



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1136967
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: _____



1136967

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)* _____

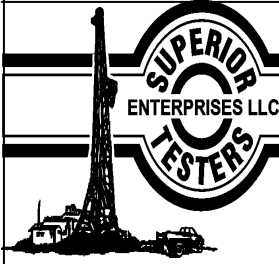
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Coral Coast Petroleum, L.C.
Well Name	Stephens 7
Doc ID	1136967

All Electric Logs Run

DIL
MEL
PE
SONIC



DRILL STEM TEST REPORT

Coral Coast Petroleum
 8100 E 22nd st N Wichita KS 67226
 ATTN: Keith Reavis

15-32s-21w
Stephens #7
 Job Ticket: 17383 **DST#: 1**
 Test Start: 2013.01.21 @ 04:55:00

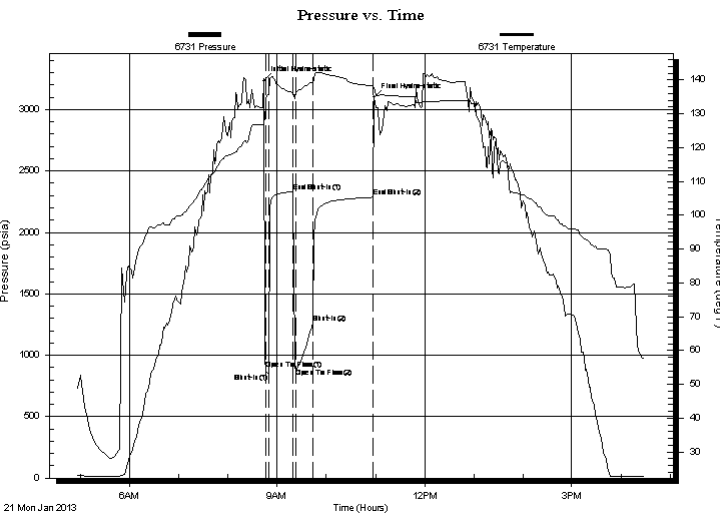
GENERAL INFORMATION:

Formation: **Viola**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 08:45:30
 Time Test Ended: 16:29:00
 Interval: **6364.00 ft (KB) To 6381.00 ft (KB) (TVD)**
 Total Depth: 6381.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Jarefd Scheck
 Unit No: 3320-Great Bend-240
 Reference Elevations: 2044.00 ft (KB)
 2034.00 ft (CF)
 KB to GR/CF: 10.00 ft

Serial #: 6731

Press@RunDepth: 1265.41 psia @ ft (KB) Capacity: 5000.00 psia
 Start Date: 2013.01.21 End Date: 2013.01.21 Last Calib.: 2013.01.22
 Start Time: 04:55:00 End Time: 16:29:00 Time On Btm: 2013.01.21 @ 08:44:00
 Time Off Btm: 2013.01.21 @ 10:58:30

TEST COMMENT: 1st Opening 5 Minutes-Strong blow built bottom of bucket in 15 sec gas to surface 3 minutes see gas report
 1st Shut-in 30 Minutes-Yes blow back
 2nd Opening 25 Minutes-Strong blow built bottom of bucket in 15 sec fluid to surface 20 minutes
 2nd Shut-in 60 Minutes-Yes blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psia)	Temp (deg F)	Annotation
0	3233.59	127.19	Initial Hydro-static
2	887.49	132.28	Open To Flow (1)
6	852.86	135.99	Shut-In(1)
36	2332.56	136.26	End Shut-In(1)
38	896.21	135.69	Open To Flow (2)
60	1265.41	139.35	Shut-In(2)
134	2286.93	138.32	End Shut-In(2)
135	3100.60	137.79	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
6200.00	gassy oil reversed out	86.97
120.00	muddy oil 10%oil 90%mud	1.68

Gas Rates

	Choke (inches)	Pressure (psia)	Gas Rate (Mcf/d)
First Gas Rate	0.75	10.30	160.88
Last Gas Rate	0.75	3.20	49.98
Max. Gas Rate	0.75	10.30	160.88



