



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1120000
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: _____



1120000

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)*

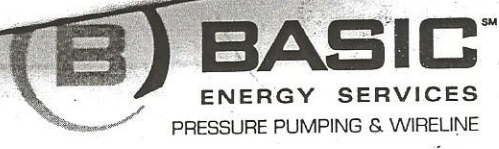
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 07712 A

DATE _____ TICKET NO. _____

DATE OF JOB 1-17-13	DISTRICT PRATT KS	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 Deutsch Oil	LEASE Nelson	3-4 WELL NO.	
ADDRESS	COUNTY PRATT	STATE KS	
CITY	STATE	SERVICE CREW Sullivan, Wright, Young	
AUTHORIZED BY		JOB TYPE: CND 8 5/8	

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
33708-20920	20						1-17-13	PM	6:30
19826-19860	30							AM	7:50
77686-73768								AM	8:20
37900								AM	11:00
								AM	12:00
									MILES FROM STATION TO WELL
									20

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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100	common cnt	SK	160		2,560 00
CC 109	Caterin dltorb	lb	453		475 65
CC 200	CNT grk	lb	302		75 50
CF 153	Crown Plug 8 5/8	SA	1		160 00
E 101	4 way joint tool	m'	30		210 00
PE 240	Plumb mixy	SK	160		224 00
E 113	Bulk Delv	TBR	113		191 20
CE 200	Depth change	SA	1		1,000 00
CE 504	plug Control	SA	1		250 00
S 003	Sched Expense	SA	1		175 00
E 100	pick rod	m'	15		63 75

CHEMICAL / ACID DATA:			

		SUB TOTAL	2456.33
SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
	TOTAL	<i>Thank you</i>	<i>BW</i>

SERVICE REPRESENTATIVE *Robert Sullivan* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Mike Kern*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

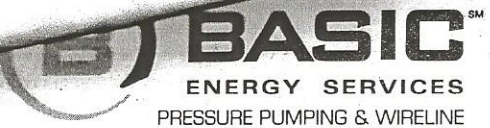
FIELD SERVICE ORDER NO. _____

Customer <i>Deutsch Oil</i>	Lease No.	Date <i>01-17-13</i>	
Lease <i>Nelson</i>	Well # <i>3-4</i>	Field Order # <i>7712</i>	Station <i>PRATT KS</i>
Casing <i>8 7/8"</i>	Depth <i>270'</i>	County <i>Pratt</i>	State <i>KS</i>
Type Job <i>CNW 8%</i>	Formation	Legal Description <i>4-26-11</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>8 7/8"</i>				Pre Pad	Max		5 Min.	
Depth <i>270'</i>	Depth	From	To	Pad	Min		10 Min.	
Volume <i>16</i>	Volume	From	To	Frac	Avg		15 Min.	
Max Press <i>300</i>	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection <i>P.C</i>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth <i>250</i>	Packer Depth	From	To					

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Sullivan</i>					
Service Units	<i>37900</i>	<i>33708</i>	<i>20920</i>	<i>19826</i>	<i>19860</i>	<i>77686</i>	<i>72768</i>
Driver Names	<i>Sullivan</i>	<i>Wright</i>	<i>Young</i>		<i>Young</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>7:50</i>					<i>on the soft, muddy</i>
					<i>off on bottom cone</i>
					<i>Rig up Truck</i>
<i>8:20</i>					<i>St 9/11/12</i>
					<i>mix 80k</i>
					<i>shot down. Trouble up track.</i>
<i>9:15</i>					<i>Hook Rig up and hole clean</i>
					<i>wait on cut.</i>
<i>11:00</i>	<i>200</i>			<i>4.5</i>	<i>St mixed cut 160 sk com 3 1/2 sec 20% gel</i>
			<i>28</i>		<i>cut mixed shot down</i>
					<i>Refer to Plot</i>
					<i>St Dis</i>
<i>11:30</i>			<i>16</i>		<i>plug down</i>
					<i>cut 12-RBI cut pit</i>
					<i>JOB-Complete</i>
					<i>Thank you</i>



