



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1106776

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 # 31885  
Name: M & M Exploration, Inc.  
Address 1: 4257 MAIN ST., #230  
Address 2: \_\_\_\_\_  
City: WESTMINSTER State: CO Zip: 80031 + \_\_\_\_\_  
Contact Person: Michael Austin  
Phone: ( 303 ) 438-1991  
CONTRACTOR: License # 33350  
Name: Southwind Drilling, Inc.  
Wellsite Geologist: Mike Pollok  
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: John O. Farmer

Well Name: Davis #1

Original Comp. Date: 01/20/1976 Original Total Depth: 4835

☒ 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 #: \_\_\_\_\_

12/12/2012 12/13/2012 12/14/2012  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 15-007-20384-00-01

Spot Description: \_\_\_\_\_

NW SE SW SW Sec. 21 Twp. 34 S. R. 14 ☐ East ☒ West  
630 Feet from ☐ North / ☒ South Line of Section  
730 Feet from ☐ East / ☒ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☒ SW

County: Barber

Lease Name: Davis Well #: 1

Field Name: \_\_\_\_\_

Producing Formation: Mississippian

Elevation: Ground: 1592 Kelly Bushing: 1604

Total Depth: 1918 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 209 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: Deanna Garrison Date: 01/08/2013

1106776

Operator Name: M & M Exploration, Inc. Lease Name: Davis Well #: 1  
 Sec. 21 Twp. 34 S. R. 14 ☐ East ☒ West County: Barber

**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 ☐ Yes ☒ No  
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☐ Yes ☒ No

Electric Log Submitted Electronically ☐ Yes ☐ No  
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample  
 Name Top Datum  
 na na na

### CASING RECORD ☐ New ☐ 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 |
|-------------------|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
|                   |                   |                           |                   |               |                |              |                            |
|                   |                   |                           |                   |               |                |              |                            |
|                   |                   |                           |                   |               |                |              |                            |

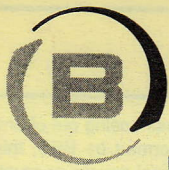
### ADDITIONAL CEMENTING / SQUEEZE RECORD

| 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  | -                |                |              |                            |

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

|                                                 |                                                                                                                                                                         |         |             |                                                                     |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|---------------------------------------------------------------------|
| TUBING RECORD:                                  | Size:                                                                                                                                                                   | Set At: | Packer At:  | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of First, Resumed Production, SWD or ENHR. | Producing Method:<br><input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ |         |             |                                                                     |
| Estimated Production Per 24 Hours               | Oil Bbls.                                                                                                                                                               | Gas Mcf | Water Bbls. | Gas-Oil Ratio Gravity                                               |

|                                                                                                                                                            |                                                                                                                                                                                                                                                      |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| DISPOSITION OF GAS:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br>(If vented, Submit ACO-18.) | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4)<br><input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL:<br>_____<br>_____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|



**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 07439 A

21-345-14W

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

|                                    |      |                                        |     |                                                                                                                                                                                 |     |                            |          |    |    |       |
|------------------------------------|------|----------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------|----------|----|----|-------|
| DATE OF JOB 12-14-12               |      | DISTRICT Pratt, Kansas                 |     | NEW WELL <input type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.: |     |                            |          |    |    |       |
| CUSTOMER M and M Exploration, Inc. |      | LEASE Davis O.W.W.O.                   |     | WELL NO. 1                                                                                                                                                                      |     |                            |          |    |    |       |
| ADDRESS                            |      | COUNTY Barber                          |     | STATE Kansas                                                                                                                                                                    |     |                            |          |    |    |       |
| CITY                               |      | STATE                                  |     | SERVICE CREW C Messick M Mattal J Pierson                                                                                                                                       |     |                            |          |    |    |       |
| AUTHORIZED BY                      |      | JOB TYPE: C.C.S.P.W. - Plug To Abandon |     |                                                                                                                                                                                 |     |                            |          |    |    |       |
| EQUIPMENT#                         | HRS  | EQUIPMENT#                             | HRS | EQUIPMENT#                                                                                                                                                                      | HRS | TRUCK CALLED               | DATE     | AM | PM | TIME  |
| 37,216                             | 2.25 |                                        |     |                                                                                                                                                                                 |     |                            | 12-14-12 |    |    | 8:00  |
|                                    |      |                                        |     |                                                                                                                                                                                 |     | ARRIVED AT JOB             |          |    |    | 11:15 |
| 19,903-19,905                      | 2.25 |                                        |     |                                                                                                                                                                                 |     | START OPERATION            |          |    |    | 2:00  |
|                                    |      |                                        |     |                                                                                                                                                                                 |     | FINISH OPERATION           |          |    |    | 4:15  |
| 19,886-21,010                      | 2.25 |                                        |     |                                                                                                                                                                                 |     | RELEASED                   | 12-14-12 |    |    | 4:30  |
|                                    |      |                                        |     |                                                                                                                                                                                 |     | 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: Sam K  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

| ITEM/PRICE<br>REF. NO. | MATERIAL, EQUIPMENT AND SERVICES USED | UNIT | QUANTITY | UNIT PRICE | \$ AMOUNT   |
|------------------------|---------------------------------------|------|----------|------------|-------------|
| CP 100C                | Common Cement                         | skt  | 200      |            | \$ 3,200.00 |
| CC 109                 | Calcium Chloride                      | Lb   | 160      |            | \$ 168.00   |
| E 100                  | Pickup Mileage                        | mi   | 65       |            | \$ 276.25   |
| E 101                  | Heavy Equipment Mileage               | mi   | 130      |            | \$ 910.00   |
| E 113                  | Bulk Delivery                         | tm   | 611      |            | \$ 977.60   |
| CE 201                 | Cement Pump 50 Feet To 1,000 Feet     | hrs  | 4        |            | \$ 1,200.00 |
| CE 240                 | Blending and Mixing Service           | skt  | 200      |            | \$ 280.00   |
| S 003                  | Service Supervisor                    | hrs  | 8        |            | \$ 175.00   |

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

|                     |            |                  |
|---------------------|------------|------------------|
| SUB TOTAL           |            | DL\$ \$ 5,390.14 |
| SERVICE & EQUIPMENT | %TAX ON \$ |                  |
| MATERIALS           | %TAX ON \$ |                  |
| TOTAL               |            |                  |

SERVICE REPRESENTATIVE James R. Messick

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Sam K

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

