



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1110108
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: _____



1110108

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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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 07463 A

155

DATE _____ TICKET NO. _____

DATE OF JOB: 12-10-12 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: Siroky Oil		LEASE: Castoria AOWBO 1 WELL NO.:							
ADDRESS:		COUNTY: Pratt STATE: KS							
CITY: STATE:		SERVICE CREW: Pratt acid							
AUTHORIZED BY:		JOB TYPE: ACNW							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
19837						ARRIVED AT JOB	12-10-12	AM PM	1440
19960						START OPERATION		AM PM	1509
75770						FINISH OPERATION		AM PM	1557
19994						RELEASED		AM PM	
						MILES FROM STATION TO WELL			5

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
E100	UNIT	Mi	2		
E101	UNIT	Mi	2		
E300	Acid Pump	Eq	1		
E722	Ball injector	Eq	1		
S003	Supervisor	Eq	1		
AK324	10% HCL	gal	2000		
HSK341	NE Acid	gal	2000		
HSK342	FE Acid	gal	2000		
(204)	CHIEP	gal	4		
(993)	Balls	gEq	75		
				SUB TOTAL	4769.06

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <i>Matt Flannery</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.

Customer <i>Siroky Oil Management</i>		Lease No.		Date <i>12/27/12</i>	
Lease <i>Casper</i>		Well # <i>A #10WHD</i>			
Field Order # <i>07371A</i>	Station <i>Pratt HS</i>	Casing <i>5 1/2 15.5</i>	Depth	County <i>Pratt</i>	State <i>KS</i>
Type Job <i>20 Tank Slickwater Frac</i>			Formation <i>Missi</i>	Legal Description <i>20-275-12W</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2 15.5</i>		<i>2</i>	<i>50 holes</i>				<i>1227</i>	
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
		<i>4202</i>	<i>4227</i>		<i>79</i>	<i>1994</i>	<i>1042</i>	
Volume	Volume	From	To	Pad <i>25000 gallon Slickwater</i>	Min		10 Min.	
<i>100.6</i>					<i>76</i>	<i>1717</i>	<i>1009</i>	
Max Press	Max Press	From	To	Frac <i>289000 gallon Slickwater</i>	Avg		15 Min.	
<i>3000</i>					<i>78</i>	<i>1855</i>	<i>973</i>	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
<i>3 1/2</i>								
Plug Depth	Packer Depth	From	To	Flush <i>5000 gallon Slickwater</i>	Gas Volume		Total Load	<i>9006</i>

Customer Representative <i>Bryan Siroky</i>			Station Manager <i>David Scott</i>			Treater <i>Anthony Bailey, Barber</i>					
Service Units	<i>70450</i>	<i>21954</i>	<i>14962</i>	<i>38960</i>	<i>14851</i>	<i>19901</i>	<i>20914</i>	<i>37710</i>	<i>38725</i>	<i>39124</i>	<i>14872</i>
Driver Names	<i>John</i>	<i>Chuck</i>		<i>Mark</i>	<i>Daryl</i>	<i>Matt</i>	<i>Yan</i>	<i>E</i>	<i>Toad</i>	<i>Bailey</i>	<i>James</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>7:30</i>					<i>on location, safety meeting, setup</i>
<i>11:50</i>	<i>3768</i>				<i>Prime up + pressure test</i>
<i>11:54</i>	<i>60</i>			<i>37</i>	<i>start 25,000 gallon pack</i>
<i>11:55</i>	<i>770</i>		<i>62</i>	<i>14</i>	<i>Hole loaded</i>
<i>11:59</i>	<i>945</i>		<i>123</i>	<i>22</i>	<i>Establish rate</i>
<i>12:02</i>	<i>1349</i>		<i>182</i>	<i>34</i>	<i>Increase rate</i>
<i>12:06</i>	<i>1749</i>		<i>300</i>	<i>44</i>	<i>Increase rate (Friction Reducer problems)</i>
<i>12:10</i>	<i>1571</i>		<i>529</i>	<i>59</i>	<i>Increase rate (FR running right)</i>
<i>12:13</i>	<i>1743</i>		<i>715</i>	<i>70</i>	<i>Increase rate</i>
<i>12:15</i>	<i>1982</i>		<i>864</i>	<i>78</i>	<i>Increase rate</i>
<i>12:27</i>	<i>1970</i>		<i>1786</i>	<i>79</i>	<i>start 23000 gallon .1 30/50</i>
<i>12:28</i>	<i>1956</i>		<i>1887</i>	<i>78</i>	<i>.1 30/50 on bottom</i>
<i>12:34</i>	<i>1994</i>		<i>2336</i>	<i>78</i>	<i>start 23000 gallon .2 30/50</i>
<i>12:35</i>	<i>1960</i>		<i>2437</i>	<i>78</i>	<i>.2 30/50 on bottom</i>
<i>12:41</i>	<i>1954</i>		<i>2989</i>	<i>78</i>	<i>start 28000 gallon .3 30/50</i>
<i>12:42</i>	<i>1942</i>		<i>2990</i>	<i>78</i>	<i>.3 30/50 on bottom</i>
<i>12:50</i>	<i>1856</i>		<i>3565</i>	<i>78</i>	<i>start 28000 gallon .4 30/50</i>
<i>12:51</i>	<i>1922</i>		<i>3666</i>	<i>78</i>	<i>.4 30/50 on bottom</i>
<i>12:58</i>	<i>1915</i>		<i>4244</i>	<i>78</i>	<i>start 30000 gallon .5 30/50</i>
<i>1:00</i>	<i>1915</i>		<i>4345</i>	<i>78</i>	<i>.5 30/50 on bottom</i>
<i>1:08</i>	<i>1916</i>		<i>4974</i>	<i>78</i>	<i>start 30000 gallon .6 30/50</i>
<i>1:09</i>	<i>1917</i>		<i>5075</i>	<i>78</i>	<i>.6 30/50 on bottom</i>