10244 NE Hwy. 61
 P.O. Box 8613
 Pratt, Kansas 67124
 Phone 620-672-1201

FIELD SERVICE TICKET
 1718 07806 A

DATE _____ TICKET NO. _____

DATE OF JOB	1-22-13	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	Deutsch Oil			LEASE	Nelson			WELL NO.	3-4
ADDRESS				COUNTY	Pratt			STATE	KS
CITY				STATE				SERVICE CREW	Orlando Nelson, Pierson
AUTHORIZED BY				JOB TYPE:	CNW - 5 1/2 L.S.				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
27283	1						1-22-13	PM	5:00
33708-20900	1					ARRIVED AT JOB		AM	7:30
19831-1982	1					START OPERATION		AM	3:00
						FINISH OPERATION		PM	4:00
						RELEASED		AM	5:00
						MILES FROM STATION TO WELL			15

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
CP105	AA2 Cement	SK	135		2125.00
CP103	60/40 P.O.Z.	SK	30		360.00
CL105	C-411P	Lb	24		96.00
CL111	Sch	Lb	571		285.00
CL112	Cement Friction Reducer	Lb	36		216.00
CL115	C-414	Lb	118		607.20
CL129	FLA-322	Lb	59		442.50
CL201	Gilsonite	Lb	625		418.75
CF607	Latch Down Plug + Baffle	ea	1		400.00
CF1251	Auto Fill Float Shoe	ea	1		360.00
CF1651	Turbolizer	ea	6		660.00
CF1901	Bracket	ea	1		290.00
CC151	Mud Pill	Gal	500		430.00
E101	Heavy Equipment Mileage	Mi	30		210.00
CE240	Blood-Test Mixing	SK	155		217.00
E113	Bulk Material	Tn	103		172.80
CE305	D.A.H. Charge	ea	1		2520.00
CE503	H-2-Knew Charge	ea	1		3000.00
CE504	Plug Container	ea	1		2500.00
S003	Service Supervisor	ea	1		175.00
E100	Dispatch Mileage	Mi	15		63.75
SUB TOTAL					7950.00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	0.5	7950.00
MATERIALS	%TAX ON \$		
TOTAL			

SERVICE REPRESENTATIVE: Steve Duda THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
 (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

TREATMENT REPORT

Customer: Deutch Oil Lease No. _____ Date: 1-22-13
 Well # 3-4
 Station: Nelson Casing: 5 1/2 Depth: 4204 County: Pratt State: KS
 Field Order #: 7806 Formation: _____ Legal Description: 4-26-11
 Type Job: CNW-5704-R

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<u>5 1/2</u>	<u>4 1/2</u>	<u>125</u>	<u>34</u>	<u>AA2C</u>				5 Min.
Depth	Depth	From	To	Pre Pad	Max			10 Min.
<u>4204</u>	<u>4204</u>			<u>1.36</u>	Min			15 Min.
Volume	Volume	From	To	Pad	Avg			Annulus Pressure
<u>100</u>	<u>100</u>							Total Load
Max Press	Max Press	From	To	Frac	HHP Used			
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume			
<u>4 1/2</u>	<u>4 1/2</u>			<u>99.3</u>				

Customer Representative: Dave Padley Station Manager: Dave Scott Treater: Steve Orlando

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>3:00</u>	<u>350</u>	<u>13</u>	<u>5</u>	<u>5</u>	<u>On location - 5 1/2" tubing, 4204'</u>
<u>3:07</u>	<u>350</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>Ran 15.5 5 1/2" casing 4204'</u>
<u>3:23</u>	<u>300</u>	<u>30.2</u>	<u>5</u>	<u>5</u>	<u>SS. 38 Borehole - 5 1/2" - 6 1/2"</u>
<u>3:41</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>Control valve 1-25-7-9-11</u>
<u>3:50</u>	<u>300</u>	<u>80</u>	<u>5</u>	<u>5</u>	<u>Control on bottom Borehole w/ 11"</u>
<u>3:57</u>	<u>650</u>	<u>89</u>	<u>11</u>	<u>11</u>	<u>Control casing pressure</u>
<u>4:00</u>	<u>1500</u>	<u>77%</u>	<u>4</u>	<u>4</u>	<u>Mudflow</u>
		<u>6</u>			<u>Flow spacer</u>
					<u>AA2C 125 gal AA2C - 2 @ 15 3/4"</u>
					<u>Clear pump + 2.5 gal. plug</u>
					<u>Start 11" Displacement</u>
					<u>1.5" pressure</u>
					<u>slow Rate - 5 1/2" tubing</u>
					<u>plug down - 11"</u>
					<u>Plan R 11 w/ 30 sec cutback</u>
					<u>Job Complete</u>
					<u>Thanks Steve</u>



