



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1103795
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: _____



1103795

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	TGT Petroleum Corporation
Well Name	Einsel B 1
Doc ID	1103795

All Electric Logs Run

MicroLog
Sonic Array
Array Comp. Resistivity
Spec. Density Dual Spaced Neutron

Form	ACO1 - Well Completion
Operator	TGT Petroleum Corporation
Well Name	Einsel B 1
Doc ID	1103795

Tops

Name	Top	Datum
Stotler	3420'	(-1169)
Topeka	3720'	(-1469)
Heebner	4064'	(-1813)
Brown Lime	4213'	(-1962)
Lansing	4226'	(-1975)
BKC	4613'	(-2362)
Cherokee	4749'	(-2494)
Mississippian	4795'	(-2544)
Kinderhook Sd.	4919'	(-2668)
Total Depth	4926'	(-2679)

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

December 17, 2012

B. Lynn Herrington
TGT Petroleum Corporation
7570 W 21ST ST N STE1010D
WICHITA, KS 67205-1764

Re: ACO1
API 15-097-21736-00-00
Einsel B 1
SW/4 Sec.36-27S-19W
Kiowa 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,
B. Lynn Herrington



PAGE 1 of 1	CUST NO 1004250	INVOICE DATE 11/15/2012
INVOICE NUMBER 1718 - 91051452		

Pratt (620) 672-1201
 B TGT PETROLEUM CORP
 I PO Box: 75097
 L WICHITA
 L KS US 67275
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Einsel B 1
 O LOCATION
 B COUNTY Kiowa
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40534624	19843		Net - 30 days	12/15/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 11/12/2012 to 11/12/2012				
0040534624				
171807404A Cement-New Well Casing/Pi 11/12/2012				
60/40 POZ	170.00	EA	9.00	1,530.13 T
Cement Gel	294.00	EA	0.19	55.13 T
"Unit Mileage Chg (PU, cars one way)"	35.00	MI	3.19	111.57
Heavy Equipment Mileage	70.00	MI	5.25	367.53
"Proppant & Bulk Del. Chgs., per ton mil	257.00	EA	1.20	308.42
Depth Charge; 1001'-2000'	1.00	EA	1,125.09	1,125.09
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.26	131.26
Blending & Mixing Service Charge	170.00	BAG	1.05	178.51

516-01-37

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,807.64
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	115.72
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	3,923.36
DALLAS, TX 75284-1903	MIDLAND, TX 79702		



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 07404 A

DATE _____ TICKET NO. _____

DATE OF JOB <i>11-12-12</i> DISTRICT <i>Pratt</i>		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 <i>T. G. T. Petro</i>		LEASE <i>EINSEL B</i> WELL NO. <i>1</i>							
ADDRESS		COUNTY <i>Nowa</i> STATE <i>KS</i>							
CITY STATE		SERVICE CREW <i>Sullivan, Wright, Phye</i>							
AUTHORIZED BY		JOB TYPE: <i>ONW P.T.A</i>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
<i>19859-19843</i>	<i>30 mi</i>						<i>11-12-12</i>		<i>10:30</i>
<i>20959-19918</i>	<i>30 mi</i>					ARRIVED AT JOB		AM/PM	<i>11:40</i>
<i>37900</i>						START OPERATION		AM/PM	<i>12:10</i>
						FINISH OPERATION		AM/PM	<i>1:45</i>
						RELEASED		AM/PM	<i>2:15</i>
						MILES FROM STATION TO WELL			<i>75</i>

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: *Ron Mason*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<i>CP 103</i>	<i>60/40 pot cont</i>	<i>sk</i>	<i>170</i>		<i>2,040.00</i>
<i>CC 250</i>	<i>1 mt pot</i>	<i>lb</i>	<i>294</i>		<i>73.50</i>
<i>G 101</i>	<i>4 way eqpt</i>	<i>mi</i>	<i>70</i>		<i>490.00</i>
<i>CE 240</i>	<i>Blending mixer</i>	<i>sk</i>	<i>170</i>		<i>238.00</i>
<i>G 113</i>	<i>Bulk Deliv</i>	<i>Tm</i>	<i>257</i>		<i>411.00</i>
<i>CE 202</i>	<i>Depth change</i>	<i>SD</i>	<i>1</i>		<i>1,500.00</i>
<i>S 003</i>	<i>Screws</i>	<i>GA</i>	<i>1</i>		<i>175.00</i>
<i>E 100</i>	<i>putty</i>	<i>mi</i>	<i>35</i>		<i>148.95</i>

CHEMICAL / ACID DATA:			