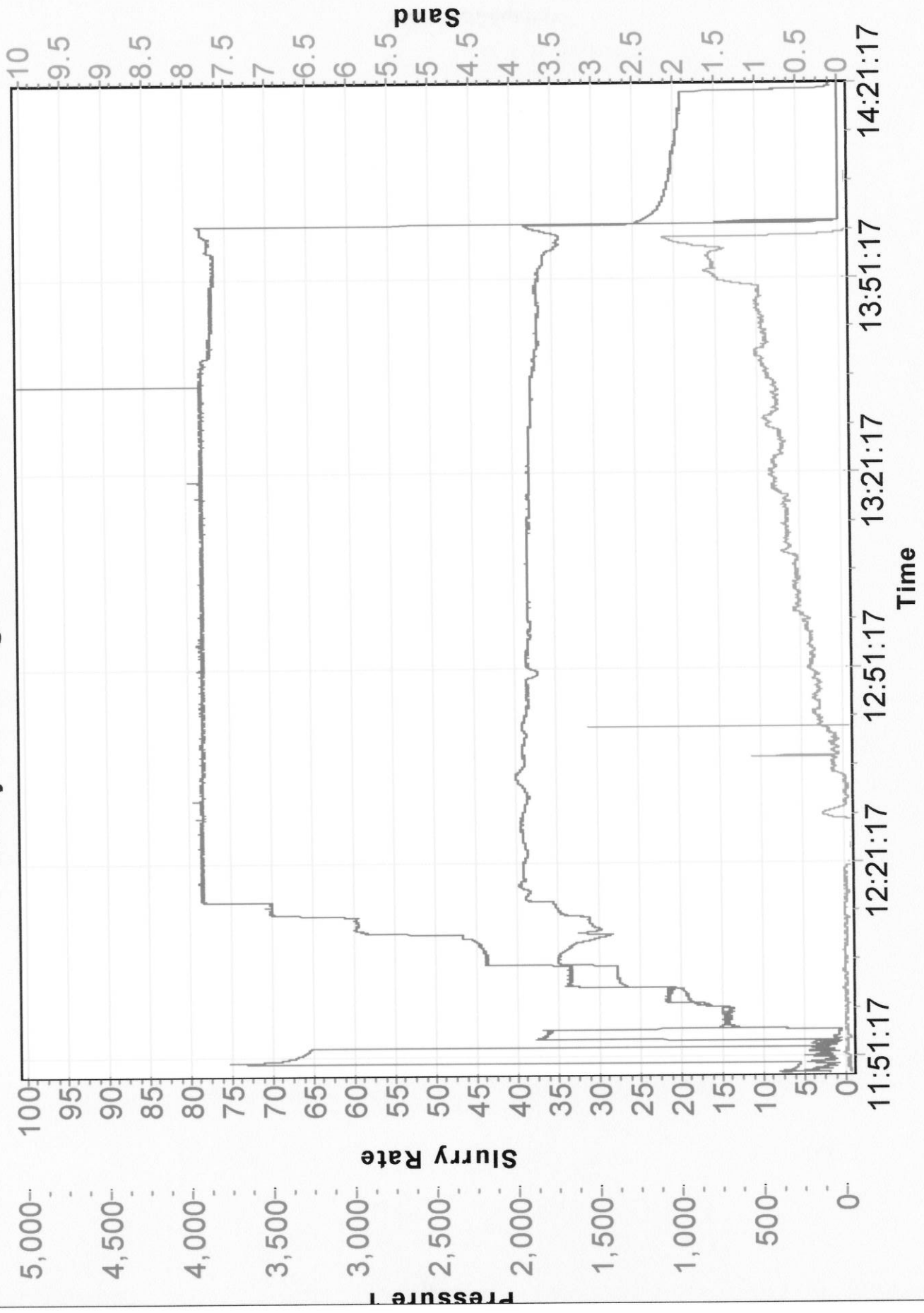
Customer <i>Sirokey Oil Management</i>		Lease No.		Date <i>12/27/12</i>	
Lease <i>C-9000</i>		Well # <i>A#1 Onwld</i>			
Field Order # <i>07571A</i>	Station <i>Pratt 125</i>	Casing <i>5 1/2 15.5</i>	Depth	County <i>Pratt</i>	State <i>KS</i>
Type Job <i>2D 7ook slickwater frac</i>			Formation <i>Missi</i>	Legal Description <i>20-275-12W</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 1/2 15.5</i>	Tubing Size	Shots/Ft <i>2</i>	<i>50 holes</i>	Acid		RATE	PRESS	ISIP <i>1227</i>
Depth	Depth	From <i>4202</i>	To <i>4227</i>	Pre Pad		Max <i>79</i>	<i>1994</i>	5 Min. <i>1042</i>
Volume <i>100.6</i>	Volume	From	To	Pad <i>25000 gallon slickwater</i>		Min <i>76</i>	<i>1717</i>	10 Min. <i>1009</i>
Max Press <i>300</i>	Max Press	From	To	Frac <i>259000 gallon</i>		Avg <i>78</i>	<i>1955</i>	15 Min. <i>973</i>
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To	<i>Slickwater</i>		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush <i>5800 gallon slickwater</i>		Gas Volume		Total Load <i>9006</i>

