barber	STATE: Kansas					
CITY:	CITY:	STATE:					
AUTHORIZED BY:	SERVICE CREW: C, Messick; J, McKon; M, Lawrence						
JOB TYPE: C N W - Longstring							

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
37,216	1.25						8-5-12			5:30
						ARRIVED AT JOB	8-5-12			9:30
33,708-20920	1.25					START OPERATION	8-6-12			5:30
						FINISH OPERATION	8-6-12			6:45
19,959-19,860	1.25					RELEASED	8-6-12			7:00
						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	
CP 105	AA 2 Blend Cement	slr	275		\$ 4,675 00	
CP 105	AA 2 Blend Cement	slr	50		\$ 850 00	
CC 102	Cellplate	Lb	82		\$ 303 40	
CC 111	Salt	Lb	1,769		\$ 884 50	
CC 113	Gypsum	Lb	1,530		\$ 1,147 50	
CC 129	FLA 322	Lb	245		\$ 1,837 50	
CC 201	Gilsonite	Lb	1,950		\$ 1,306 00	
CF 606	Latch Down Plug and Baffle, 4 1/2"	ea	1		\$ 370 00	
CF 1250	Auto Fill Float Shoe, 4 1/2"	ea	1		\$ 330 00	
CF 1650	Turbolizer, 4 1/2"	ea	8		\$ 680 00	
CF 1900	Basket, 4 1/2"	ea	1		\$ 270 00	
C 704	Claymax	Gal	4		\$ 140 00	
E 100	Pickup Mileage	mi	65		\$ 276 25	
E 101	Heavy Equipment Mileage	mi	130		\$ 910 00	
E 113	Bulk Delivery	tm	995		\$ 1,591 80	
CE 206	Cement Pump: 5,000 Feet To 6,000 Feet	hrs.	4		\$ 2,880 00	
CE 240	Blending and Mixing Service	slr	325		\$ 455 00	
CE 504	Plug Container	Job	1		\$ 250 00	
S 003	Service Supervisor	hrs	8		\$ 175 00	
CE 503	High Head	Job	1		\$ 300 00	
					SUB TOTAL	\$ 14,723 89
						\$
					SERVICE & EQUIPMENT	%TAX ON \$
					MATERIALS	%TAX ON \$
					TOTAL	14,723 89

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		14,723 89

SERVICE REPRESENTATIVE: Arno R. M. ... THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: ...

FIELD SERVICE ORDER NO. \_\_\_\_\_

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer Mand M Exploration, Inc.	Lease No.	Date 8-6-12			
Lease Z Bar	Well # 26-11				
Field Order # 6739	Station Pratt, Kansas	Casing 12 10.5 lb	Depth 5148 Feet	County Barber	State Kansas
Type Job C.N.W. - Longstring	Formation	Legal Description 26-335-15W			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
4 1/2" 10.5 lb/ft	5 1/8" 11.3 lb/ft	275		25 sacks AA-2 with 1.88 lb. fluid loss, 10 lb. salt, 1.54 cu. ft. gel	5	100	5 Min.	
Depth 5148 Feet	Depth	From	To	Pre Pad 25 lb. 15K Cellflite	Max	6 lb. / sh. Gilsonite		
Volume 81.9 Bbl.	Volume	From	To	Pad 14.8 lb. / Gal. 6.52 Gal. / sh.	Min	1.54 CU. F	10 Min.	
Max Press 5126.5 Feet	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection Plug container	Annulus Vol.	From	To		HHP Used	Annulus Pressure		
Plug Depth 5126.5 Feet	Packer Depth	From	To	Flush 81.5 Bbl. 28 KCL	Gas Volume	Total Load		

Customer Representative Chase Thomas	Station Manager David Scott	Treater Clarence R. Messich
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Service Units	37,216	33,708	20,926	19,959	19,860				
Driver Names	Messich	Molson	Lawrence						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:30					Trucks on location and hold safety meeting.
1:00					Southwind Drilling start to run Auto-Fill Guide Shoe, Shoe Joint with Latch Down Baffle screwed into collar and a total of Joints new 10.5 lb/ft 4 1/2" casing, A Basket was installed above collar # 8. A Turbolizer was installed on Collars # 2, 4, 6, 8, 11, 13, 15 and # 17.
4:30					Casing in well. Circulate for 1 Hour.
5:30		2,000			Shut in well. Pressure Test. Open well.
5:33	300			5	Start 25 sacks Scavenger cement.
	300		7	5	start 250 sacks AA-2 cement.
	-0-		76		Stop pumping. Shut in well. Wash pump and lines. Release Latch Down Plug. Open Well.
5:55	100			6.5	Start 28 KCL Displacement.
			45	5	Start to lift cement.
6:08	1,100		81.5		Plug Down.
	1,600				Pressure up.
					Release pressure. Float Shoe held.
	-0-		7.8	3	Plug Rat and Mouse holes.
					Wash up pump truck.
7:00					Job Complete.
					Thank You.
					Clarence, Joe, Milte

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  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

November 09, 2012

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

Re: ACO1  
API 15-007-23912-00-00  
Z Bar 26-11  
SW/4 Sec.26-33S-15W  
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