SUB TOTAL	<i>46</i>	<i>3,807.04</i>
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE *Robert Sullivan* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Ron Mason*
FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>T.G.T. Petro</i>	Lease No.	Date <i>11-12-12</i>
Lease <i>Emsel B</i>	Well # <i>1</i>	
Field Order # <i>7404</i>	Station <i>PRATT KS</i>	Casing <i>D.P.</i>
Type Job <i>CNW P.T.A.</i>	Formation	Legal Description <i>36-27-19</i>
	Depth	County <i>kiowa</i>
		State <i>KS</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>D.P.</i>				Pre Pad	Max		5 Min.	
Depth	Depth	From	To	Pad	Min		10 Min.	
Volume	Volume	From	To	Frac	Avg		15 Min.	
Max Press	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth	Packer Depth	From	To					

Customer Representative	Station Manager	Treater
Service Units <i>37900 19889 19843 70959 19918</i>		
Driver Names <i>Balthus Wright Pbye</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>11:40 am</i>					<i>on loc. soft medium</i>
					<i>P.T.A.</i>
<i>12:30</i>			<i>5</i>	<i>3</i>	<i>Set Plug @ 1050' w/sock</i>
			<i>12</i>		<i>space</i>
<i>1:240</i>			<i>9</i>		<i>cont</i>
					<i>disp</i>
<i>1:00</i>			<i>5</i>	<i>3</i>	<i>Set plug @ 480' w/sock</i>
<i>5</i>			<i>12</i>		<i>space</i>
<i>1:40</i>			<i>1.5</i>		<i>cont</i>
					<i>disp</i>
<i>1:20</i>			<i>5</i>	<i>2</i>	<i>Plug top 60' w/20</i>
<i>5</i>			<i>7</i>		<i>plug R/H w/30ft</i>
<i>1:40</i>			<i>5</i>		<i>plug m/w/20</i>
					<i>50B complete</i>
					<i>Thank you</i>



PAGE 1 of 1	CUST NO 1004250	INVOICE DATE 11/01/2012
INVOICE NUMBER 1717 - 91041380		

Liberal
 B TGT PETROLEUM CORP
 I PO Box: 75097
 L WICHITA
 L KS US 67275
 T
 O **ATTN:** ACCOUNTS PAYABLE

NOV (620) 624-2277
 -5 2012

J LEASE NAME Einsel B-1
O LOCATION
B COUNTY Kiowa
S STATE KS
I JOB DESCRIPTION Cement-New Well Casing/Pi
T JOB CONTACT
E

