



KANSAS CORPORATION COMMISSION 1098698
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1098698

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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: _____ _____
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BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 01870 A

DATE _____ TICKET NO. _____

DATE OF JOB: 7-8-11	DISTRICT: 1717	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: Reeder Operating	LEASE: John D Wilbanks #1-21 WELL NO.						
ADDRESS:	COUNTY: Comanche		STATE: KS				
CITY:	STATE:		SERVICE CREW: I. Charr, Jose, Linda, Kate, Hector				
AUTHORIZED BY: Tony Samt	-TRB		JOB TYPE: 9 3/8 Surface, Z42				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	
19820	10	12978	10	14354	10	DATE: 7-8-11	TIME: AM 8:00
		19919	2	19578	2	ARRIVED AT JOB	7-8-11 PM 11:00
19827	10					START OPERATION	7-8-11 AM 8:05
19883	2					FINISH OPERATION	7-9-11 AM 6:30
						RELEASED	7-8-11 AM 7:00
						MILES FROM STATION TO WELL: 600	

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 Curd
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL100	Propanol - Common	SK	500		8000.00
CC102	Cells - Flake	lb	125		462.50
CC109	Calcium Chloride	lb	1410		1480.50
CC200	Cement - Gel	lb	940		235.00
CF106	Rubber Plug	EA	1		260.00
CF254	Guide Shoe	EA	1		450.00
CF1454	Flange Insert Valve	EA	1		315.00
CF1754	Centralizer 9 3/8	EA	3		285.00
CF1904	9 3/8 Basket	EA	1		340.00
E100	Pickup Mileage	mi	60		255.00
E101	Heavy Equipment Mileage	mi	180		1260.00
E113	Bulk Delivery Charge	TON	1410		2256.00
CC201	Perk Charge	4hrs	1		1200.00
CE240	Bleeder & Mixing Charge	SK	600		700.00
CE504	Plg Containment Charge	job	1		250.00
5003	Service Supervisor	EA	1		175.00

SUB TOTAL 13901 48

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Tony Samt
FIELD SERVICE ORDER NO. _____

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Bob Curd
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Cement Report

Customer <i>Reeder Operating</i>		Lease No.		Date <i>7-8-11</i>	
Lessee <i>John D Wilbanks</i>		Well # <i>1-21</i>		Service Receipt <i>01870</i>	
Casing <i>9 5/8</i>	Depth <i>810'</i>	County <i>Comanche</i>		State <i>KS</i>	
Job Type <i>Surface 242</i>		Formation		Legal Description <i>21-315-18W</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>9 5/8 36#</i>	Tubing Size	Shots/Ft		Lead	
Depth <i>799'</i>	Depth <i>55 42'</i>	From	To		
Volume <i>58.5615</i>	Volume	From	To		
Max Press <i>1400</i>	Max Press	From	To	Tall In <i>500sc Class H</i> <i>270 Gal 370cc Mix Cello</i>	
Well Connection <i>8 7/8</i>	Annulus Vol.	From	To		
Plug Depth <i>757'</i>	Packer Depth	From	To	<i>1.34 FT³ - 5K 6.13 Gal^{sc}</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log <i>Yard 8:00 AM</i>
<i>11:00</i>					<i>Arrive On Location</i>
<i>11:35</i>					<i>Safety Meeting, Rig Up</i>
<i>12:00</i>					<i>Rig Running in Casings</i>
<i>16:30</i>					<i>Circulate w/ Rig</i>
<i>17:05</i>					<i>Hook Up To BES</i>
<i>17:20</i>	<i>1500</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>17:30</i>	<i>200</i>		<i>118</i>	<i>5.3</i>	<i>Annop omt @ 150 #/s</i>
<i>18:00</i>					<i>Drop Plug - Wash Up</i>
<i>18:05</i>	<i>200</i>		<i>38</i>	<i>4.5</i>	<i>Displace</i>
<i>18:20</i>	<i>500</i>		<i>20</i>	<i>2.0</i>	<i>Shut Ann - Displace</i>
<i>18:30</i>	<i>1000</i>		<i>.5</i>	<i>.5</i>	<i>Land Plug - Float Held</i>
					<i>- Cement To Surface</i>
					<i>Job Complete</i>
					<i>THANKS FOR USING BASIC ENERGY SERVICES</i>
Service Units	<i>19800</i>	<i>12978-1919</i>	<i>14354-19578</i>	<i>19827-19883</i>	
Driver Names	<i>J Chavez</i>	<i>Jose</i>	<i>Kate + Linda</i>	<i>Hector</i>	

Boad - 1506
Customer Representative

Jerry Bant
Station Manager

J Chavez
Cementier
Taylor Printing, Inc

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

October 25, 2012

Gary Wente
Reeder Operating LLC
4925 GREENVILLE AVE., STE 1400
DALLAS, TX 75206

Re: ACO1
API 15-033-21589-00-00
JOHN D WILLBANKS 1-21
SE/4 Sec.21-31S-18W
Comanche 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,
Gary Wente

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 01, 2012

Gary Wente
Reeder Operating LLC
4925 GREENVILLE AVE., STE 1400
DALLAS, TX 75206

Re: ACO-1
API 15-033-21589-00-00
JOHN D WILLBANKS 1-21
SE/4 Sec.21-31S-18W
Comanche County, Kansas

Dear Gary Wente:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 7/7/2011 and the ACO-1 was received on October 31, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department