10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET

1718 07712 A

DATE _____ TICKET NO. _____

DATE OF JOB 1-17-13	DISTRICT PRATT KS	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 Deutsche Oil		LEASE Nelson		WELL NO. 3-4					
ADDRESS		COUNTY PRATT	STATE KS						
CITY		SERVICE CREW Sullivan, Wright, Young							
AUTHORIZED BY		JOB TYPE: CNW 8 5/8							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 1-17-13	AM/PM	TIME
33708-20920	20							PM	6:30
19826-19860	30					ARRIVED AT JOB		AM	2:50
77686-73768						START OPERATION		AM	8:20
37900						FINISH OPERATION		AM	11:00
						RELEASED		AM	12:00
						MILES FROM STATION TO WELL	20		

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED: *Mike Ken*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP 100	Common cont	SK	160		2,560.00	
CC 109	Caterpillar diesel	lb	453		475.65	
CC 200	cont oil	lb	302		75.50	
CF 153	cuprolo Plug 8 5/8	SA	1		160.00	
E 101	4 way joint tool	m'	30		210.00	
PE 240	Denbury mixy	SK	160		224.00	
E 113	Bulk Delivery	TTR	113		181.20	
CE 200	Depth change	SA	1		1,000.00	
CE 504	plug cement	SA	1		250.00	
S 003	Schmid Sponer	SA	1		175.00	
E 100	pick rod	m'	15		63.75	
					SUB TOTAL	2456.33

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
<i>Thank you</i>		TOTAL
		<i>BW</i>

SERVICE REPRESENTATIVE <i>Robert Sullivan</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Mike Ken</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.

Customer <i>Deutsch Oil</i>	Lease No.	Date <i>01-17-13</i>	
Lease <i>Nelson</i>	Well # <i>3-4</i>	Field Order # <i>7712</i>	Station <i>PRATT KS</i>
Casing <i>8 7/8"</i>	Depth <i>270'</i>	County <i>Pratt</i>	State <i>KS</i>
Type Job <i>CNW 8%</i>	Formation	Legal Description <i>4-26-11</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>8 7/8"</i>				Pre Pad	Max		5 Min.	
Depth <i>270'</i>	Depth	From	To	Pad	Min		10 Min.	
Volume <i>16</i>	Volume	From	To	Frac	Avg		15 Min.	
Max Press <i>300</i>	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection <i>P.C</i>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth <i>250</i>	Packer Depth	From	To					

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Sullivan</i>
Service Units <i>37900 33708 20920 19826 19860 77686 72768</i>		
Driver Names <i>Sullivan Wright Young Young</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>7:50</i>					<i>on the soft, muddy</i>
					<i>off on bottom cone</i>
					<i>Rig up Truck</i>
<i>8:20</i>					<i>St 9/11/12</i>
					<i>mix 80k</i>
					<i>shot down. Trouble up truck.</i>
<i>9:15</i>					<i>Hook Rig up and hole clean</i>
					<i>wait on cut.</i>
<i>11:00</i>	<i>200</i>			<i>4.5</i>	<i>St mixed cut 160 sk com 3 1/2 sec 20% gel</i>
			<i>28</i>		<i>cut mixed shot down</i>
					<i>Refer to Plot</i>
					<i>St Dis</i>
<i>11:30</i>			<i>16</i>		<i>plug down</i>
					<i>cut 12-RBI cut pit</i>
					<i>JOB-Complete</i>
					<i>Thank you</i>



10244 NE Hwy. 61
 P.O. Box 8613
 Pratt, Kansas 67124
 Phone 620-672-1201

FIELD SERVICE TICKET
 1718 07806 A

DATE _____ TICKET NO. _____

DATE OF JOB 1-22-13	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 Deutsch Oil	LEASE Nelson	WELL NO. 3-4								
ADDRESS	COUNTY Pratt	STATE KS								
CITY	STATE	SERVICE CREW Orlando Nelson, Pierson								
AUTHORIZED BY	JOB TYPE: CNW - 5 1/2 L.S.									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
27283	1						1-22-13			5:00
33708-20900	1									7:30
19831-1982	1									3:00
										4:00
										5:00
										15

