



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1110099
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: _____



1110099

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

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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energy services, L.P.

TREATMENT REPORT

Customer <i>SIPROV OIL MANAGEMENT</i>	Lease No. <i>SIPROV</i>	Date <i>12-8-12</i>
Lease <i>SIPROV</i>	Well # <i>2</i>	
Field Order # <i>9326</i>	Station <i>PRATT, KS</i>	Casing <i>3 1/2</i>
Type Job <i>CNW-LONG STRAIG</i>	Depth <i>4577</i>	County <i>PRATT</i>
	Formation <i>TD-4850</i>	State <i>KS</i>
		Legal Description <i>20-27-12</i>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size <i>3 1/2</i>	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth <i>4577</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume	Volume	From	To	Pad	Min		10 Min.
Max Press	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <i>4537</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative <i>BRADN</i>	Station Manager <i>SCOTT</i>	Treater <i>GOINLEY</i>
Service Units <i>19907 28443</i>	<i>19903 - 19905</i>	<i>70959 - 19918</i>
Driver Names <i>KG WERTH</i>	<i>INITIAL</i>	<i>NAME</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0500</i>					<i>ON LOCATION</i>
					<i>RUN 4577 3 1/2 L.P.S.G 109-JTS</i>
					<i>PACKER SHOE, LD BRACE 1 COLUMN</i>
					<i>PAINT-2,5,9,11,13 BASKET-7</i>
					<i>BREAK CIRC, DROP BALL</i>
	<i>1000</i>				<i>SET PACKER SHOE HT 4577'</i>
<i>1030</i>	<i>250</i>		<i>20</i>	<i>6</i>	<i>PUMP 20 bbl 2% HCL H₂O</i>
	<i>250</i>		<i>17</i>	<i>6</i>	<i>PUMP 12 bbl MUD FLUSH</i>
	<i>250</i>		<i>3</i>	<i>6</i>	<i>PUMP 3 bbl H₂O</i>
	<i>200</i>		<i>36</i>	<i>6</i>	<i>PUMP 150 SK AAZ CEMENT</i>
					<i>WASH LINE CLEAN - DROP PUMP</i>
	<i>0</i>		<i>0</i>	<i>6</i>	<i>START DESP</i>
	<i>250</i>		<i>78</i>	<i>6</i>	<i>LEFT PST</i>
	<i>800</i>		<i>100</i>	<i>4</i>	<i>SLOW RATE</i>
<i>1100</i>	<i>1500</i>		<i>110.7</i>	<i>3</i>	<i>PUMP DOWN - HOLD</i>
					<i>PUMP RHTHE-30 SK 60/40 POC</i>
					<i>PUMP MUSE/TOE-20 SK 60/40 POC</i>
<i>1130</i>					<i>JOB COMPLETE - KEVIN</i>



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 ~~06375~~ A

DATE _____ TICKET NO. 07326A

DATE OF JOB <u>1/4/12</u>	DISTRICT <u>PRATT, KS</u>	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 <u>SEROV OIL MANAGEMENT</u>		LEASE <u>SEROV</u>		WELL NO. <u>2</u>						
ADDRESS		COUNTY <u>PRATT</u>		STATE <u>KS</u>						
CITY		STATE		SERVICE CREW						
AUTHORIZED BY		JOB TYPE: <u>CNW - LOW STRAINS</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>19907</u>		<u>70959</u>					<u>12-8</u>			<u>1030</u>
		<u>19918</u>	<u>1</u>			ARRIVED AT JOB				<u>1000</u>
<u>28443</u>						START OPERATION				<u>1030</u>
						FINISH OPERATION				<u>1100</u>
<u>19903</u>	<u>1</u>					RELEASED				<u>1130</u>
<u>19905</u>						MILES FROM STATION TO WELL				<u>5</u>

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
CP103	AAZ CEMENT	SK	150		2550.00
CP103	60/40 POZ	SK	50		600.00
CC102	CELLULASE	lb.	38		140.60
CC111	SALT	lb.	682		341.00
CC112	CFR	lb.	43		258.00
CC115	GPS BLOC	lb.	141		726.15
CC129	FUA-322	lb.	71		532.50
CC201	GELSONITE	lb.	750		502.50
CF607	5 1/2 LATCH DOWN PULG	EA	1		400.00
CF1001	5 1/2 PACKER SHOGE	EA	1		3700.00
CF1651	5 1/2 TURBOLIZER	EA	5		550.00
CF1901	5 1/2 BASKET	EA	1		290.00
CC104	CLAYMIX	gal	1		35.00
CC151	MUDFLUSH	gal	500		430.00

CHEMICAL / ACID DATA:			

SUB TOTAL		
SERVICE & EQUIPMENT	%TAX ON \$	<u>DLS</u>
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE K. Curdley THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____

FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>SIROKY-Oil management</i>		Lease No.		Date <i>11-30-12</i>	
Lease <i>SIROKY</i>		Well # <i>2</i>			
Field Order # <i>1410</i>	Station <i>PRATT</i>	Casing <i>10 3/4</i>	Depth <i>307</i>	County <i>PRATT</i>	State <i>KS</i>
Type Job <i>ONW 10 3/4 Surface</i>			Formation	Legal Description <i>20-27-12</i>	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>10 3/4</i>							5 Min.
Depth <i>307</i>	Depth	From	To	Pre Pad	Max		10 Min.
Volume <i>28.5</i>	Volume	From	To	Pad	Min		15 Min.
Max Press <i>300</i>	Max Press	From	To	Frac	Avg		
Well Connection <i>Swage</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <i>287</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative			Station Manager <i>DAVE ZOTT</i>			Treater <i>Robert J. [unclear]</i>		
Service Units	<i>27900</i>	<i>33708</i>	<i>20970</i>	<i>19826</i>	<i>19860</i>			
Driver Names	<i>Sullivan</i>	<i>Melson</i>	<i>Callaway</i>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2:30</i>					<i>on loc softy messy</i>
					<i>Run 7 5ts 10 3/4 csg.</i>
<i>3:55</i>					<i>csg on bottom</i>
<i>4:05</i>					<i>Hook up to circ.</i>
<i>4:15</i>			<i>3</i>	<i>4</i>	<i>at space</i>
				<i>5.</i>	<i>mix cmt 300 lb 60/40 per cent</i>
			<i>64</i>		<i>cmt mixed-</i>
				<i>3-1/2</i>	<i>at dip</i>
<i>4:45</i>	<i>250</i>		<i>28.5</i>		<i>plug down</i>
					<i>circ 10 BBL cmt Pit</i>
					<i>50LB complete</i>
					<i>Thank you</i>

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

January 29, 2013

Brian Siroky
Siroky Oil Management
PO BOX 464
PRATT, KS 67124-0464

Re: ACO1
API 15-151-22401-00-00
Siroky #2
NE/4 Sec.20-27S-12W
Pratt 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,
Brian Siroky