



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1132498
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: _____



1132498

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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ALLIED CEMENTING CO., LLC. 038121

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Medicine Lodge

DATE <u>3-25-13</u>	SEC <u>2</u>	TWP <u>34S</u>	RANGE <u>14W</u>	CALLED OUT	ON LOCATION <u>6:00</u>	JOB START <u>10:50</u>	JOB FINISH <u>11:15</u>
LEASE <u>Z-B-1</u>	WELL# <u>8-11</u>	LOCATION <u>Cottage Creek Rd 4E, 7N, 21</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)		E, N1, Follow Lease Rd.					

CONTRACTOR Hardt #1 OWNER M & M Exploration

TYPE OF JOB Surface
 HOLE SIZE 17 1/2 T.D. 313'
 CEMENT AMOUNT ORDERED 150s x 65' 135 1/2% gel
+ 3% CC + 1/4" Floseal
100.5X Class A + 3% CC + 2% gel

PRES. MAX	MINIMUM	COMMON	<u>A 100 SX</u>	@ <u>17.90</u>	<u>1790.00</u>
MEAS. LINE	SHOE JOINT	POZMIX		@	
CEMENT LEFT IN CSG. <u>20'</u>		GEL	<u>2 SX</u>	@ <u>23.40</u>	<u>46.80</u>
PERFS.		CHLORIDE	<u>8.5</u>	@ <u>64.00</u>	<u>544.00</u>
DISPLACEMENT <u>44 1/2 Bbls</u>		ASC		@	
		ACW	<u>150 SX</u>	@ <u>16.50</u>	<u>2475.00</u>
		Floseal	<u>37#</u>	@ <u>2.97</u>	<u>109.89</u>

EQUIPMENT

PUMP TRUCK CEMENTER <u>Bon Gilley</u>					
# <u>561-265</u> HELPER <u>Jason Timisch</u>					
BULK TRUCK					
# <u>381-252</u> DRIVER <u>Justin Bower</u>					
BULK TRUCK					
#	DRIVER				

HANDLING 180.62 @ 2.48 675.93
 MILEAGE 7.13/25/2-60 463.45
 TOTAL 6125.07

REMARKS:
See Cement Log
Cement did Circulate

SERVICE

DEPTH OF JOB <u>313'</u>		
PUMP TRUCK CHARGE <u>1512.70</u>		
EXTRA FOOTAGE @		
MILEAGE <u>28</u>	@ <u>7.70</u>	<u>192.50</u>
MANIFOLD	@	
<u>Light Veh. 25</u>	@ <u>4.40</u>	<u>110.00</u>

CHARGE TO: M & M Exploration
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

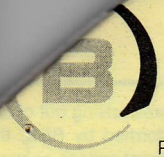
	@	
	@	
<u>None</u>	@	
	@	

TOTAL 1815.20

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer 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 X Alvin Vestill
 SIGNATURE X [Signature]

SALES TAX (If Any) _____
 TOTAL CHARGES 7940.27
 DISCOUNT _____ IF PAID IN 30 DAYS
(NET) 5955.20



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 08277 A

8-345-24W

DATE _____ TICKET NO. _____

DATE OF JOB: 4-2-13		DISTRICT: Pratt, Kansas		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: Mand M Exploration, Incorporated				LEASE: Z Bar				WELL NO: 8-11	
ADDRESS:				COUNTY: Barber		STATE: Kansas			
CITY:				STATE:		SERVICE CREW: Messick, A. Hotal, A. G. Eason			
AUTHORIZED BY:				JOB TYPE: C/W - Longstring					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
37216	1.25						4-1-13	AM	11:00
						ARRIVED AT JOB	4-2-13	AM	5:30
19903-19905	1.25					START OPERATION	1	AM	10:45
						FINISH OPERATION		AM	12:00
19960-21010	1.25					RELEASED	4-2-13	AM	12:30
						MILES FROM STATION TO WELL			65

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
P CP 105	AA 2 Cement	sh	250	\$	4,250.00
P CP 105	AA 2 Cement	sh	30	\$	510.00
P CC 102	Cellplate	Lb	70	\$	259.00
P CC 111	Salt	Lb	1527	\$	763.50
P CC 113	Gypsum	Lb	1320	\$	990.00
P CC 129	Fluid Loss	Lb	212	\$	1,590.00
P CC 201	Gilsonite	Lb	1680	\$	1,125.60
P CF 606	Latch Down Plug and Baffle, 4 1/2"	ea	1	\$	370.00
P CF 1250	Auto Fill Float Shoe, 4 1/2"	ea	1	\$	330.00
P CF 1650	Turbolizer, 4 1/2"	ea	8	\$	680.00
P CF 1900	Basket, 4 1/2"	ea	1	\$	270.00
P C 704	Claymax	Gal	4	\$	140.00

SUB TOTAL
653

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *[Signature]* R. M. Eason

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

FIELD SERVICE ORDER NO.

Customer Mand M Explorations, Inc.	Lease No.	Date 4-2-13			
Lease 2 Bar	Well # 8-11				
Field Order # 8-2-13	Station Pratt, Kansas	Casing 12 10.5Lb	Depth 5236 Feet	County Barber	State Kansas
Type Job C.N.W. Longstring	Formation	Legal Description 8-345-14W			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 12 10.5Lb/ft	Tubing Size 6 5/8"	Shots/Ft 250	From 250	To 250	Acid AA-2 with 8% Pre Pad	RATE 14.8Lb/Gal	PRESS 6.52 Gal/sh	ISIP 5 Min.
Depth 5236 Feet	Depth	From	To	To	Fluid Loss 10% Salt	Max 16.1 Gal		10 Min.
Volume 23.3 Bbl	Volume	From	To	To	Frac	Avg		15 Min.
Max Press 1500 Psi	Max Press	From	To	To	HHP Used			Annulus Pressure
Well Connection Plug Container	Annulus Vol.	From	To	To	Gas Volume			Total Load
Plug Depth 225 Feet	Packer Depth	From	To	To				

Customer Representative Alan Vratil	Station Manager David Scott	Treater Clarence R. Messick
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Service Units	37,216	19,903	19,905	19,960	21,010				
Driver Names	Messick	Mattal	Gibson						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:30					Cement and Float Equipment on location.
6:00					Hardt Drilling start to run Auto Fill Float Shoe, Shoe Joint with Latch Down Baffle screwed into collar and a total of 125 Joints new 10.5Lb/ft. 4 1/2" casing. A Baster was installed above collar #12. A Turbulizer was installed on collars #1, 3, 5, 7, 8, 10, 14 and #16.
8:45					Trucks on location and hold safety meeting.
9:30					Casing in well. Circulate for shut in well. Pressure Test Open Well.
10:47	300	2,500	68	5	Start mixing 250 sacks AA cement. Stop pumping shut in well. Wash pump and lines. Release Latch Down Plug. Open Well.
11:05	100		45	65	Start 28 tcl Displacement. Start to lift cement.
11:19	800		83		Plug down. Pressure up. Release pressure. Insert held.
	1,500		7	3	Plug Rat Hole. Wash up pump truck.
12:30					Job complete. Thank You. Clarence, Milte, Aaron

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

July 19, 2013

Michael Austin
M & M Exploration, Inc.
4257 MAIN ST., #230
WESTMINSTER, CO 80031

Re: ACO1
API 15-007-24000-00-00
Z Bar 8-11
SW/4 Sec.08-34S-14W
Barber 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,
Michael Austin