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 03182 A

DATE _____ TICKET NO. _____

DATE OF JOB 1-10-13	DISTRICT 1717	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 Coral Coast Pet LLC		LEASE Stephens #7				WELL NO.		
ADDRESS		COUNTY Clark		STATE KS				
CITY		STATE		SERVICE CREW J. Grady, G. Sandover, C. Platteau				
AUTHORIZED BY J. Bennett JRB		JOB TYPE: 242-858 Surface						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 1-10-13	TIME 8:00 AM
39726	8					ARRIVED AT JOB		12:00 PM
27462	8					START OPERATION		8:00 AM
19837	4					FINISH OPERATION		12:00 PM
19826	4					RELEASED		1:00 PM
30963	4					MILES FROM STATION TO WELL 75 mi		
B7547	4							

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.

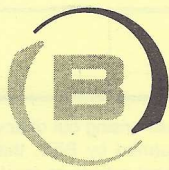
SIGNED: Coil E. Jarman
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Con	sk	175		3255 00
CL110	Premium Plus	sk	150		2445 00
CL110	Premium Plus	sk	200		3260 00
CL102	Gel/Flake	lb	82		303 40
CL109	Calcium Chloride	lb	1059		1111 95
CF105	858 Plug	ea	1		225 00
CF203	Shoe		1		550 00
CF1793	Centralizer		1		145 00
CF1903	Basket		1		315 00
CL109	Calcium Chloride	lb	240		252 00
FL00	Unit Mileage	mi	70		318 75
E101	Heavy Equipment Mileage	mi	225		1575 00
E113	Proppant + Bulk Delivery	sk	2205		3528 00
CF201	Pump Depth: 500-1000	4W	1		1200 00
CF240	Blending & Mixing Service	sk	625		875 00
CE804	Pipe Container	ea	1		250 00
S003	Service Supervisor	ea	1		175 00
SUB TOTAL					#14838.75

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>Beel Rivera</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Coil E. Jarman</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	



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 07716 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>01-25-13</u> DISTRICT <u>PRATT KS</u>		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 <u>CORAL-COAST Ppt.</u>		LEASE <u>STEPHENS</u>		WELL NO. <u>7</u>					
ADDRESS		COUNTY <u>CLARK</u>		STATE <u>KS</u>					
CITY _____ STATE _____		SERVICE CREW <u>Sullivan, Nelson, Lawrence</u>							
AUTHORIZED BY _____		JOB TYPE: <u>CW 5 1/2 Inp Stip</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>19887-19843</u>	<u>50</u>						<u>1-24-13</u>		<u>8:00</u>
<u>19826-19860</u>	<u>50</u>						<u>1-25-13</u>		<u>1:00</u>
<u>37900</u>									<u>7:25</u>
									<u>8:15</u>
									<u>9:00</u>
						MILES FROM STATION TO WELL		<u>75</u>	

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: Carl E. Farmer
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 cmt	sk	200		3,400.00
CP 105	AA-2 cmt	sk	50		850.00
CC 103	Defoamer	lb	59		236.00
CC 111	SALT	lb	1234		617.00
CC 112	Friston Reducer	lb	71		426.00
CC 129	Fluid Loss	lb	186		1,410.00
CC 201	Gilsonite	lb	1250		839.50
CF 607	Latch down Plug + Baffle 5 1/2	SA	1		400.00
CF 1251	Auto Fill Float Valve	SA	1		360.00
CF 1651	Turboliner	SA	8		880.00
CF 1901	BASKETS	SA	2		580.00
CF 704	CLAYMAX	1AL	7		245.00
CC 151	MUD FLASH	gal	500		430.00
E 100	putty m	m	75		318.75
E 101	Heavy Sgnt m	m	150		1,050.00
E 113	Bulk Delay	TM	881		1,410.00
FE 207	Depth change	SA	1		3,240.00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Robert J. Hillman THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Carl E. Farmer
(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 29, 2013

Daniel M. Reynolds
Coral Coast Petroleum, L.C.
8100 E 22ND ST N
BLDG 600, STE R
WICHITA, KS 67226

Re: ACO1
API 15-025-21554-00-00
Stephens 7
NW/4 Sec.15-32S-21W
Clark 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,
Daniel M. Reynolds