



KANSAS CORPORATION COMMISSION 1120640
OIL & GAS CONSERVATION DIVISION

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 # _____

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1120640

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 <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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

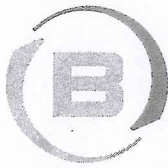
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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
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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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BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELIN

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

FIELD SERVICE TICKET

1718 07627 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>12-22-2012</u> DISTRICT _____		NEW WELL <input type="checkbox"/>	OLD WELL <input checked="" type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:		
CUSTOMER <u>LD DRILLING, INC.</u>		LEASE <u>KELLAG, INC. OWWO</u>			WELL NO. <u>1-30</u>				
ADDRESS _____		COUNTY <u>THOMAS</u>		STATE <u>Ks.</u>					
CITY _____ STATE _____		SERVICE CREW <u>LESLEY, MARQUEZ, LAWRENCE, PIERSON</u>							
AUTHORIZED BY _____		JOB TYPE: <u>CC SPW - 4 1/2" TWO STAGE</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME	
<u>37586</u>	<u>12.5</u>					<u>12-21-12</u>	<u>PM</u>	<u>5:00</u>	
<u>19889-19843</u>	<u>12.5</u>					ARRIVED AT JOB	<u>PM</u>	<u>10:00</u>	
<u>19826-19860</u>	<u>12.5</u>					START OPERATION	<u>12-22-12</u>	<u>AM</u>	<u>8:00</u>
<u>19960-21010</u>	<u>12.5</u>					FINISH OPERATION	<u>AM</u>	<u>9:30</u>	
						RELEASED	<u>AM</u>	<u>10:30</u>	
						MILES FROM STATION TO WELL _____			

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 100C	COMMON CMT.	SK	200		3,200.00
CP 101	A-CON BLEND	SK	485		8,730.00
CP 101	A-CON BLEND	SK	60		1,080.00
CC 102	CELL FLAKE	lb	136		503.20
CC 105	C-41P DEFOAMER	lb	47		188.00
CC 109	CALCIUM CHLORIDE	lb	1539		1,615.95
CC 111	SALT	lb	1621		810.50
CC 112	CMT. FRICTION REDUCER	lb	141		846.00
CC 113	GYPSON	lb	940		265.00
CC 201	GILSONITE	lb	1000		670.00
CF 400	TWO STAGE CMT. COLLAR, 4 1/2"	EA	1		4,500.00
CF 600	LATCH DOWN PLUG & ASSEMBLY, 4 1/2"	EA	1		720.00
CF 1250	AUTO FILL FLOAT SHOE, 4 1/2"	EA	1		330.00
CF 1650	TURBOLIZER, 4 1/2"	EA	7		595.00
CF 1900	BASKET, 4 1/2"	EA	1		270.00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
FIELD SERVICE ORDER NO. _____	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

* BOTTOM STAGE *

BASIC

energy services, L.P. Pg. # 1 of # 2

TREATMENT REPORT

Customer	LD DRILLING, INC.	Lease No.		Date	12-22-2012
Lease	KELLAG, INC. OWWO	Well #	1-30		
Field Order #	07627	Station	PRATT, KS.	Casing	4 1/2"
Type Job	CCSPW - 4 1/2" STAGE TWO STAGE	Depth		County	THOMAS
		Formation	TD = 4442'	State	Ks.
		Legal Description			30-10-32

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	4 1/2" x 11.6	Shots/Ft	CMT -	Acid	30SK SCAVENGER	RATE	PRESS	ISIP
Depth	4138.63	From		Pre Pad	2.12 CUFT	Max		5 Min.
Volume	108.97 BBL	From	CMT -	Pad	200SKS. COMMON	Min		10 Min.
Max Press	1500	From		H ₂ O =	28.1	Avg		15 Min.
Well Connection	P.C.	From		MUD =	40.6	HHP Used		Annulus Pressure
Plug Depth	1421.06	From		TOTAL Flush	68.7 BBL	Gas Volume		Total Load

