



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1128804
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: _____



1128804

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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CEMENTING LOG

STAGE NO.

Date 3-19-13 District Great Bend Ticket No. 060360
 Company Edison Operating Co., LLC Rig Maverick 106
 Lease McAnally Well No. 1
 County Stafford State KS
 Location Maucksv. He Field _____

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 5/8" Type _____ Weight 23.6# Collar _____

Casing Depths: Top 0 Bottom 338.09 FT

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 12 1/4" T.D. 349 ft. P.B. to _____ ft.

CAPACITY FACTORS:
 Casing: Bbbs/Lin. ft. 0086 Lin. ft./Bbl. 15.70
 Open Holes: Bbbs/Lin. ft. 1458 Lin. ft./Bbl. 6.8599
 Drill Pipe: Bbbs/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbbs/Lin. ft. 0735 Lin. ft./Bbl. 13.6037
 Bbbs/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:
 Spacer Type: Fresh Water
 Amt. 5 bbl Sks Yield _____ ft³/sk Density 8.34 PPG

LEAD: Pump Time _____ hrs. Type "A" 13% Cucl
12% Gel Excess _____
 Amt. 300 Sks Yield 1.34 ft³/sk Density 15.2 PPG

TAIL: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG
 WATER: Lead 6.51 gals/sk Tail _____ gals/sk Total 47 Bbbs.

Pump Trucks Used 398
 Bulk Equip. 341

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type FW Amt. 21 Bbbs. Weight 8.34 PPG
WBM Mud Type _____ Weight 9.4 PPG

COMPANY REPRESENTATIVE Vol-Kuper

CEMENTER Chad E

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	
5:30 AM						Arrive location
9:00 AM						Casing on Bottom
9:21 AM						Circulate
9:29 AM		50		5	5	Fresh Water
9:33 AM		100		36.5	71.5	Cement
9:52 AM		50				Start Displacement
9:57 AM		150		97.5	21	Complete Displacement
9:58 AM						Shut in & Rig Down
10:30 AM						Leave Location

FINAL DISP. PRESS: 150 PSI BUMP PLUG TO N/A PSI BLEEDBACK .25 BBLs. THANK YOU

ALLIED OIL & GAS SERVICES, LLC

060360

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Great Bend, KS

DATE <u>3-19-13</u>	SEC. <u>1</u>	TWP. <u>255</u>	RANGE <u>156W</u>	CALLED OUT <u>2:30AM</u>	ON LOCATION <u>5:30AM</u>	JOB START <u>9:00AM</u>	JOB FINISH <u>10:00AM</u>
LEASE <u>McAnally</u>	WELL # <u>1</u>		LOCATION <u>Macksville 2 East, 3 South, 1/2 East</u>			COUNTY <u>Stafford</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR Maverick OWNER Edison Operating Company, LLC

TYPE OF JOB Surface Casings

HOLE SIZE 12 1/4" T.D. 349 FT

CASING SIZE 8 5/8" 236 # DEPTH 338.69 FT

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 20 FT

CEMENT LEFT IN CSG. 20 FT, 1272655, 5.35Y

PERFS.

DISPLACEMENT 215515 Fresh Water

EQUIPMENT

PUMP TRUCK CEMENTER Charles Ekins

398 HELPER Josh Isaac

BULK TRUCK DRIVER Joel Monahan

341

BULK TRUCK DRIVER

REMARKS:

Pump 55515 Fresh Water

M. & Pump 7155515 Cement (30051)

Displace with 21445 Fresh Water

Knob 20FT, 1272655, 5.351 Cement in casing

Calculated 20445, 8451 cement to surface

10:00 AM Plug Down

CHARGE TO: Edison Operating Company, LLC

STREET _____

CITY _____ STATE _____ ZIP _____

To: Allied Oil & Gas Services, LLC.

You are hereby requested to rent cementing equipment and furnish cement and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Bob Kasper

SIGNATURE Bob Kasper

CEMENT AMOUNT ORDERED 30051 11" + 3% Conc

+ 29% Gr-1

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

_____ @

_____ @

_____ @

_____ @

_____ @

_____ @

HANDLING @

MILEAGE @

TOTAL _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS



BASIC ENERGY SERVICES

PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 07998 A

DATE _____ TICKET NO. _____

DATE OF JOB 03-26-13	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 Edison		LEASE McANALLY		1		WELL NO.	
ADDRESS		COUNTY STAFFORD		STATE KS			
CITY		STATE		SERVICE CREW Sullivan, McGraw, Phye			
AUTHORIZED BY		JOB TYPE: CNW P.T.A					

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
19903-19905	30						3-26-13			12:00
20959-19918	30									2:00
37900										3:45
										5:00
										5:45
						MILES FROM STATION TO WELL				
						30				

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: Paul G. Farmer
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 pot cmt	SK	170		2,040 00
CC 200	CMT gel	lb	294		73 50
CF 153	wooden plug 8 5/8	SH	1		160 00
E 100	unit misc pickup	m	30		127 50
E 101	Heavy eqpt rd	m	60		420 00
E 113	Bulk Delivery	TM	221		352 80
CE 201	Depth charge	SA	1		1,200 00
PE 240	Bleed off - mixing	SK	170		238 00
S003	Screw/Superior	SA	1		175 00

SUB TOTAL

DLS 3,590 10

CHEMICAL / ACID DATA:			

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

Bank fee TOTAL

SERVICE REPRESENTATIVE <u>Robert [Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Paul G. Farmer</u>
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

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 15, 2013

David Withrow
Edison Operating Company LLC
8100 E. 22ND ST. N., BLDG 1900
WICHITA, KS 67226

Re: ACO1
API 15-185-23793-00-00
McAnally 1
SE/4 Sec.01-25S-15W
Stafford 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,
David Withrow