Customer Representative <i>Bryan Sirokey</i>			Station Manager <i>David Scott</i>			Treater <i>Anthony, Bailey, Barber</i>		
Service Units	<i>72468</i>	<i>19924</i>	<i>19948</i>	<i>19992</i>	<i>19864</i>	<i>19869</i>	<i>19866</i>	<i>0000</i>
Driver Names	<i>John</i>	<i>Annie</i>	<i>Anthony</i>	<i>Sibson</i>	<i>Renny</i>	<i>E B</i>	<i>Nick</i>	<i>Joquin</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:17	1910		5708	78	Start 32000 gallon .7 30/50
1:19	1901		5809	78	.7 30/50 on bottom
1:27	1902		6494	78	start 32000 gallon .8 30/50
1:29	1889		6595	78	.8 30/50 on bottom
1:37	1867		7284	78	start 25000 gallon .9 16/30
1:38	1870		7385	76	.9 16/30 on bottom
1:45	1840		7904	77	start 17000 gallon 1# 16/30
1:46	1836		8005	77	1# 16/30 on bottom
1:51	1842		8327	77	start 12000 gallon 1.5 16/30
1:52	1934		8428	77	1.5 16/30 on bottom
1:54	1801		8632	76	start 6000 gallon 1.5 16/30RL
1:56	1732		8733	77	1.5 16/30RL on bottom
1:56	1727		8785	77	start 3000 gallon 2# 16/30RL
1:57	1717		8868	78	start 5800 gallon flush
1:58	1747		8886	78	2# 16/30RL on bottom
2:00	1227		9006	0	Shut Down Job complete

Sirkoy Oil Management Caspari 'A' #1 OWWO



- Pressure 1 - Sand Density - Slurry Rate

Customer Surok Oil	Lease No.	Date 11-29-13
Lease Caspian Owwo	Well # A-1	
Field Order # 7505	Station Pratt	Casing 5 1/2
	Depth	County Pratt
		State KS
Type Job EOW Owwo 5 1/2 LS	Formation	Legal Description 20-27-13

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid AAA 1.364/10	RATE	PRESS	ISIP	
Depth 4451	Depth	From	To	Pre Pad	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 4450	Packer Depth	From	To	Flush 1054	Gas Volume		Total Load	

Customer Representative	Station Manager Dave Scott	Treater Steve Orlando
Service Units 07283 27463 19831/19862		
Driver Names Orlando Wright P. Johnson		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					On location - Safety Meeting
					Run 100-515 5 1/2 Csg
					Centralizers 2-5-7-11-15-17
					Basket on Jt # 9
					Casing on Bottom
					Break Circ w/Rig
3:18	300		20	5	KCL H2O
3:20	300		12	5	Mud Flush
3:24	300		3	5	H2O Spacer
3:25	300		36	5	Mit 150SKS AAA2 Conent @ 15.3#/gal
					Clear pump + Line
					Release Plug
3:40	0	0	0	6	Start H2O Displacement
3:55	400		75	5	Keep Pressure
3:58	700		95	4	Slow Rate
4:00 ^{AM}	1500		105.4	4	Plug Down - Hold
			6/4		Mit 50SKS 60/40POZ SURRH/MT
					Job Complete
					Tracks, Slave

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 31, 2013

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

Re: ACO1
API 15-151-21882-00-01
Caspari 'A' #1 OWWO
SW/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