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SIGNED: _____
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA2 Cement	SK	135		2125.00
CP103	60/40 P.O.Z.	SK	30		360.00
CL105	C-411P	Lb	24		96.00
CL111	Sch	Lb	571		285.00
CL112	Cement Friction Reducer	Lb	36		216.00
CL115	C-414	Lb	118		607.20
CL129	FLA-322	Lb	59		442.50
CL201	Gilsonite	Lb	625		418.75
CF607	Latch Down Plug + Baffle	ea	1		400.00
CF1251	Auto Fill Float Shoe	ea	1		360.00
CF1651	Turbolizer	ea	6		660.00
CF1901	Bracket	ea	1		290.00
CC151	Mud Pill	Gal	500		430.00
E101	Heavy Equipment Mileage	Mi	30		210.00
CE240	Blood-Test Mixing	SK	155		217.00
E113	Bulk Material	Tn	103		172.80
CE305	D.A.H. Charge	ea	1		2520.00
CE503	H-2-Knew Charge	ea	1		3000.00
CE504	Plug Container	ea	1		2500.00
5003	Service Supervisor	ea	1		175.00
E100	Dispatch Mileage	Mi	15		63.75
SUB TOTAL					7950.00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	0.05	7950.00
MATERIALS	%TAX ON \$		
TOTAL			

SERVICE REPRESENTATIVE: Steve Duda THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
 (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

TREATMENT REPORT

Customer: Deutch Oil Lease No. _____ Date: 1-22-13
 Well # 3-4
 Station: Nelson Casing: 5 1/2 Depth: 4204 County: Pratt State: KS
 Field Order #: 7806 Formation: _____ Legal Description: 4-26-11
 Type Job: CNW-5704-R

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<u>5 1/2</u>	<u>4 1/2</u>	<u>125</u>	<u>34</u>	<u>AA2C-2</u>	Max		5 Min.	
Depth	Depth	From	To	Pre Pad	Min		10 Min.	
<u>4204</u>	<u>4204</u>			<u>1.36</u>	Avg		15 Min.	
Volume	Volume	From	To	Pad	HHP Used		Annulus Pressure	
<u>100</u>	<u>100</u>				Gas Volume		Total Load	
Max Press	Max Press	From	To	Frac				
<u>1500</u>	<u>1500</u>							
Well Connection	Annulus Vol.	From	To	Flush				
<u>4 1/2</u>	<u>4 1/2</u>			<u>99.3</u>				
Log Depth	Packer Depth	From	To					
<u>4204</u>	<u>4204</u>							

Customer Representative: Dave Padley Station Manager: Dave Scott Treater: Steve Oslawski

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>3:00</u>	<u>350</u>	<u>13</u>	<u>5</u>	<u>5</u>	<u>On location - 5 1/2" tubing, 4204'</u>
<u>3:07</u>	<u>350</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>Ran 15.5 5 1/2" casing 4204'</u>
<u>3:23</u>	<u>300</u>	<u>30.2</u>	<u>5</u>	<u>5</u>	<u>SS. 38 Borehole - 5 1/2" - 6 1/2"</u>
<u>3:41</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>Control valve 1-25-7-9-11</u>
<u>3:50</u>	<u>300</u>	<u>80</u>	<u>5</u>	<u>5</u>	<u>Control on bottom Borehole w/ 11"</u>
<u>4:01</u>	<u>650</u>	<u>89</u>	<u>11</u>	<u>11</u>	<u>Control casing pressure</u>
<u>4:00</u>	<u>1500</u>	<u>77%</u>	<u>4</u>	<u>4</u>	<u>Modiflow</u>
		<u>6</u>			<u>Flow spacer</u>
					<u>AA2C-2 @ 15 3/4"</u>
					<u>Clear pump + 2.5" Ret. Plug</u>
					<u>Start 1100 Displacement</u>
					<u>1.5" pressure</u>
					<u>slow Rate - 5 1/2" tubing</u>
					<u>plug down - 1100</u>
					<u>Plan R 11 w/ 3000s w/ 1100</u>
					<u>Job Complete</u>
					<u>Thanks Steve</u>

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

April 26, 2013

kent deutsch
Deutsch, Kent A. dba Deutsch Oil Company
8100 E 22ND ST N
WICHITA, KS 67226

Re: ACO1
API 15-151-22408-00-00
Nelson 3-4
SW/4 Sec.04-26S-11W
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,
kent deutsch