



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1093651
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: _____



1093651

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: 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: _____ _____ |
|--|---|---|



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 06421 A

DATE _____ TICKET NO. _____

| DATE OF JOB: 8-11-12 | | 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: M & M EXPLORATION | | | | LEASE: Davis Ranch owned | | | | 1-22 WELL NO.: | | | | | | | |
| ADDRESS: | | | | COUNTY: Barber | | | | STATE: KS | | | | 1 | | | |
| CITY: | | | | STATE: | | | | SERVICE CREW: Mike & Brett - Joe | | | | | | | |
| AUTHORIZED BY: | | | | JOB TYPE: 4 1/2 LS CNW | | | | | | | | | | | |
| EQUIPMENT# | HRS | EQUIPMENT# | HRS | EQUIPMENT# | HRS | TRUCK CALLED | DATE | AM | PM | TIME | | | | | |
| 19907-19905 | 45 | | | | | ARRIVED AT JOB | 8-11 | AM | PM | 7:45 | | | | | |
| 19831-19862 | 45 | | | | | START OPERATION | 8-11 | AM | PM | 6:00 | | | | | |
| 27283 | 45 | | | | | FINISH OPERATION | 8-11 | AM | PM | 6:45 | | | | | |
| | | | | | | RELEASED | 8-11 | AM | PM | 7:45 | | | | | |
| | | | | | | 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 | 442 cement | SK | 275 | | 4,675 00 |
| CP 105 | 442 cement | SK | 30 | | 510 00 |
| CC 102 | celloflake | lb | 77 | | 284 90 |
| CC 111 | salt | lb | 1665 | | 832 50 |
| CC 113 | Gypsum | lb | 1440 | | 1,080 00 |
| CC 129 | FLA-322 Fluid Loss | lb | 231 | | 1,732 50 |
| CC 201 | Gilsonite | lb | 1835 | | 1,229 45 |
| CF 606 | Latch Down Plug & Baffle | eq | 1 | | 370 00 |
| CF 1250 | Auto fill float shoe | eq | 1 | | 330 00 |
| CF 1650 | Turbolizer | eq | 8 | | 680 00 |
| CF 1900 | Basket | eq | 1 | | 270 00 |
| C 704 | Claymax KCl Substitute | gal | 4 | | 140 00 |
| E 100 | Pickup Mileage | mi | 65 | | 276 25 |
| E 101 | Heavy Mileage | mi | 130 | | 910 00 |
| E 113 | Balls Delivery | Tm | 936 | | 1,497 60 |
| CE 205 | Depth Charge 4001-5000' | 4hr | 1 | | 2,520 00 |
| CE 240 | Mixing Charge | SK | 305 | | 427 00 |
| CE 504 | Plug Container | JOB | 1 | | 250 00 |
| S 003 | Supervisor | eq | 1 | | 175 00 |

SUB TOTAL *DLs* 13,642 65

| CHEMICAL / ACID DATA: | | | |
|-----------------------|--|--|--|
| | | | |
| | | | |
| | | | |

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

SERVICE REPRESENTATIVE: *Joe Madison*
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

| | | |
|---------------------------------------|----------------------|-----------------------------------|
| Customer M & M EXPLORATION | Lease No. | Date 8-11-12 |
| Lease Davis Ranchowind | Well # 1-22 | |
| Field Order # (42) | Station Pratt | Casing 4 1/2 |
| | | Depth 4979 |
| Type Job CNW 4 1/2 LS | Formation | County Barber |
| | | State KS |
| | | Legal Description 22-34-15 |

| PIPE DATA | | PERFORATING DATA | | FLUID USED | | TREATMENT RESUME | | |
|------------------------|--------------|------------------|----|------------|------------|------------------|------------------|--|
| Casing Size | Tubing Size | Shots/Ft | | Acid | RATE | PRESS | ISIP | |
| 4 1/2 | | | | | | | | |
| Depth 4958 | Depth | From | To | Pre Pad | Max | | 5 Min. | |
| Volume 78.5 | Volume | From | To | Pad | Min | | 10 Min. | |
| Max Press 2000 | Max Press | From | To | Frac | Avg | | 15 Min. | |
| Well Connection | Annulus Vol. | From | To | | HHP Used | | Annulus Pressure | |
| Plug Depth 4458 | Packer Depth | From | To | Flush | Gas Volume | | Total Load | |

| | | |
|--|---------------------------------|---------------------------|
| Customer Representative Allan Kratil | Station Manager D. SCOTT | Treater JOE MELSON |
| Service Units 19903 19905 19831 19562 27287 | | |
| Driver Names Mikel Pratt Joe | | |

| Time | Casing Pressure | Tubing Pressure | Bbbs. Pumped | Rate | Service Log |
|-----------------|-----------------|-----------------|--------------|------------|--|
| 12:15 PM | | | | | onloc - safety meeting |
| | | | | | Run 124 JTS 4 1/2 X 10.5 CSG |
| | | | | | turbo - 2, 4, 6, 9, 11, 13, 15, 17 |
| | | | | | dash - top of 7 |
| 2:55 | | | | | circ. for 30m 1/2 way in hole |
| 5:15 | | | | | CSG on BOTTOM |
| 5:30 | | | | | Mools up to 866 / Breaks circ. w/ Big |
| | | | | | 25 SK AA2 Scavenger |
| | | | | | 10 BBL H2O spacer |
| 6:00 | | | 7 | 5 | Pump 25 SK AA2 Scavenger |
| | | | 75 | 5 | Mix 275 SK AA2 (Q) 14.8 # |
| | | | | | Clear Pump & Line / Prop L.O Plug |
| 6:30 | | | | 4.5 | START DISP |
| | | | 55 | 4.5 | LEFT PSE |
| | | | - | - | SLOW RATE |
| 6:45 | | | 78.5 | | Plug Down / HELD |
| | | | | | |
| | | | | | |
| | | | | | JOB complete |
| | | | | | Thank you |
| | | | | | Joe Melson |

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 15-007-20208-00-01
Davis Ranch 1-22OWWO
NW/4 Sec.22-34S-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