



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1138447
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: _____



1138447

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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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 08281 A

17-275-12W

DATE _____ TICKET NO. _____

DATE OF JOB: 4-15-13		DISTRICT: Pratt, Kansas		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: Siroty Oil Management				LEASE: Siroty O.W.W.O.				WELL NO. 3	
ADDRESS:				COUNTY: Pratt		STATE: Kansas			
CITY:				SERVICE CREW: C. Messick; M. Mattal; S. Young		STATE:			
AUTHORIZED BY:				JOB TYPE: CCS P.W. - Longstring					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37,216	1.25						4-14-13	PM	11:00
						ARRIVED AT JOB	4-15-13	PM	2:30
33,708-20,920	1.25					START OPERATION		PM	11:00
						FINISH OPERATION		PM	12:15
77,686-73,768	1.25					RELEASED	4-15-13	PM	12:30
						MILES FROM STATION TO WELL			5

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
P CP105	AA2 Blend Cement	Sh	300	\$	5,100 00
P CP105	AA2 Blend Cement	Sh	30	\$	510 00
P CC102	Cellflake	Lb	83	\$	307 10
P CC111	Salt	Lb	1505	\$	752 50
P CC112	Cement Friction Reducer	Lb	94	\$	564 00
P CC115	Gas Bloch	Lb	311	\$	1,601 65
P CC129	Fluid Loss	Lb	156	\$	1,170 00
P CC201	Gilsonite	Lb	1650	\$	1,105 50
P CF607	Latch Down Plug and Baffle, 5 1/2"	ea	1	\$	400 00
P CF1251	Auto Fill Float Shoe, 5 1/2"	ea	1	\$	360 00
P CF1651	Turbolizer, 5 1/2"	ea	8	\$	880 00
P CF1901	Basket, 5 1/2"	ea	1	\$	290 00
P C704	Claymax	Gal	1	\$	35 00
P CC151	Mud Flush	Gal	500	\$	430 00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Lawrence R. Messick*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
(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 ~~00282~~ A

Continuation

17-275-12W

DATE TICKET NO. 8,281

DATE OF JOB: 4-15-13		DISTRICT: Pratt, Kansas		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: Siroky Oil Management		LEASE: Siroky O.W.W.O.		WELL NO. 3						
ADDRESS:		COUNTY: Pratt		STATE: Kansas						
CITY:		STATE:		SERVICE CREW: C. Messick, M. Mattal, S. Young						
AUTHORIZED BY:		JOB TYPE: C.C.S.P.W. - Longstring								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
						ARRIVED AT JOB				
						START OPERATION				
						FINISH OPERATION				
						RELEASED				
						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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
P E 100	Pickup Mileage	mi	5	\$	21 25
P E 101	Heavy Equipment Mileage	mi	10	\$	70 00
P E 113	Bulk Delivery	tm	78	\$	124 40
P CE 205	Cement Pump: 4,000 Feet To 5,000 Feet	hrs	4	\$	2,520 00
P CE 240	Blending and Mixing Service	sk	330	\$	462 00
P CE 504	Plug Container	Job	1	\$	250 00
P 5003	Service Supervisor	hrs	8	\$	175 00

CHEMICAL / ACID DATA:			

SUB TOTAL		DLS \$ 12,846 30
SERVICE & EQUIPMENT	% TAX ON \$	
MATERIALS	% TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: <i>Armando R. M. Ortiz</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.

Customer Siroty Oil Management	Lease No.	Date 4-15-13
Lease Siroty o.w.o.	Well # 3	
Field Order # 8281	Station Pratt, Kansas	Casing 5 1/2 15.5Lb
Type Job CCSPW-Longstring	Depth 4,343ft	County Pratt
	Formation	State Kansas
		Legal Description T-275-12W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2 15.5Lb/ft	Tubing Size	Shots/Ft	300 sacks	Acid	AA2 with .5% Fluid Loss, .38 Friction Reducer,	RATE	PRESS	ISIP
Depth 4,343 Feet	Depth	From	18 Gal	To	Blot, 10.8 salt, 2.5Lb/1st Cellflute, 5Lb/1st Gillsonite	Max		5 Min.
Volume 103.4 Bbl	Volume	From	To	15.3Lb	1 Gal, 5.46 Gal/1st, 1.36 CU.FT/1st	Min		10 Min.
Max Press	Max Press	From	To	Frac		Avg		15 Min.
Well Connection Plug Container	Annulus Vol.	From	To	30 sacks of above blend to Plug Rat Hole		HHP Used		Annulus Pressure
Plug Depth 4,343 Feet	Packer Depth	From	To	Flush	102.8 Bbl. Fresh Water	Gas Volume		Total Load

Customer Representative Brian Siroty	Station Manager David Scott	Treater Clarence R. Messich
Service Units 37,216	33,709	26,926
Driver Names Messich	Mattal	Young

Time AM	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:30					Trucks on location and hold safety meeting.
7:00					Fossil Drilling start to run Auto Fill Guide shoe, Shoe Joint with Latch Down Baffle screwed into collar and a total of 104 Joints new 15.5Lb (FT) 5 1/2 casing A Turbolizer was installed on collars # 1, 2, 4, 6, 8, 36, 38 and # 40. A Basket was installed above collar # 9.
10:00		2,600			Casing in well. Circulate for 1 hour. Shut in well. Pressure Test Open Well.
10:12	300		20	6	Start 28KCL Pre-Flush.
)		32	6	Start mud flush.
10:22	300		52	5	Start Fresh water spacer.
	-0-		125		Start mixing 300 sacks AA2 cement. Stop pumping. Shut in well. Wash pump and lines. Release Latch Down Plug. Open Well.
11:41	100		65	6.5	Start Fresh water Displacement.
			7	5	Start to lift cement
12:00	900		102.8		Plug down. Pressure up. Release Pressure. Float shoe held.
	1,750				Plug rat hole
	-0-		7	3	Wash up pump truck.
1:00					Job Complete.

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

May 23, 2013

Brian Siroky
Siroky Oil Management
PO BOX 464
PRATT, KS 67124-0464

Re: ACO1
API 15-151-10221-00-01
Siroky #3 OWWO
SW/4 Sec.17-27S-12W
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,
Brian Siroky