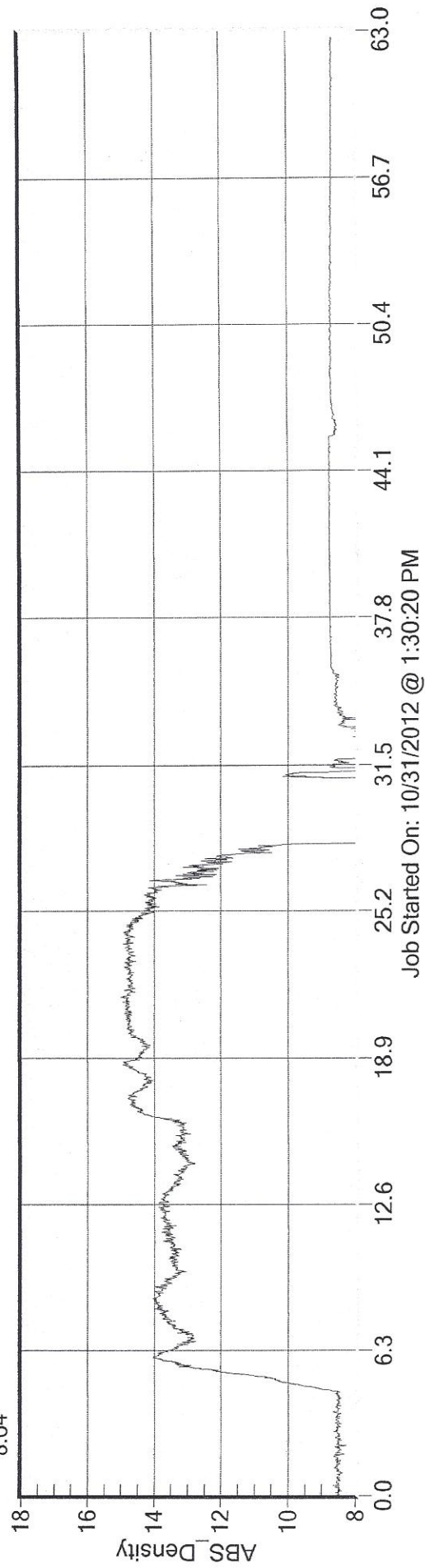
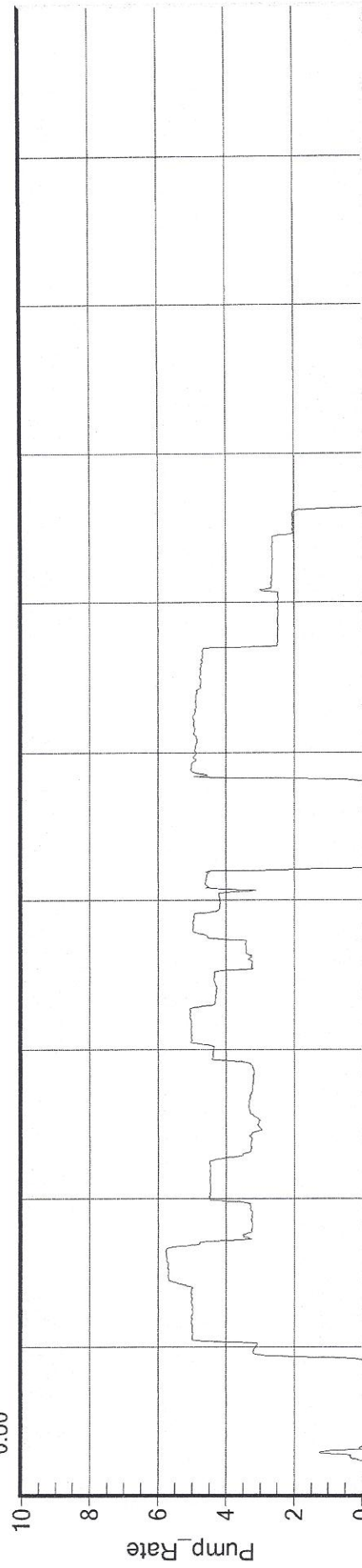
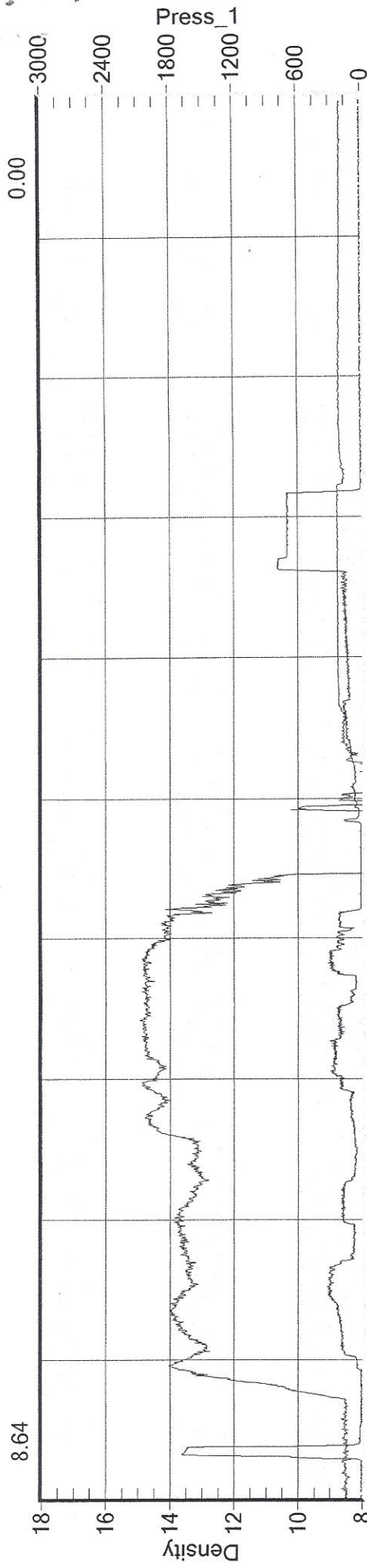
JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40529692	37726		Net - 30 days	12/01/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 10/31/2012 to 10/31/2012				
0040529692				
171703133A Cement-New Well Casing/Pi 10/31/2012				
8 5/8" Surface				
A-Serv Lite	170.00	EA	9.62	1,635.40 T
60/40 POZ	100.00	EA	8.88	888.00 T
Calcium Chloride	702.00	EA	0.78	545.45 T
Celloflake	68.00	EA	2.74	186.18 T
"Wooden Cmt Plug, 8 5/8"'"	1.00	EA	118.40	118.40
"Baffle Plate Alum., 8 5/8"'" (Blue)"	1.00	EA	125.80	125.80
Heavy Equipment Mileage	70.00	MI	5.18	362.60
Blending & Mixing Service Charge	270.00	BAG	1.04	279.72
"Proppant & Bulk Del. Chgs., per ton mil	409.50	EA	1.18	484.85
Depth Charge; 0-500'	1.00	EA	740.00	740.00
Plug Container Util. Chg.	1.00	EA	185.00	185.00
"Unit Mileage Chg (PU, cars one way)"	35.00	MI	3.15	110.08
"Service Supervisor, first 8 hrs on loc.	1.00	EA	129.50	129.50
Cement Data Acquisition Monitor	1.00	EA	407.00	407.00
High Head Charge (Over 6')	1.00	EA	222.00	222.00

516-01-05

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	6,419.98
BASIC ENERGY SERVICES,LP	BASIC ENERGY SERVICES,LP	TAX	270.17
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	6,690.15
DALLAS, TX 75284-1903	MIDLAND, TX 79702		

TGT PETROLEUM EINSEL B 1



Job Started On: 10/31/2012 @ 1:30:20 PM