Customer Representative	LD DAVIS	Station Manager	D. SCOTT	Treater	
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Service Units	37586	19889	19843	19826	19860	19831	19866
Driver Names	LESLEY MARQUEZ			LAWRENCE		PIERSON	

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
10:00 PM	12-22-2012				ON LOCATION - SAFETY MEETING
2:00 AM	12-22-2012				RUN 103 JTS. 4 1/2" x 11.6" CSG.
					DV TOOL @ JT. #41 2620.04'
					SHOE JT. = 11.57'
					TURBO. - 1, 3, 5, 7, 9, 11, 42
					BASKET - 41
4:30 AM					CSG. ON BOTTOM
4:35 AM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
6:30 AM			13	6	PUMP 30SKS. SCAVENGER @ 13 PPG
6:37 AM			48.5	6	PUMP 200SKS. COMMON @ 15.5 PPG
6:45 AM					CLEAR TOB, PUMP; LINE - DROP PLUG
6:51 AM			0	6	START H ₂ O DISPLACEMENT
6:56 AM			28.1	4	SWITCH TO MUD DISPLACEMENT
7:01 AM			50	4	LIFT PRESSURE
7:05 AM			58	2	SLOW RATE TO 2 BPM
7:20 AM	1500		68.7	2	PLUG DOWN - HELD
					CIRC. THRU BOTTOM STAGE
					DROP DV OPENING TOOL
7:30 AM	800		2	1	OPEN DV TOOL
					CIRCULATE
					OVER →

RAYMOND OIL COMPANY

TD 4442

LYONS, KANSAS • PHONE (620) 257-3161

TALLY SHEET

DATE 12-19-12

To	Well No.	From	Well No.	Size	Kind	Type	Thread	Condition	Threads
Kelling Inc. <i>ouppd</i>	1-30			4 1/2	11.6 #	LTC		New	<input checked="" type="checkbox"/> Off <input type="checkbox"/> On

	1		2		3		4		5		6		7	
	Feet	100th	Feet	100th	Feet	100th	Feet	100th	Feet	100th	Feet	100th	Feet	100th
1	44	15	44	17	42	05	44	17	44	18	Out			
2	40	94	44	16	44	20	44	20	11	57	Shoe Jt			
3	44	17	44	21	44	22	44	16	16	39	Land			
4	44	13	44	16	44	19	44	20						
5	44	19	41	15	43	98	44	23						
6	44	08	44	20	44	20	44	15						
7	44	20	44	19	44	19	44	20						
8	44	18	44	16	44	14	44	15						
9	44	19	44	18	44	20	44	15						
10	44	13	44	09	44	22	44	20			4480.74			
11	44	16	44	17	44	17	44	22			- 44.18			
12	44	14	44	17	44	20	44	14			4436.56			
13	44	20	44	19	44	16	44	18			+ 2.07 D.V.			
14	44	20	44	09	44	44	44	19	Set @		4438.63			
15	44	16	44	23	43	94	44	19						
16	44	44	44	18	44	18	44	22						
17	44	17	44	19	44	21	44	14						
18	44	18	44	20	44	21	44	18			D.V. on Jt # 41 Top			
19	44	18	44	18	43	50	44	17			2620.04			
20	44	16	44	16	44	14	44	19						
21	44	14	44	20	44	20	44	19						
22	44	18	44	19	44	15	44	18						
23	44	18	44	22	44	20	43	91						
24	44	21	44	22	44	20	44	16						
25	44	19	44	24	44	16	44	13						
Total	1101	25	1101	50	1101	65	1104	20	72	14				

	2	1101	50	Total Tally Less: Mud Anchor Barrell Seating Nipple Tubing Anchor Packer Pup Joint	Size	Joints	Feet	100th					
	3	1101	65		Threads Off Tally								
	4	1104	20		Add: Threads								
	5	72	14		Threads On Tally								
	6				Packer/Tubing Anchor								
	7					Mfg.	Type	Casing Size	Tubing Size				
	8												
Total Tally		4480	74										

Total Tubing Run

Tallied By Days 103 Jts

Approved by _____